

Bundle HEIW Board (Open) 28 May 2020

AGENDA

Agenda (Open) Board May 2020 V4.docx

- 1 PART ONE - PRELIMINARY MATTERS
 - 1.1 Welcome and Introductions
 - 1.2 Apologies for Absence
 - 1.3 Declarations of Interest
 - 1.4 To receive and confirm the minutes of the Board held on 26 March 2020
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- 2 PART TWO - CHAIR AND CHIEF EXECUTIVE REPORTS
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 - 2.2 Chief Executive's Report
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 - 2.3 COVID 19 Update:
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 - 2.3.1a - Board 28 May 2020 COVID-19 Operating Framework - Quarter 1.docx
 - 2.3.1b - Appendix 1 Operating Framework for NSW Q1 vers final (003).docx
 - 2.3.1c - Appendix 2 HEIW Operational Plan - submitted final draft 18.05.20_.docx
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- 3 PART THREE - STRATEGIC ITEMS
 - 3.1 IMTP Update:
 - 3.1.1 • Review of IMTP 2020-21 to 2022-23 and HEIW Revised Work Programme
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 - 3.1.1b - HEIW IMTP 2020-21 to 2022-23 - Objectives - review of 20-21 v6 Clean - 18.05.20.docx
 - 3.1.2 • IMTP Resource Plan
 - 3.1.2a Resource Plan 2020-21 Board.docx
 - 3.1.2b - Appendix 1.docx
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 - 3.2 Update on the Annual Education and Training Plan 2021/22
 - 3.2 - May 2020 - Education Commissioning presentation v2.1.pptx
- 4 PART FOUR - GOVERNANCE, PERFORMANCE AND ASSURANCE
 - 4.1 Final Accounts 2019/2020
 - 4.1a - Annual Accounts for Board Meeting.docx
 - 4.1b - Appendix 1_011 HEIW Template 2019-20 V4.pdf
 - 4.1c - Appendix 2 HEIW Audit of Accounts Report 2019-20 (draft for AA Cte 26-05-20).pdf
 - 4.2 Finance Report
 - 4.2a - Board and Committees (V3 28-04-20).docx
 - 4.2b - May 2020 - Board Finance Paper Appendix 1 DRAFT.docx
 - 4.2c - Appendix 2_2020-21 Reduced Combined MMR Template - HEIW M1.pdf
 - 4.3 Integrated Organisational Performance Report 4: End of Year Performance Report, 2019-20
 - 4.3a - 2020-05-28 Cover paper-Eng-May Board 2020 Performance Report final (JR).docx

- 4.3b - 2020-05-28 Board report - End year performance 2019-20 - Final.docx
- 4.3c - 2020-05-20 - HEIW - Performance Reporting - Mar20 (1).pdf
- 4.4 Welsh Language Scheme Consultation Process
- 4.4a - Welsh Language Update_21.05.20(clean).ho cyw (002).docx
- 4.4b - App 1 WL Paper WL Scheme.docx
- 4.4c - App 2 May Board Action Plan.docx
- 4.4d - App 3 WL May 2020 Board Narrative to Cynllun Iaith Gymraeg.docx
- 4.5 Amendment to the Delegated Financial Limits/Standing Orders
- 4.5a - cover paper - amendment to Del Fin Lim. (DB) 21.05.20.docx
- 4.5b - Appendix 1. Del Financial Limit 21.05.20 (DB).docx
- 4.6 To receive key issue reports from:
- 4.6.1
- Audit & Assurance Committees held on 1 April 2020; 6 May 2020 and 26 May 2020
 - 4.6.1a(i) - Chair Key Issue Cover Report-Audit_Assurance_Committee_2020-04-01 (Open) V3 approved by GL.docx
 - 4.6.1a(ii) - Appendix 1_Chair Key Issue report_Audit_Assurance_Committee_2020-04-01 (Open) V3 approved by GL.docx
 - 4.6.1b(i) - Chair Key Issue Cover Report-Audit_Assurance_Committee_2020-05-06 (Open) V2 approved by GL.docx
 - 4.6.1b(ii) - Appendix 1_Chair Key Issue report_Audit_Assurance_Committee_2020-05-06 (Open) V2 approved by GL.docx
- 4.6.2
- Education, Commissioning & Quality Committee held on 9 April 2020
 - 4.6.2a -ECQC Chair Key Issue Cover Report_2020-04-09 (Open) V3 approved by RH.docx
 - 4.6.2b - Appendix 1_ECQC Chair Key Issue Report_2020-04-09 (Open) V3 approved by RH.docx
- 4.7 Audit & Assurance Committee Annual Report
- 4.7a - Audit_Assurance_Committee Annual Report_2019-2020 Cover Report V1.docx
- 4.7b - Audit_Assurance_Committee Annual Report 2019-2020 FINAL.docx
- 4.8 In-Committee Decisions
- 4.8 - In Committee Decisions from March & April Board V1.docx
- 5 PART FIVE - OTHER MATTERS
- 5.1 Any Other Rrgent Business
- 5.2 Summary of Key Actions
- 5.3 Dates of Next Meetings:
- 5.3.1
- HEIW Board to be held on 25 June 2020 to be confirmed either via Skype/Teleconference or to be held in Ty Dysgu, Nantgarw
- 5.3.2
- HEIW Board Development Session to be held on 25 June 2020 to be confirmed either via Skype/Teleconference or in Ty Dysgu, Nantgarw
- 5.3.3
- HEIW Board to be held on 30 July 2020 to be held in Ty Dysgu, Nantgarw

HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Board Meeting – 10.00am-12.30pm

**to be held on Thursday, 28 May 2020
Via Skype/Teleconference**

AGENDA

PART 1	PRELIMINARY MATTERS	10:00-10:10
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for Absence	Chair/Oral
1.3	Declaration of interests	Chair/Oral
1.4	To receive and confirm the minutes of the Board held on 26 March 2020	Chair/ Attachment
1.5	Action Log	Chair/Attachment
1.6	Matters Arising	Chair/Oral
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	10:10-10:40
2.1	Chair's Report	Chair/ Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
2.3	COVID 19 Update: <ul style="list-style-type: none"> HEIW Quarter 1 Operational Plan – COVID 19 HEIW Response to the implications of COVID-19 	Deputy CEO/ Director of Workforce & OD/ Attachments
PART 3	STRATEGIC ITEMS	10:40-10:50
3.1	IMTP Update: <ul style="list-style-type: none"> Review of IMTP 2020-21 to 2022-23 and HEIW Revised Work Programme IMTP Resource Plan 	Director of Workforce & OD/ Attachment
3.2	Update on the Annual Education and Training Plan 2021/22	Director of Nursing/ Presentation
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	10:50-12:20
4.1	Final Accounts 2019/2020	Director of Finance/ Attachment
4.2	Finance Report	Director of Finance/ Attachment
4.3	HEIW Integrated Organisational Performance Report 4 End of Year Report, 2019-20	Director of Workforce & OD/ Attachment

4.4	Welsh Language Scheme Consultation Process	Board Secretary/ Attachment
4.5	Amendment to the Delegated Financial Limits/Standing Orders	Board Secretary/ Attachment
4.6	To receive key issue report from the: <ul style="list-style-type: none"> Audit & Assurance Committees held on 1 April 2020; 6 May 2020 and 26 May 2020 Education, Commissioning & Quality Committee held on 9 April 2020 	Chair of the Committee/ Attachments & Oral Chair of the Committee/ Attachments
4.7	Audit & Assurance Committee Annual Report	Chair of the Committee/ Attachment
4.8	In-Committee Decisions	Board Secretary/ Attachment
PART 5	OTHER MATTERS	12:20-12:30
5.1	Any other urgent business	Chair/Oral
5.2	Summary of key actions	Chair/Oral
5.3	Dates of Next Meetings: <ul style="list-style-type: none"> HEIW Board to be held on 25 June 2020 to be confirmed either via Skype/Teleconference or to be held in Ty Dysgu, Nantgarw HEIW Board Development Session to be held on 25 June 2020 to be confirmed either via Skype/Teleconference or in Ty Dysgu, Nantgarw HEIW Board to be held on 30 July 2020 to be held in Ty Dysgu, Nantgarw 	

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

Unconfirmed Minutes of the HEIW Board Meeting
held on 26 March 2020 at 10:00 am
via Skype/Teleconference

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
Stephen Griffiths	Director of Nursing
Professor Pushpinder Mangat	Medical Director
Julie Rogers	Director of Workforce and OD
Eifion Williams	Director of Finance.

In attendance:

Dafydd Bebb	Board Secretary
Kay Barrow	Corporate Governance Manager (Secretariat)
Angharad Price	Head of Communications and Engagement

PART 1	PRELIMINARY MATTERS	Action
2603/1.1	Welcome and Introductions	
	The Chair welcomed everybody to the meeting of the HEIW Board.	
2603/1.2	Apologies for Absence	
	There were no apologies for absence.	
2603/1.3	Declarations of Interest	
	Tina Donnelly informed the Board that she no longer holds the role of High Sheriff.	
2603/1.4	To receive and confirm the minutes of the Board meeting held on 30 January 2020	
	The minutes of the meeting held on 30 January 2020 were received and approved as an accurate record of the meeting.	
2603/1.5	Action Log	
	The Board received the Action Log from the meeting held on 30 January 2020 and noted that all actions were either in progress, had been added to the forward work programme or had been completed.	

2603/1.6	Matters arising	
	There were no matters arising from the previous meeting.	
2603/2	CHAIR AND CHIEF EXECUTIVE REPORTS	
2603/2.1	Chair's Report	
	<p>The Chair's report was received.</p> <p>In presenting the report, the Chair highlighted that the Board had received a Briefing on Friday, 20 March 2020 regarding the HEIW Business Continuity Plans during the COVID 19 Pandemic. He explained that, due to the uncertainty, the Board would receive a written weekly briefing that would keep them updated. However, arrangements would be made for the Board to also be updated via a teleconference meeting should the need arise.</p> <p>The Chair commended the work ethic, cooperation and professionalism of HEIW staff in response to the COVID 19 pandemic. It was emphasised that during this time of uncertainty it was important for staff to maintain a work life balance and that HEIW had an important role to play in ensuring the well-being of its staff.</p> <p>The Chair informed the Board that he had undertaken a Chair's Action, following consultation with the Chief Executive and Board Secretary, to vary elements of HEIW's Standing Orders in response to the COVID-19 Pandemic. The Chair's Action would allow the HEIW Board on 26 March 2020; the Audit & Assurance Committee on 1 April 2020 and the Education, Commissioning and Quality Committee on 9 April 2020 to be held via electronic conference meetings means and not be held in public due to the social distancing restrictions. The Chair's Action had also been countersigned by Gill Lewis and John Hill-Tout.</p> <p>The Chair also sought Board approval:</p> <ul style="list-style-type: none"> • for all Board and Committee meetings up and to and including May 2020 to be held via electronic conference meetings; and • that he be given delegated authority to appoint additional members to the Audit & Assurance Committee and Education, Commissioning & Quality Committee, in order to maintain a quorum for decision making during the COVID-19 pandemic. <p>It was noted that Tina Donnelly had confirmed that she would now be available to attend the Education, Commissioning and Quality Committee scheduled for 9 April 2020.</p> <p>Concerns were raised in relation to a small number of technology issues that needed to be overcome and that other technological solutions such as Zoom should be explored going forward.</p>	

Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the Chair's report; • ratified the Chair's Action; • approved that all Board and Committee meetings up and to and including May 2020 be held via electronic conference meetings; • agreed that the Chair be given delegated authority to appoint additional members to the Audit & Assurance Committee and Education, Commissioning and Quality Committee until May 2020; • requested that the potential to use the 'Zoom' application be explored with NWIS and the HEIW Digital and IT Team. 	DB
2603/2.2	Chief Executive's Report	
	<p>The Chief Executive's report was received.</p> <p>In presenting the report, Alex Howells highlighted that HEIW's main focus since early March 2020 had been to ensure the emergency preparedness for the COVID 19 Pandemic in line with direction from Welsh Government. As a result, from 23 March 2020, HEIW had initiated a move to more home working for staff to reduce non-essential travel and to support the requirements for social distancing.</p> <p>In response to a question raised regarding the temporary postponement of the tender process for the Health Professional Education Contracts, Stephen Griffiths advised that he had discussed the risks with the universities regarding their ability to meet the revised timescale due to the uncertainty and effect of the current COVID-19 pandemic restrictions. He explained that universities would welcome the postponement but there was concern regarding the impact of any prolonged restrictions and that this could compromise the September 2022 start date. A full report would be considered at the Education, Commissioning and Quality Committee scheduled for 9 April 2020.</p>	
Resolved	The Board noted the Chief Executive's report	
2603/2.3	Coronavirus:	
2603/2.3.1	Chief Executive Update	
	<p>The Chief Executive's report was received.</p> <p>In presenting the report, Alex Howells highlighted that an appendix was missing from the report relating to the prioritisation of the IMTP due to the impact of COVID 19. This would be circulated following the meeting. She explained that the position in relation to COVID 19 was frequently changing. She highlighted that the HEIW Emergency Planning Team had implemented the HEIW Business Continuity Plan and, following the recent national and local advice, Ty Dysgu was in total lock down for at least the next 2 weeks. The position would be reviewed periodically as the national and local advice was updated.</p>	

	<p>An overview of the key actions and next steps was provided in response to the evolving position within NHS organisations and HEIW's business continuity activity. Discussions were taking place with regulators and universities regarding releasing trainees/students into the NHS frontline workforce. A clear communication strategy would be developed to ensure that trainees and students were clear of their role and responsibilities in response to COVID 19.</p> <p>Clarification was provided in relation to the varying recruitment campaigns running across England and Wales in relation to community volunteers; retire and returners and the redeployment of staff.</p> <p>Concern was raised in relation to the lack of communication, extra training or support for the locum workforce. The impact on medical and nursing students in rural placements and the lack of PPE and ventilator equipment for the out of hospital/community care sector were also raised as matters requiring consideration. Alex Howells advised that there was a Primary Care cell of the Emergency Response Group and, whilst HEIW was not part of the group, any issues relating to workforce could be fed into via her into the Group.</p> <p>Concern was also raised in relation to the capacity within HEIW to cope with business continuity activity in response to COVID 19 and the increased demands as a workforce enabler. A number of programmes and projects within HEIW had been paused as a result of COVID 19 and this had created some additional capacity to take on new work. It was noted that a number of staff had been released to undertake sessional work to support the frontline within other NHS Wales organisations. Additional staff absence reporting arrangements had been put in place in HEIW and approximately 60 staff were reporting as being either symptomatic, caring for a close family member or self-isolating.</p> <p>Tina Donnelly raised the matter of the transferable skills within areas such as the Reserve Forces and their potential to supplement the NHS workforce. Julie Rogers advised that the matter of Reserve Forces was being managed centrally within Welsh Government for a co-ordinated approach and agreed to flag the matter with Welsh Government colleagues.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the report; • agreed that the missing appendix relating to the prioritisation of the IMTP be circulated to Board Members; • requested that Heidi Phillips feed any primary care workforce issues to Alex Howells to ensure they are fed into the Primary Care cell of the Emergency Response Group; 	<p>DB</p> <p>HP</p>

	<ul style="list-style-type: none"> • requested that Julie Rogers ensure any skills analysis relating to veterans, reservists and volunteers are flagged with Welsh Government colleagues. 	JR
2603/2.3.2	New Board Arrangements	
	<p>The Board received the report.</p> <p>In presenting the report, Dafydd Bebb advised that the approach had previously been considered at the Board Briefing on 20 March 2020. He outlined the proposed changes to HEIW's corporate governance arrangements in response to the COVID 19 Pandemic.</p> <p>He emphasised that the proposals aimed to ensure that a balance was struck between enabling the appropriate governance functioning of HEIW and not hindering decision making/taking in a fast moving and changing environment.</p> <p>The Board noted that the response to the letter from the Board Secretaries Group was awaited which should provide further clarification on the use of NHS corporate governance during these unprecedented times.</p>	
Resolved	The Board approved the proposals for HEIW's corporate governance arrangements.	
2603/3	STRATEGIC ITEMS	
2603/3.1	Leadership and Succession Progress Report	
	<p>The Board received the report.</p> <p>In presenting the report, Julie Rogers advised that the report highlighted the progress in relation to the Compassionate Leadership Programme and the Talent/Succession Planning Workstream. Due to the impact of the COVID 19 Pandemic, the Programme has been stepped down for the next 3 months in response to the prioritisation of activity required during the pandemic. There was potentially significant risk to meeting some programme milestones due to the impact of the pandemic on NHS organisations. A review and re-prioritisation of the IMTP 2020/21 leadership programme plan would be undertaken in the coming month.</p> <p>It was noted that whilst the majority of the programme had been paused, work would continue on the digital leadership portal, which would allow resources to be added to support frontline staff during the Pandemic.</p> <p>The current consultation and engagement for the overarching Compassionate Leadership Principles, which was due to end on 10 April 2020, would need to be revisited in light of the current service pressures.</p>	

	<p>To meet the emerging service requirements within NHS Wales organisations, a key piece of work was the establishment of a Talent Summit Group to take forward a programme of work to develop the talent and succession planning model. Nominations for the 2020/21 cohort have been requested from NHS Wales organisations with no limit to numbers of nominations. From 2021/22 there will be a Once for Wales approach with a single national process with guidance. Whilst this work has been paused, it was anticipated that this would be restarted in September 2020.</p> <p>Good progress has been made in relation to the proof of concept pilot for the Digital Talent Management Solution. The contract for this was currently being finalised with Shared Services.</p> <p>Concerns were raised in relation to the nomination process and the potential for individuals to be missed or overlooked. It was clarified that the nominations would be from Managers for those staff aspiring to be directors/deputies and should already be known within the organisation and would need to be signed off by executive teams. However, the leadership resources and programme would be available to all individuals and also included a self-referral option.</p> <p>On costs, it was noted that a business case was in preparation for elements of the overall programme – the clearest example of this was the finding needed to re-establish the NHS graduate programme, at the specific request of Welsh Government. Every NHS organisation was currently investing in leadership development and this could potentially be redirected in future years. However, in the short term discussions would need to take place with Welsh Government around providing a baseline for this work.</p>	
Resolved	The Board noted the report.	
2603/4	GOVERNANCE, PERFORMANCE AND ASSURANCE	
2603/4.1	Finance Report:	
2603/4.1.1	Month 11 Position	
	<p>The Board received the report.</p> <p>In presenting the report, Eifion Williams provided an update in relation to the month 11 financial position for 2019/20 which was a year to date underspend of £445k. The key reasons for underspend variances were vacancies against budgeted staffing levels for pay budgets and lower placements than planned in commissioned training placements budgets. It is expected that the overall financial position of HEIW would be managed to deliver a balanced position at year end in conjunction with Welsh Government expectations.</p> <p>It was highlighted that £1.4m was returned to Welsh Government in March and this would assist HEIW in moving closer to a balanced position by the end of the financial year. However, the non-recurring</p>	

	<p>funding awarded to Universities of £1.049m may not be spent by 31 March 2020. This would therefore have to be accounted for in the year-end financial position. It was highlighted that invoices were expected for these initiatives/schemes during late March/early April and that the position would be closely monitored.</p> <p>The position in relation to the capital allocation and expenditure was explained and, in particular, regarding the arrangements for the funding of the pharmacy e-portfolio system and the recoverable VAT.</p> <p>In terms of the Public Sector Payment Policy, it was confirmed that HEIW's overall compliance had increased slightly to 95.2% and was within the target.</p> <p>The Board considered the report, noting the reasons for the variances to the profiled financial plans, non-recurrent funding to Universities and the capital position. Reassurance was provided that HEIW was working with its partners and suppliers to agree the year-end invoicing positions and forecasted year-end outturn position.</p>	
Resolved	The Board noted the month 11 position.	
2603/4.1.2	Allocation Letter	
	<p>The Board received the report.</p> <p>In presenting the report, Eifion Williams informed the Board that whilst HEIW had provided the Welsh Government with a five-year financial plan as part of its IMTP, the funding allocation was only agreed on a one-year basis.</p> <p>Eifion Williams provided an overview of the variances and an explanation of the reconciliation against the HEIW revenue allocation for 2020/21, compared to the HEIW IMTP financial plan submitted covering the period 2020/21 to 2022/23.</p> <p>Concerns were raised in relation to the additional resources being incurred in response to the Coronavirus Pandemic. It was clarified that whilst Welsh Government had advised that organisations were expected to manage within their own financial envelope, NHS Wales organisations would be tracking the additional expenditure related to the business critical activity in response to the Pandemic. It was anticipated that Welsh Government would support the additional costs associated with dealing with COVID 19.</p>	
Resolved	The Board noted the report.	
26/03/4.2	Performance Report	
	<p>The Board received the report.</p> <p>In presenting the report, Julie Rogers highlighted that whilst delivery against the Annual Plan and Remit Letter milestones was generally positive, the spread of COVID 19 was beginning to have an impact on</p>	

	<p>delivery across some areas. These included the pausing of the Leadership Programme, the transfer of the Nursing Staffing Act Team and the HEIW People & OD Strategy. It was anticipated that these would potentially be picked back up by the Autumn.</p> <p>There were currently two red projects, one of which had been delayed due to recruitment, which had now been resolved, and the other related to SIFT which remains 'red', awaiting action by Welsh Government.</p> <p>The Board discussed the report and noted the significant progress and improvements being made to reporting. It was expected that compliance with statutory and mandatory training would show significant improvement following the COVID 19 Pandemic for the next report. It was highlighted that a significant element of the PADR process was a face to face meeting however, this would be challenging and that there would be lessons to learn following the Pandemic.</p> <p>The Board welcomed the report and thanked the Team for the progress being made.</p>	
Resolved	The Board noted the report.	
2603/4.3	Corporate Risk Register	
	<p>The Board received the Register.</p> <p>In presenting the Register, Dafydd Bebb advised that this would be last register in the current format which was aligned to the 2019/2020 Annual Plan.</p> <p>Since the last reporting period, there were currently 26 risks on the Corporate Risk Register. These risks have been assessed as one 'red' status, 24 'amber' status and one 'green' status. Risk 28 – cyber security is currently a 'red' status risk however, it was anticipated that this would be downgraded following the appointment of the Head of Cyber Security. The interviews for which were due to be held on 30 March 2020.</p> <p>It was highlighted that Risk 10 – NHS Bursary Terms and Conditions has been reassessed following formal confirmation of the Welsh Government decision and downgraded to a 'green' status. There were two new risks that had been assessed as 'amber':</p> <ul style="list-style-type: none"> • Risk 32 – Impact of the Changes to the Internal Medicine Training Pathway; • Risk 33 – Impact of the Changes to the Anaesthetics Pathway. 	

	<p>The revised Corporate Risk Register aligned to the COVID 19 Pandemic was to be considered at the next Audit & Assurance Committee scheduled for 1 April 2020.</p> <p>The Board discussed the report and the need to ensure that the Risk Register reflected the impact of COVID 19 and, in particular, the risks consistent with moving to a more digital environment and full home working.</p>	
Resolved	The Board approved the removal of the 'green' risk.	
2603/4.4	Key Issue Reports from Committees	
2603/4.4.1	Audit and Assurance Committee held on 27 January 2020	
	<p>The Board received the key issues report.</p> <p>In presenting the report, Gill Lewis informed the Board that the report supported the verbal update provided to the Board at its January meeting.</p>	
Resolved	The Board noted and ratified the report.	
2603/4.5	In-Committee Decisions	
	The Board received and noted the report which provided the key issues discussed 'in committee' at the December Board meeting.	
2603/5	OTHER MATTERS	
2603/5.1	Any Other Urgent Business:	
2603/5.1.1	HEIW Annual Equality Report 2018/19	
	<p>The Board received the report.</p> <p>In presenting the report, Julie Rogers advised that the reporting was in line with public sector duty under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as 'the Welsh specific equality duties') to produce and publish an Annual Equality Report.</p> <p>The report reflects the first 6 months of HEIW's operation during 2018/19 and HEIW's strong commitment to equality and inclusion at the heart of its business.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the report; • approved the publication of the report by 31 March 2020. 	
2603/5.1.2	HEIW Gender Pay Gap Reporting	
	<p>The Board received the report.</p> <p>In presenting the report, Julie Rogers advised that the reporting was in line with HEIW's public sector duty under Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 to publish statutory calculations every year showing the pay gap between their male and female employees.</p>	

	The report reflects the first 6 months of HEIW's operation during 2018/19 and is a snapshot. It was acknowledged that there was more work to undertake to fully understand the pay gaps in more detail and to explore if there were actions to be taken to address the areas identified. It was recognised that approximately 50% of the HEIW workforce were clinical staff and eligible for Clinical Excellence Award Payments that was impacting on the pay position. However, this was outside of HEIW's control or influence as pay arrangements are determined nationally and set by Welsh Ministers.	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the report; • agreed that a sentence/paragraph be added into the report to provide the context in relation to the high volume of clinical/medical staff compared to overall workforce numbers and their eligibility for the national Clinical Excellence Awards scheme; • approved the publication of the report by 30 March 2020. 	JR
2603/5.2	Date of Next Meetings	
	<p>The Board received the forthcoming Board dates:</p> <ul style="list-style-type: none"> • HEIW Board Development Session to be held on 30 April 2020 to take place via Skype/Teleconference • HEIW Board to be held on 28 May 2020 to take place via Skype/Teleconference 	
2603/5.3	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)
26 March 2020 2020

(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
2603/1.5	Action Log			
	<ul style="list-style-type: none"> 3001/2.1 Chair's Report: Chair's appraisal letter to be shared with Board Members when received 	Chairman	TBC	Appraisal letter awaited from Minister's Office.
2603/2.1	Chair's Report			
	<ul style="list-style-type: none"> The potential to use the 'Zoom' application be explored with NWIS and the HEIW Digital and IT Team. 	Board Secretary	Within 2 weeks	Completed. Due to GDPR regulations and security, NWIS has confirmed that staff should not use Zoom video conferencing software on NHS computers. The agreed method for video conferencing is 'Skype for Business' or 'Microsoft Teams'. Microsoft Teams is to be rolled out within HEIW by NWIS in due course.
2603/2.3.1	Coronavirus: Chief Executive Update			
	<ul style="list-style-type: none"> Missing appendix relating to the prioritisation of the IMTP to be circulated to Board Members. 	Board Secretary	Within 1 week	Completed.
	<ul style="list-style-type: none"> Heidi Phillips to feed any primary care workforce issues to Alex Howells to ensure they are fed into the Primary Care cell of the Emergency Response Group 	Heidi Phillips	TBC	A verbal update will be provided at the May Board meeting.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> Julie Rogers to ensure any skills analysis relating to veterans, reservists and volunteers are flagged with Welsh Government colleagues. 	Director of Workforce & OD	Within 1 week	Completed.
2603/5.1.2	HEIW Gender Pay Gap Reporting			
	A sentence/paragraph to be added into the report to provide the context in relation to the high volume of clinical/medical staff compared to overall workforce numbers and their eligibility for the national Clinical Excellence Awards scheme.	Director of Workforce & OD	Within 1 week	Completed.



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Meeting Date	28 May 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

With the approval and support of the Board in March, Alex Howells, our Chief Executive, has been acting as Deputy Chief Executive of the NHS in support of Dr Andrew Goodall, Director General. Whilst Alex has continued to be closely involved with HEIW as the Accountable Officer, Julie Rogers, our Deputy Chief Executive, has overseen the day to day running of the organisation. I have Skype meetings with Alex and with Julie twice a week as a minimum. I am very grateful to Alex and Julie together with the Executive Team for the effective and professional way this has been managed. I wish to recognise the energy and effective contribution to the NHS system this has enabled.

Working with the Board Secretary we have developed arrangements for Board governance and communication of Board decision and debate to cover this period of extraordinary circumstances. Board assurance, oversight and involvement will continue throughout. All meetings are being held by Skype or Microsoft Teams and a real thank you goes to our technical support team in enabling this to happen.

It has been encouraging to see how effective and organised the meetings have been run. Going forward, I am sure we have all learnt a lot about remote working and the importance of staying connected. I have continued with my bi-weekly one to one meetings with the Executive Team and the Deans of Pharmacy Dentistry and Postgraduate Medicine. I have also been able to join meetings of various teams, including Finance, Pharmacy, Nursing, Communications, Post Graduate Medicine and Senior Leadership Team.

On 21 May 2020 I joined a virtual Staff Open Forum, attended by over 100 colleagues. It is very clear that there is a very busy business agenda, but I also witnessed a great culture of supporting and encouraging colleagues and great leadership. Weekly one to one Skype conversations take place with all board members, enabling us to share information and co-ordinate and discuss emerging issues. John Hill-Tout, Vice Chair, and I speak twice a week, ensuring information sharing and debrief following our respective National meetings. I attended an Audit and Assurance Committee meeting and a meeting of the Education Commissioning and Quality Committee during the reporting period. Both meetings were supported by excellent papers and were well run and business like – no technical glitches!

There is an established pattern of HEIW providing weekly briefings and updates shared internally and with partners. These are informative and demonstrate the full spectrum of work being undertaken. I would like to thank our communications team for their sterling efforts in supporting the organisations profile and messaging. I have

had meetings by teleconferencing with the Chair of the GMC and also with the Chair and CEO of Social Care Wales.

NHS Chairs have been meeting using teleconferencing and hold fortnightly briefing meetings. Chairs have received full reports in relation to both the impact of the outbreak and the response and have exchanged briefings on the position in the Local Health Board (LHB) areas across Wales. I attend weekly briefing meeting of NHS Chairs and CEOs with Vaughn Gething, Minister for Health and Social Care, and Andrew Goodall – really focused and very informative, covering the key issues and challenges.

Since the outbreak began, Vice Chairs have been meeting using teleconferencing and hold fortnightly briefing meetings. Vice Chairs have received full reports in relation to both the impact of the outbreak and the response and have exchanged briefings on the position in the LHB areas across Wales. John and I have briefed colleagues on the plans and actions taken by HEIW. Given the specific responsibility of Vice Chairs in relation to Mental Health services, a briefing was received from the National Mental Health lead on the impact of the epidemic on existing mental health patients, the increase in waiting times, and the action being taken to adapt services in the weeks and months to come. John will continue to represent HEIW at these fortnightly briefings.

Together we joined a digital meeting for Chairs and Vice Chairs, organised by the UK NHS Confederation on the 11th May, which gave the opportunity to share local responses to the Pandemic. There were contributions from England, Wales, and Northern Ireland, and the meeting considered how governance, partnership and regulation should be adapted to adopt the learning from the pandemic. There was a strong sense that the energy, creativity, new partnerships, and the flexible leadership should be built into our Governance Frameworks as we reposition the NHS in the weeks to come.

On Wednesday, John and I attended a videoconference Team Wales NHS meeting in which the Minister and the Director General reflected on the enormous amount of work done within the NHS and the partnerships across Wales to meet the COVID-19 Challenge. The key issues of reset and the possibilities of a second wave were discussed. Test, track and trace was discussed, as was the importance of winter planning. All organisations had submitted their responses to the Q1 Operational Framework. There was general reflection on the future challenges and opportunities to reset in line with a Healthier Wales, whilst reflecting on the sad loss of lives in the population, including health and care workers. The health and wellbeing of staff and the importance of leadership in the coming months was also reflected.

Whilst the dominant focus of NHS organisations has of course been driven by the COVID-19 pandemic, we have now started to focus on the near future and longer-term impacts for our core business. The Integrated Medium Term Plan (IMTP) and the Q1 Operating Framework are key agenda items on today's agenda.

Since the last Board, Professor Peter Donnelly has retired from HEIW. Peter has been a major influence on Post Graduate Medical Education over many years and was previously our Acting Dean. He has developed our International Education agenda.

On behalf of the Board I would like to thank him and wish him health and happiness for the future.

Today also marks the retirement of Stephen Griffiths our Nurse Director. Stephen's contribution to the NHS in Wales and to the development of HEIW has been immense.

These are challenging times for our nation, coming with varying degrees of uncertainty and stress. We are committed to supporting and enabling colleagues in the front line to do their roles, supporting our staff, supporting our students and trainees. We have led the national conversation around compassionate leadership and developed a workforce strategy for health and social care. There has never been a more urgent need for us to look after the workforce, its wellbeing and for us all to be kind and considerate of others. As this challenge abates, HEIW will need to be there to pick up its role in helping to heal and grow the NHS and Care system for Wales. We will have the opportunity to learn lessons and help continue the transformation and reset of services. We will be in a position to help deliver the aspirations of the Future Generations Act, A Healthier Wales and an enabler for our future workforce.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
			✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
		✓	✓
Quality, Safety and Patient Experience			
There are no direct quality, patient safety and experience issues relating to this report.			
Financial Implications			
There are no direct financial implications of this report			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications of this report.			
Staffing Implications			
There are no direct staffing implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.			
Report History	N/A		
Appendices	N/A		



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Meeting Date	28 May 2020	Agenda Item	2.2
Report Title	Chief Executive's Report – May 2020		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

CHIEF EXECUTIVE'S REPORT – MAY 2020

1. INTRODUCTION

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. Our work continues to be dominated by the COVID 19 pandemic response with a number of areas paused or delayed.

2. KEY ACTIVITIES

- **CEO Secondment to Welsh Government**

From 1 April I have been supporting the Welsh Government COVID 19 response as Deputy CEO for NHS Wales on an interim basis, and am grateful for the support I have received to do this from Julie Rogers as Deputy CEO for HEIW and from the Chair. We continue to hold Executive Team meetings on a weekly basis as normal, and hold Senior Leadership Team meetings on a monthly basis. Maintaining these key contact points has been an important part of continuing the good governance arrangements that have been developed and ensuring effective communication during this home working situation.

- **Retirement of the Director of Nursing**

This will be Stephen Griffiths, our Director of Nursing's last Board meeting as he will be retiring on 29 May.

Stephen leaves a fantastic legacy for our organisation, and an exceptional reputation across so many staff and partners. I am sure that the Board will join me in thanking Stephen for his huge contribution to the NHS over the years and to pass on our best wishes for him and his family for the future.

We are in the process of securing an interim Director of Nursing until we are able to progress the substantive replacement for Stephen's post.

- **Coronavirus**

HEIW has continued its response to COVID-19 through a clear action plan and regular meetings of the Crisis Management Team.

A wide range of work has been undertaken as can be seen from the item later on the Board agenda. As we transition into phase 2, we have reviewed and relaxed some of our response arrangements in line with other organisations. Both the crisis management team meetings and Board bulletins have been rescheduled for fortnightly.

In response to the Welsh Government's Operating Framework for Q1 HEIW's local operational plans for the remainder of May and June was submitted in draft to Welsh Government on 18th May 2020, and is also included in the Board agenda.

The purpose of the framework is to enable NHS organisations to start to prepare for the “new normal” with a cautious progression towards restoring services and work programmes.

- **IMTP**

The formal approval of the IMTP has been delayed due to the COVID-19 pandemic.

As agreed at the Board meeting in March implementation of HEIW’s IMTP objectives have been largely paused in Q1 to enable the organisation to focus its resources on supporting the NHS’ response to COVID-19.

In line with guidance from WG we have commenced the process of reviewing HEIW’s IMTP for Q2 and beyond. Staff have also been asked, as a part of this process, to ensure that any lesson learnt from the pandemic are captured. This includes locking in new ways of working that have been beneficial together with recognising the education and training needs of the ‘new normal’ for the NHS. This process is ongoing and will include the Workforce Strategy for Health and Social Care. A separate paper within the agenda provides an update on IMTP review, the revised work programme and the IMTP Resource Plan.

- **Update on the Annual Education Commissioning and Training plan 2021/22**

The process of developing the Education Commissioning and Training plan has started. A presentation on the key issues and themes for the plan has been circulated to key stakeholders for comment and discussion recognising that the usual ways of developing the plan cannot take place this year. The final version of the plan will be considered for approval by the July meetings of the Education Commissioning Committee and Board before being submitted to Welsh Government for consideration. A copy of the presentation is included on today’s Board agenda.

- **End of Year Performance Report**

Our first end of year performance report is included on the agenda, and will form the basis for our Annual Report later in the year. Currently performance management arrangements with Welsh Government are still light touch meaning that JET meetings have been delayed until later in the year.

- **Welsh Language Scheme Consultation Process**

The Board received a report in January confirming that the Welsh Language Commissioner has requested that HEIW prepare a Welsh Language Scheme. A separate paper outlining the draft Scheme together with the associated public consultation process is included in the agenda.

- **Tendering of the Health Professional Education Contracts**

As a result of the impact of Coronavirus we have been forced to postpone the original timetable for the tendering of the Health Profession Education Contracts. This was originally due to take place in May/June 2020. It can be confirmed that based on the updated timetable for the tender process the go-live date continues to be September 2022.

- **Annual Reporting Timetable Revisions**

The Draft Final Accounts for 2019-20 are considered on the agenda. In line with the revised guidelines from Welsh Government the final version of the Final Accounts, Annual Government Statement, Statements of Directors Responsibilities and Staff and Remuneration Report will be filed on or before 30 June.

To support the new filing deadlines an additional meeting of the Audit and Assurance Committee has been scheduled for 26 May together with an additional meeting of the Board on 28 May.

- **Risk**

There are 8 risks on the agenda of which the following two are red:

- Impact of the response to COVID-19 on education and training programmes on progression and outcomes for students and
- Cybersecurity.

3. RECOMMENDATION

The Board is asked to note this report.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
There are no direct quality, patient safety and experience issues relating to this report.			
Financial Implications			
There are no direct financial implications of this report.			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications of this report.			
Staffing Implications			
There are no direct staffing implications of this report			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.			
Report History	The CEO report is presented at each open Board session which is held once every two months.		
Appendices	N/A.		



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Meeting Date	28 May 2020	Agenda Item	2.3.1
Report Title	HEIW Quarter 1 Operational Plan – COVID 19		
Report Author	Chris Payne, Deputy Director of Planning & Performance		
Report Sponsor	Julie Rogers		
Presented by	Julie Rogers, Deputy CEO/Director of Workforce & OD HEIW		
Freedom of Information	Open		
Purpose of the Report	To seek the Board's support for the draft HEIW Q1 operational plan		
Key Issues	<p>Welsh Government issued a COVID-19 Operating Framework -Quarter 1 at the beginning of May.</p> <p>HEIW was required to submit a draft Operational Plan in response to the Framework by 18 May 2020, which is detailed in the appendix.</p> <p>The document supports the continued need to maintain essential services whilst attempting to scale up normal business within an environment of needing to respond to Phase 2 of COVID-19.</p> <p>It should be read alongside the HEIW IMTP Revision paper.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to note:</p> <ul style="list-style-type: none"> Consider and agree the draft Operational Plan 		

1. INTRODUCTION

This paper seeks the Board's support for the draft HEIW Operational Plan for Quarter 1 in 2020-21 financial year in line with requirements of the Welsh Government NHS Wales COVID-19 Operating Framework.

2. BACKGROUND

On 6 May, Welsh Government issued the NHS Wales COVID-19 Operating Framework Quarter 1 which is detailed in Appendix 1.

The Framework acknowledges that there is a need to consider the recommencement of services and functions where it is safe to do so. However, it also makes clear that we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility organisations have demonstrated over recent months.

The Welsh Government has asked us to submit a 6-week plan, for the remainder of Q1, by the 18th May 2020. This has been achieved taking on board the specificity of HEIW roles and functions. The draft Plan is at Appendix 2 and is subject to Board approval.

The transition to phase 2 and the development of our Operational Plan provides a different framework for HEIW to manage and report on its business over the next 6 weeks. It has been drafted in a way that will provide flexibility, allowing us to adjust depending on capacity, outcomes and any change in escalation of COVID-19. The Plan needs to be viewed alongside our revised IMTP work programme for 2020-21, which is the subject of a separate paper to May Board, and which sets out our intentions for restarting some of our paused activity during quarter 1 and beyond.

3. GOVERNANCE AND RISK ISSUES

Our draft Operational Plan was developed and submitted in line with the Operational Framework issued by Welsh Government. We are awaiting feedback and expecting to be invited to a meeting to discuss the Plan in early June.

The Plan has been developed taking into account key themes articulated within the framework alongside key areas of focus that we have identified within HEIW – these include supporting the COVID-19 response.

We have a more detailed phase 2 action log in preparation, which will sit underneath the Operational Plan COVID response theme. Following agreement of the Operational Plan and aligned changes to our IMTP deliverables and work programme, we will finalise the action log, initially for the remaining period of Quarter 1 and implement monitoring and reporting arrangements in line with guidance and expectations.

Additionally, we will also use our Crisis Management Team/COVID Response Group mechanism to manage and oversee our performance during the shorter cycles as well to focus on ensuring risks are identified, mitigated and escalated as required.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from the production of this draft plan. Following finalisation of changes to our IMTP objectives and deliverables in light of the

impact of COVID-19 on priorities, a comprehensive review of the implications on budget allocations will be led by our Director of Finance and undertaken in conjunction with both the Senior Leadership and Executive teams.

5. RECOMMENDATION

Members are asked to:

- Consider and agree the draft Operational Plan at appendix 2.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
This is considered throughout our response.			
Financial Implications			
There are no direct financial implications resulting from the production of this draft Plan. The revision of our IMTP objectives, timeframes and deliverables to take account of COVID-19 in 2020-21 will have financial implications and these will be reviewed by our Director of Finance and advice provided.			
Legal Implications (including equality and diversity assessment)			
Equality assessment has been undertaken and will be revised if required following changes			
Staffing Implications			
Staffing implications have been considered when reflecting on the revised recommendations			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
These are to be considered when reflecting on the impact of COVID-19.			
Report History	N/A		
Appendices	1. Welsh Government NHS Wales Operating Framework - Quarter 1 2. Draft HEIW Operational Plan – Quarter 1		

NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 1

1. PURPOSE

To provide the NHS with an Operating Framework for Quarter 1 of 2020/21 which reflects the continued need to respond to COVID 19 and the potential for future peaks in COVID 19 demand. There is agreement across the system that we need to ensure that we are able to deliver essential health services for our population and where possible recommence more routine care. However we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility we have demonstrated over recent months.

2. CONTEXT

The NHS in Wales has already delivered a remarkable response to the COVID 19 health emergency since receiving the first coronavirus patients in early March.

Our staff have stepped forward with huge commitment and professionalism to deal with the challenges of this pandemic and have demonstrated once again that they are our most important asset. This includes our new staff such as our health professional students and health professionals returning to service, keen to be part of the NHS response. As ever it has been important to continue to work closely with staff organisations and professional bodies in a spirit of social partnership through regular briefings and discussions.

The speed and flexibility of our response has been dependent upon excellent partnership working - with local government, the military, the voluntary sector, hospices, education providers, regulators and the private sector. Of particular note has been the close cooperation between the NHS and social care, through statutory services and the wider care sector, reflecting the critical connections that need to be in place to support patient pathways.

We have also had overwhelming support from the public and patients in complying with lock down measures to save lives and protect the NHS, and in cooperating with us as we have introduced new ways of working into the NHS.

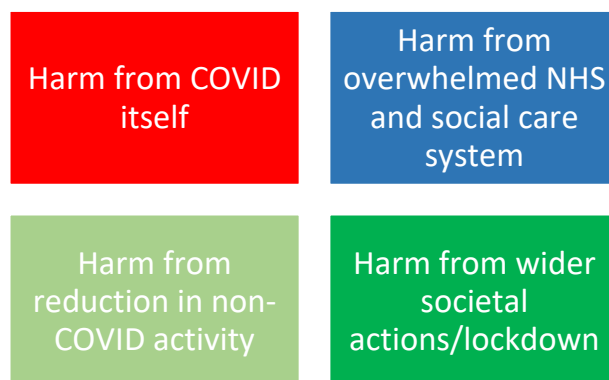
The initial NHS planning and preparation for COVID 19 was supported by the Minister's Written Statement on 13th March setting out a framework of actions. These included a reduction in non-essential work in order to free up capacity and staff to prepare, and these actions have been critical in ensuring that we were able to respond effectively to the needs of coronavirus patients in Wales.

This initial planning had indicated a difficult 8-12 week period managing to a peak. Whilst this has been mitigated during April, there remain significant numbers of COVID-19 patients across our systems and we need to plan recognising that our system will be responding to COVID-19 demands for some months to come, particularly as we monitor the impact of moving out of lockdown arrangements.

This requires a different framework to move forward, which retains flexibility to adjust depending on outcomes and any change in community transmission rates of COVID19.

This new framework builds upon guidance that has already been issued to the NHS with a particular focus on maintaining essential services, for example in relation to cancer and mental health services.

The new framework also reflects the need to consider 4 types of harm, and do our best to address all of them in a balanced way:



We are still learning about Coronavirus and its progress is difficult to determine. Whilst we have navigated the first peak successfully from an NHS perspective, there are still significant pressures in care homes and we do not have certainty about the future profile of COVID 19 demand.

This profile is also affected by external factors including the Welsh Government Framework for Recovery (<https://gov.wales/leading-wales-out-coronavirus-pandemic>) and implementation of its Testing Strategy. In addition the Cabinet has agreed to establish an economic and social recovery programme that will be led by Ministers and informed by an Expert Group to bring regular challenge and fresh thinking. An internal Portfolio Board for Continuity and Recovery has also been established to work in parallel with the Expert Group, chaired by the Counsel General. A comprehensive work plan will be developed that will include creating a set of scenarios to act as cross-government assumptions for recovery planning.

The harm caused from COVID itself is more visible and understood, both in terms of its impact on individual patients and their underlying conditions, but also the potential for transmission to other patients and staff. The management of individual patients in this context requires effective decision making and management of clinical risk, in order to balance harm from COVID and other health problems.

It is important to retain the ability to respond effectively and with maximum agility to a potential increase in COVID 19 patients and to ensure that any future peaks do not overwhelm the service. The operating framework needs to reflect that and will be subject to regular review.

We are aware that access to essential non COVID services has reduced in recent weeks, a trend that has also been experienced in other countries. In Wales we have seen for example a 48% reduction Emergency Department attendances and a 30% reduction in emergency admissions since prior to the COVID 19 pandemic. The reasons for this will include delivery of health care through alternative models,

reduction in incidence of some health problems such as major trauma and road traffic accidents; and changes in judgements and behaviour by both clinicians and patients in view of additional COVID risk.

However, we need to assure ourselves going forward that patients are accessing essential services appropriately and understand that these services continue to be open for business during any future peaks. We also need to have a framework that can be developed towards an ultimate aim for restoration of normal and routine activities over time, even if this is done progressively and with appropriate assessment of impact on the NHS. It will be important to continue to set NHS delivery in the context of an integrated health and care system.

3. OPERATING FRAMEWORK

The Operating Framework is set out under the following themes:

New ways of working

Staff have created and embraced new ways of working rapidly to respond to the COVID19 challenge, in particular to comply with social distancing and essential travel guidance. A number of these new ways of working offer benefits in terms of safety and quality to both staff and patients. They have also contributed to reduced congestion in primary care and hospital settings. Locally and nationally we must focus on embedding the new ways of working so that they become sustainable approaches for the future. Building confidence in these new approaches, supported through formal evaluation to demonstrate that they are safe and effective, means we can go even further. We encourage individuals, teams and organisations to continue to innovate and transform our services to deliver on the collective commitments in **A Healthier Wales**, our long term plan for health and social care in Wales. Requirements for these will also be embedded in future updates on the Operating Framework.

This includes the significant shift in terms of digitally supported ways of working – including more home working, cluster models, virtual clinics, triage processes, and remote consulting. Key enablers for this have been the accelerated roll out of tools for video consultation and remote working, and increased use of the Digital Health and Care Record, on an all-Wales basis. These changes will be consolidated and extended. Where there are opportunities to support essential services as part of covid-19 response, other digital programmes and investments will be accelerated in the same way. Further support will be provided, for example, through the Digital Priorities Investment Fund.

Managing COVID 19

Whilst recognising that it is difficult to guarantee that health care settings will be “COVID free”, particularly areas such as Emergency Departments, it will be important to separate the COVID and non COVID patient flows **as far as possible**. Local plans need to take into account:

- Ongoing and consistent application of PHW/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of known Covid patients, separate to other patients.
<https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control>)
- Hot/cold or red/green sites, COVID cohorts/zones, and dedicated isolation facilities. The development of cold sites may require regional solutions to underpin safety for patients and staff.
- Targeted use of independent sector hospitals using the contractual arrangements in place.
- Options to use available field hospital capacity across Wales to support activity in the short term, subject to local assessment and workforce models, whilst retaining the capacity to respond to any further peaks.
- New service or specialty based triage and streaming processes in both unscheduled and planned care to support separation of flows, including any testing implications.
- Continued implementation of the Acute Pathway for COVID 19 and related rehabilitation pathways.
- Availability of sufficient physical and workforce capacity to maintain separate configurations and additional streaming processes.
- Revised activity planning and scheduling assumptions that reflect the need to maintain social distancing and infection prevention and control measures.

Much of this can be determined locally by individual organisations, including the need for regional solutions. In addition organisations will want to be cognisant of advice and guidance from professional bodies, and ensure that this is kept under review.

“Essential” services

Essential services are those which should be maintained at all times throughout the pandemic, and any future peaks. We have developed an Essential Services technical document at **Appendix A** in line with WHO guidance on high priority categories including mental health. This is supported by a range of published guidance from Wales and the UK including Royal Colleges and NICE.

Urgent and emergency cancer treatment is a key aspect of Essential Services and specific guidance has already been issued through the Wales Cancer Network. Organisations have been asked to provide updates on progress in implementing this guidance by 12th May.

Delivery of essential services will by definition need to be based on clinical prioritisation rather than just a time based approach. The risk associated with COVID 19 will be an additional consideration in clinical decision making about individual patients and their treatment and in ensuring informed consent. Effective clinical engagement and leadership in planning and scheduling services therefore remains critical in developing and delivering Q1 plans.

In some areas of essential services the response to COVID 19 may have led to backlogs that need to be urgently addressed, and the implications for diagnostic and therapeutic services need to be carefully considered in local plans.

Effective delivery of pathways for delivering essential services will need to protect patients from COVID 19 and may require interim development of regional approaches for acute, specialist and rehabilitation services. Organisations must identify any risks to local delivery of essential services and collaborate on regional solutions to deliver the best outcomes for patients and the safest environments for staff.

Each organisation must ensure that it is also tracking deferred procedures / appointments that are not deemed to be essential in line with WHO guidance to mitigate any potential harm to patients.

Essential services clinical guidance for NHS Wales will be published on a dedicated section of the HOWIS site at <http://howis.wales.nhs.uk/sitesplus/407/home>

Public facing guidance will be published on the Welsh Government website at <https://gov.wales/coronavirus>

Critical care

Significant effort has been made to develop surge plans to flex critical care capacity, and these have already been activated to respond to the pressures of the first COVID 19 peak.

Locally and nationally we must continue to improve our critical care surge plans to ensure they are resilient in terms of physical space, infrastructure, equipment, workforce and medicines. We must retain the ability to activate surge plans quickly if we enter into another peak. In the meantime we must ensure focus on the wellbeing of our staff who have been working in challenging and pressurised environments and ensure they have the opportunity for rest and support.

COVID 19 patients and those receiving essential services will continue to be a priority for critical care services. Any routine services that may impact on critical care including services which increase demand for medicines used in critical care settings, should therefore be re-commenced with care taking into account the availability of core critical care capacity and maintaining safe occupancy levels. Ideally critical care occupancy should be at 70% of core capacity as a trigger to restart any routine work which may require critical care support during the next few months. This needs to be kept under close review with clinical teams and the Critical Care Network to reflect local circumstances. This will also require continuation of a zero tolerance approach to delayed transfers of care in critical care settings.

A significant boost to the effective and efficient operation of critical care services will be provided by bringing forward planned investment in digital systems to support critical care services across Wales

“Routine” services

Capacity exists in some parts of our system to support the re-introduction of routine services. This includes core capacity as well as the surge capacity that has been put in place for Quarter 1. We expect all health organisations to adopt a progressive approach towards the aim of restoring normal and routine activities, but the nature of this is a local operational decision for Health Boards and Trusts in conjunction with relevant partners. This will require arrangements to gear up and down in response to other pressures in the system such as an increase in emergency demand. A clear set of triggers needs to be in place to inform these decisions at a local and national level including any upstream intelligence for example in relation to the R values, local surveillance, care home data, as well as COVID activity data relating to health services including COVID admissions, critical care and general occupancy levels and mortality rates.

The re-introduction of normal and routine activities needs to be based on a number of considerations:

- New ways of working have been embedded as far as possible – for example in relation to remote and virtual service delivery.
- There is capacity to separate known COVID patients from other patient cohorts, supported by testing as appropriate.
- Safe occupancy levels of no more than 80% can be maintained.
- Availability of PPE and other key supplies including medicines and blood products can be maintained.
- Restrictions on throughput due to social distancing and infection prevention and control have been taken into account.
- The need to minimise impact on critical care services where they remain at high occupancy levels.

Decisions will be made about screening services coming back on line during Q1 based.

Surge capacity

We have created a significant amount of additional surge capacity in preparation for the anticipated peak in COVID 19 demand and this includes physical space as well as workforce. Fortunately the measures that have been put in place to minimise the peak have meant that we have not needed to utilise the surge capacity to date. However, as lockdown eases there is a possibility of further peaks and so as a minimum we should ensure that the first phases of surge capacity in each health board/ trust should be available and ready for activation within a 7 day period.

As noted above some parts of our surge capacity may also be utilised to deliver essential and routine services, and to maintain safe occupancy levels in line with local triggers.

The majority of our “field hospital” capacity in non NHS settings has been based on a provisional timescale of the first quarter. We will need to determine future plans by the end of Q1 including consideration of more regional solutions.

Nationally we must also continue to develop our central systems and processes to identify, allocate and distribute key items of equipment and supplies across the system.

Workforce wellbeing

In planning our services for the months ahead we need to maintain a clear focus on the wellbeing of our workforce in line with our commitment to the quadruple aim. In particular we must support those staff who have been under significant pressure in responding to COVID 19 to date – front line workers, support staff and management teams. We need to bear in mind that pressures may increase again in the next few months requiring our staff to repeat the extraordinary effort made over recent months. This means:

- Appropriate testing systems will need to be in place as determined by the Testing Strategy
- Appropriate rest and working patterns for staff, in particular enabling staff who have been unable to take time off due to service pressures to take annual leave and have time to recharge
- Provision of appropriate training, equipment and supplies – including PPE and key transferable skills
- Provision of wellbeing and psychological support [NHS Wales Staff Wellbeing Covid -19 Resource](#)
- Monitoring key workforce indicators including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Continuing to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area
- Continue to focus on particular needs of BAME members of the workforce as set out in [Written Statement: COVID-19 and BAME Communities](#)
- Continuing to update and regularly reissue Frequently Asked Questions developed in social partnership, setting clear policies, key terms and conditions of service for our workforce <https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19>

During the COVID -19 response, it is even more important that our staff feel able to raise concerns safely and that we capture the learning and lessons from their experiences. Local mechanisms are in place for any concerned member of staff to speak up, underpinned by guidance and support. We will also look for the national conversation on raising concerns to be progressed in social partnership to provide a clearer focus for this work.

We have had significant success in expanding our workforce as part of the COVID 19 response, through students, returning professionals, and new recruits. We need to continue to engage and support this COVID 19 workforce and ensure this additional capacity is factored into plans. Equally much of this additional workforce is temporary and although this may not affect q1, contingency plans need to be

considered in the context of more sustainable workforce planning for the future in line with the draft Workforce Strategy for Health and Social Care.

Organisations should re-introduce study leave and professional development activities where they can be delivered safely, to ensure that we continue to invest in the development of our workforce.

Although we have made a number of changes to delivery of undergraduate health professional programmes organisations should continue to support clinical placements for students so enable them achieve the learning outcomes needed to graduate.

Primary care

As with other settings there has been a remarkable response from primary care services and contractors. Effective models have been developed to support delivery of safe services in primary care settings in the context of COVID 19, with significant leadership and cooperation from independent contractor colleagues.

For General Medical Services we have seen a shift to telephone first triage; which must remain in place during Quarter 1 and is encouraged longer term. GPs and practice staff are now able to work remotely accessing GP Practice systems from their homes to run surgeries via telephone or using video consultation. The process has been further enhanced by providing access to the Digital Health & Care Record, enabling all recent diagnostic results and documents to be readily available.

The ability to stream COVID patients effectively through a “COVID hub” model will be activated as needed, based on the plans that have been put in place through clusters across Wales. In addition general practice will need to assess any patients who may be considered high-risk and may need to be included in the ‘shielding’ cohort to ensure they are accessing needed care and are receiving their medications.

As per the Caldicott principles, data should continue to be shared in the best interests of the patient; including information from Primary Care providers to other health and care settings, as well as information for specific processes (such as fostering and adoption medical assessments).

Our community pharmacy services have been under significant pressure and have introduced new ways of working to manage patient care safely and efficiently and to continue with essential services including dispensing services, emergency medication services, emergency contraception and advice, and treatment for common ailments. These will need to be maintained during Quarter 1. In addition community pharmacy will continue to play a key role in protecting supply to shielded patients.

In primary dental care service all routine dental care, treatments and check-ups continue to be cancelled. However, dental practices with NHS contracts remain ‘open’ for remote triage, the provision of advice and the issuing of prescription (analgesia & antimicrobials). Dentists can also provide face-to-face assessment in practice and non-Aerosol Generating Procedures (AGPs) urgent care if absolutely

necessary. Further guidance will be issued shortly about the future status and restoration of dental services.

In optometry services, a number of practices remain open for emergency and essential eye care services within each cluster. This enables Independent Prescribing qualified practitioners to manage more cases and reduce the need for secondary care intervention. Health boards will continue to ensure 'urgent' patients are seen, utilising primary care optometry to mitigate the loss of hospital based ophthalmology outpatient capacity.

Going forward to the recovery phase, the wider adoption of the Primary Care model for Wales will be the foundation for primary care operational models.

Social Care Interface

NHS organisations must continue to work with partners to ensure an effective interface with social care, in particular in relation to closed settings. This is in line with the approach set out in "A Healthier Wales". This includes

- Providing the capacity needed to implement the COVID 19 Hospital Discharge Process in relation to step down and step up beds <https://gov.wales/hospital-discharge-service-requirements-covid-19> This is essential in ensuring effective management of COVID 19 in closed care settings and in maintaining timely flow out of hospitals. This needs to be factored into capacity plans and the configuration of COVID and non COVID areas.
- Supporting training needs in relation to infection prevention and control
- Focusing on workforce wellbeing with access to resources and support
- Supporting workforce capacity where appropriate from the additional COVID workforce available to the NHS
- The sector will require additional support and guidance during the pandemic emergency period. A number of groups (including the Primary Medical Care Support to Care Homes Task Group) have been established as part of that support function

Communication

Clear and consistent messages for the public are essential to ensure that services are used appropriately during this period. National and local communication activities need to be aligned to ensure a focus on:

- Explanation of new ways of working which mean people will access services differently
- Assurances about social distancing measures and infection prevention and control in health care settings
- Importance of seeking advice and support in relation to Essential Services – with a particular focus on older people and vulnerable groups
- Options for self help and advice
- Clarification of Wales approach to avoid confusion with other parts of UK

4. MONITORING ARRANGEMENTS

In mid-March we agreed to relax targets and monitoring arrangements across the health and care system to support organisations in their plans and preparations for COVID 19.

Although we do not plan a reinstatement of the previous performance management arrangements for NHS Wales at this time we will need to refocus on some key quality, access and workforce indicators as we progress through Q1, particularly in relation to essential services and the COVID 19 pathway.

We will also need to monitor other key aspects of Q1 plans to inform critical decisions that need to be made in Q2. These include use of field hospitals, use of independent sector hospitals and deployment of the additional temporary workforce.

In the absence of the usual Quality and Delivery mechanisms and JETs we will be planning review meetings in early June with each organisation to reflect on Q1 plans and to help inform the operating framework for Q2 including guidance on winter preparedness – further details and guidance on performance management to follow.

5. FINANCE

The urgency needed for the initial service response meant that normal financial governance has not been able to be in place as decisions have, by necessity, had to be driven by the assessment of demand and the immediate service plans in response. Many decisions have been taken to commit significant resources without the normal certainty of funding. The required financial governance has had to follow and a more system level review is now in place to look at variability and best practice.

NHS organisations have undertaken their first assessment of the potential full-year costs for 2020-21 of responding to the pandemic, including putting in place the additional field hospital capacity. This exercise has highlighted some significant variations in approach and cost locally which will inevitably be challenged once the emergency is over.

There will be a requirement to update these forecasts on a monthly basis and submit with the monthly monitoring returns. Whilst it may be difficult at this stage to make a firm assessment of the impact later in the year, it is expected that the forecast for quarter 1 is robust, taking account of the guidance set out in this operating framework. Some of the normal monthly financial monitoring requirements have been relaxed to enable finance staff to concentrate on these cost returns as well as closing down the 2019-20 financial year.

Welsh Government and the Finance Delivery Unit have been working with the support of external consultants to review the set-up costs and committed running costs of the field hospitals, and it is intended funding for these will be confirmed during May. In addition, through a budget re-prioritisation process within Welsh Government, funding is being secured for core additional elements of the NHS response, including the costs of student and returning staff, provision of PPE,

support for early discharge arrangements, and the costs of the testing programme. Funding will be allocated for these specific areas of support as costs are confirmed.

As the full cost impact become clearer, Welsh Government and the Finance Delivery Unit will work with NHS organisations to agree the impact on individual organisations financial plans. This will take account of the additional costs incurred, previous savings expectations that are unlikely to be delivered, offset by redirecting existing resources from activities that have been paused or stopped.

At this stage, there is no certainty of funding beyond the specific areas referred to above, but this ongoing exercise should enable a shared understanding of the financial positions being presented to boards and will support the ongoing action within Welsh Government to identify funding to meet the net costs to the NHS of the response to the pandemic.

6. KEY ACTIONS

To support implementation of the framework the following actions are required:

NHS organisations to develop local operational plans for Q1 that include:

- A specific focus on Essential Services, any risks and regional solutions
- A summary of new ways of working and plans for evaluation
- Clear roles and activity plans for independent sector facilities and field hospitals
- Progressive implementation of routine activity
- A reflection of local discussions with partners about social care resilience
- Workforce plans including use of additional temporary workforce.
- Financial implications
- Risks to delivery

Draft local COVID 19 Operational Plans for Q1 are requested by 18th May recognising that they will need to be formally agreed through Board and Committee structures and in line with the agree governance principles.

By 18th May Welsh Government and partners to:

- Complete a rapid review and dissemination of new ways of working (WG)
- Accelerate the Digital Priorities Investment Fund to support new ways of working (WG)
- Bring forward planned investment in digital systems to support critical care services across Wales (WG)
- Review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support surge capacity in non NHS settings for Q1, with a review of field hospitals and independent sector hospitals in June informed by updated modelling (WG)

- Develop a set of triggers to help monitor pressures on the system based on Rt values, doubling rate for hospital admissions and critical care occupancy (WG)
- Continue to develop the resilience and robustness of critical care surge plans (Critical Care Network)
- Support Care Homes through implementation of the COVID 19 Hospital Discharge Process (WG)
- Develop a national communication campaign on key messages for the public about safety and access, which can be adapted and built upon by individual organisations (WG)
- Assess the impact on financial plans and identify and secure funding requirements (WG, FDU, NHS organisations)



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HEIW COVID-19 OPERATIONAL PLAN 2020 Quarter 1

Version 4

18 May 2020

1. Introduction

- 1.1 This draft local COVID-19 Operational Plan for the remainder of Q1 has been produced in response to the Minister for Health & Social Services' statement (6 May 2020) and 'NHS Wales COVID-19 Operating Framework – Quarter 1 (2020/21)' issued under cover of Andrew Goodall's letter of the same date.
- 1.2 Health Education and Improvement Wales (HEIW) is a Special Health Authority established to carry out a range of functions and provide system leadership in the areas of education, training and workforce. As a national body, we are well positioned to proactively support our NHS Wales colleagues and have stood down a significant amount of our activity for the year in order to focus on the COVID-19 crisis response. We successfully moved the organisation to 100% home working during phase 1 of the COVID-19 response period.
- 1.3 In line with the Welsh Government actions and other NHS organisations, in March we invoked our business continuity plan and established crisis management arrangements. This included a Crisis Management Team, encompassing key individuals from business areas and corporate functions to manage the impact of COVID-19 across a range of themes relating to our remit and to develop and monitor our response. We have ensured throughout the continued engagement with external stakeholders such as regulators, trade unions, Royal colleges and equivalent National bodies and have maintained to a large extent normal governance arrangements e.g. through consistent dialogue and reporting mechanisms to both our Board and Welsh Government.
- 1.4 As we move into phase 2 of the COVID-19 response, NHS Wales organisations have been requested by Welsh Government to develop local operational plans based on delivery of essential services, new ways of working, social care resilience and workforce plans including use of additional temporary workforce, financial implications and risks. For HEIW, the structure of this operational plan will be slightly different as some of these areas don't directly read across to our functions and remit. We have therefore focussed on (i) our COVID-19 phase 1 response which describes the contribution we have made to date; (ii) outlining our potential offer in each area; and (iii) our key priorities for the next 6 weeks, i.e. the remainder of Q1. Our plan also covers our monitoring and reporting arrangements, the financial implications for us and risks to delivery.
- 1.5 It is as important as ever that we continue to engage with and work in partnership with our stakeholders but recognising that they continue to deal with the challenges of this pandemic. Communicating our plan and priorities for this next period to our partners and staff will be essential. Whilst outside the scope of this operating plan period, as we begin to think about the transition into quarter 2 and the rhythm of this abnormal year, we need to ensure that as well as planning for the restart of education and training we also look at the key strategic enablers available to us. One of these, which we believe will aid the recovery and future sustainability, is the draft Workforce Strategy for Health and Care, submitted to Welsh Government in December 2020. The COVID-19 crisis has emphasised the need for action in relation to key workforce issues and added further weight to the substantial evidence of the Parliamentary Review, 'A Healthier Wales' and that gained during the production of the strategy. A

further key piece of work for us as we go into Q2 will therefore be to review and refresh the national Workforce Strategy in partnership with Social Care Wales.

2. What we have achieved: COVID-19 Response to date

- 2.1 This section provides an overview of the approach and actions undertaken by HEIW across its range of functions to support the NHS in response to COVID-19 flu pandemic. The initial HEIW response has been substantial and timely and we are very proud that our staff have stepped up to the challenge, have been prepared to innovate and support, have responded positively to the changes to priorities and programmes and have adjusted incredibly well to working in a virtual organisation within a very short space of time.
- 2.2 Utilising our approved Business Continuity plan as a foundation, we created a Crisis Management Team, encompassing key individuals from across the organisation. The initial task of the Team was to pull together the HEIW response to the COVID-19 emergency, which was then translated into our formal response plan submitted to Welsh Government. We have reported to the Welsh Government on progress against our plan, and any new actions, on a weekly basis, as well as to our Executive Team and Board
- 2.3 This Team has met regularly since 6 March 2020 with its frequency dictated according to the need of the evolving situation. During the peak period of the crisis the team was meeting up to three times a week to monitor the HEIW response, review actions required, and to identify risks. From early May, the frequency of meetings was reduced to once per week and is now held on a fortnightly basis.
- 2.5 Our COVID-19 response has been led by the CEO and Deputy CEO. Since early April, our CEO has also been supporting Andrew Goodall as Chief Operating Officer/Deputy NHS Wales Chief Executive, dedicated to COVID-19. HEIW has been contributing to the national response via Joint leadership via the Deputy CEO of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell). This cell has commissioned two working groups, in which we are playing a lead role. A workforce capacity planning group is being led by our Deputy Chief Executive and we are playing a pivotal role in the wellbeing group which will be building on the resources developed above. In addition, we are members of the Field Hospital sub-group of the Acute Care Cell providing information to inform workforce planning and modelling as well as opportunities to offer education and training support, and are represented on the Acute Care and the Essential Services Cells.
- 2.6 As of 24 March, we have been working 100% virtually. This has been facilitated by the appropriate provision of equipment, resources and training. We have implemented a range of initiatives to ensure staff and teams do not feel isolated. This has included 'cuppa conversations'.
- 2.6 We have maintained a robust range of communications to ensure external stakeholders and staff have access to the most appropriate information. We have developed dedicated COVID-19 pages on our external website <https://heiw.nhs.wales/covid-19/> which provide access to all guidance issued to and associated with:

- Medical, Dental and Pharmacy trainees and students
 - Nursing, midwifery and Allied Health Professional students
 - Medical, Dental and Pharmacy trainers, educators and employers
 - Nursing, midwifery and Allied Health Professional trainers, educators and employers
 - A page on how we are supporting the increasing and diversifying workforce through education and training, and how to access this.
- 2.7 The communications and engagement team have also proactively promoted messages and guidance via social media, as well as fielding media questions, social media queries and via email from pharmacy, dental, medical, nursing and AHP students / trainees.
- 2.8 We have issued CEO bulletins on education and training, plus our work to increase and upskill the NHS Wales workforce, to our stakeholders as well as a weekly brief to Board members.
- 2.9 There are many highlights from the work that has been undertaken but some key examples would be:
- Development of new online resources to support education and training of clinical staff required to work in new settings
 - Development of a suite of electronic playlists to enable access to Health and Wellbeing and Compassionate Leadership resources.
 - Development of Clinical and Acute training programmes facilitated by Welsh Universities' to upskill staff previously not accustomed to those settings.
 - Development of appropriate documentation and processes to recruit to a temporary workforce including job descriptions, advertising, application and onboarding and induction processes which is available should it be required.
 - Developed Quality Management & Assurance Process for field hospitals ensuring that they can be considered training sites.
 - Through our leadership of the Workforce Planning & Modelling subgroup, with support of NHS colleagues, 9 workforce principles have been agreed to be utilised during the Coronavirus pandemic. The principles identify that the workforce will be required to work differently, in new ways and settings and using different approaches including digital resources.
- 2.10 We have collected a variety of data against the range of actions and initiatives HEIW has instigated in support of the COVID-19 response. This has enabled the production of a high level infographic to be shared with stakeholders on the impact, support and availability of resources made available by HEIW during Phase 1 of the pandemic.

3. New ways of working

- 3.1 In line with Government guidelines and to safeguard the health of staff, as of 24 March 2020, our main office, Ty Dysgu, has been closed. We have migrated to 100% home working extremely well, which is to the credit of our staff.
- 3.2 HEIW has implemented new ways of working to address the COVID-19 response and is now considering how it can embed these for the future. For example, we proactively upskilled staff to enable them to use their IT equipment and programmes such as Microsoft Teams to be able to work effectively from home. We accelerated

roll out of tools for video consultation and remote working and we are considering how this can be further extended. The new homeworking arrangements have introduced significant benefits in terms of safety and quality to staff and staff are responding well to the continued requirement. Alongside looking at how we might normalise an element of homeworking in the future. Contingency plans are being developed to enable us to comply with social distancing measures and essential travel guidance to reopen our offices safely for staff when we are able to do so.

- 3.3 We have also supported the NHS more broadly to adopt new ways of working, through digitally enabled solutions. One of the key examples of this has been the digital leadership portal, which we have re-purposed in part to support the wellbeing resources for staff in health and latterly social care. This has included the creation of digital playlists and easy access to an extensive range of wellbeing resources – many of which would have been held separately previously. We have also been working on a refreshed ‘virtual classroom’ model which is being piloted in some health boards and has attracted significant interest from across NHS Wales. In addition to these examples we have done a lot with individual professions including converted traditional training to online modules, have produced streamlined and virtual induction, have worked with regulators to look at new ways of delivering outcomes for trainees and students, and the workforce, and CPD.
- 3.4 During the remainder of Q1 we will be identifying lessons learned and looking to embed these new ways of working so that they become sustainable approaches for the future. It is our intention to evaluate the innovative approaches introduced and to share these case studies with others to support best practice and lessons learned.

4. Managing COVID-19

- 4.1 We have noted the expectations in the Welsh Government's operating framework in respect of managing COVID-19. We are not a patient facing service organisation and therefore much of the focus of this section of the framework does not relate to us. However, we are, and will remain, ready to work with colleagues across NHS organisations to support their COVID-19 response. We will continue to look for opportunities to contribute to workforce sustainability and innovation. Some examples of where we will be continuing to support colleagues as we move through Q1 are highlighted below.

- We recognise that for some patients, particularly those treated in intensive care, recovery is lengthy and rehabilitation such as physiotherapy will be required. One of the new areas we are actively engaged in is working with stakeholders to re-examine related rehabilitation pathways.
- We are also looking at the potential for HEIW to play a leading role in relation to a ‘reservist workforce’ that could help NHS organisations to access staff for future surge capacity,
- We are exploring the development of a national triage training programme, alongside developing and delivering training in response to a individual organisation’s need.

- We are looking at a competency framework(s) to support a request from one organisation regarding post-COVID acuity levels
- We have developed, in social partnership, a set of workforce planning principles that would guide surge and expanded capacity and will be looking to disseminate and provide guidance on implementation of those.

4.2 Within HEIW, our Executive Team and Senior Leadership Team have undertaken significant revised activity planning to reflect the need to deliver our strategic plan. Our Facilities and Compliance Officer has developed plans to revise the way we utilise our office building to maintain social distancing and to apply the PHW/NHS Infection Prevention and Control guidance within HEIW.

4.3 HEIW has been and continues to be cognisant of the advice and guidance for stakeholders and the significance of agreement from a four nations approach and informing the UK position with professional bodies such as the Regulators, Royal Colleges, HEIs and Government and ensures that this is kept under constant review.

5. “Essential” services

5.1 Whilst HEIW does not deliver essential clinical services, it does deliver essential workforce support and workforce education and training and it responded well in putting some business as usual activity and aspects of its new IMTP on hold in order to free up capacity to focus on its contribution to the COVID-19 response. Whilst social distancing measures and lockdown has impacted greatly on the organisation in terms of delivery of its planned activities for 2020-21, it has largely maintained its other key business activities throughout the pandemic and will continue to do so during any future peaks.

5.2 We are now in a position where we need to reconsider our business as usual activity during Q1, and to agree which activities can be started up again, most notably in the area of education and training, to identify lessons and what will become the new normal, and to reconsider the objectives outlined in the IMTP and consider innovative ways to support the NHS Workforce through this pandemic. During the remainder of Q1 we will continue to support NHS organisations in respect of cancer pathways and e.g. the endoscopy workforce, education and training requirements.

5.3 The pandemic has had a significant impact on current trainees and students' education and training, including, the stopping of rotations, changing placements and inability to achieve competencies to support progression. There has also been a substantial degree of uncertainty in how training will be completed given the impact of restrictions on normal practices such as final year exams and assessments.

5.4 Organisationally, HEIW is acutely aware of the need to support sustainability of future workforce supply and the importance of planning for the restart of Education and Training programmes. Our Director of Nursing and Medical Director are considering the preparations that need to be made to effectively plan for the restarting of education and training, including the barriers that need to be removed as well as the learning that needs to be embedded from new ways of working. and A paper, capturing the requirements is being developed, and will be discussed at the HEIW Board at the end of May. As part of this work we are looking not only at the impact

of COVID to date in disrupting education and training but also at the potential impact of future peaks and continued restrictions on public movement and life. One area that will need careful consideration will be the availability of, and arrangements for clinical placements – core parts of health professional training programmes.

- 5.5 Whilst not perhaps at the forefront of everyone's thinking, the decisions that NHS organisations make in respect of essential services (and also routine services) will have an impact on education and training. One of our priorities for the remainder of Q1 is therefore to work with partners across the system to ensure this is understood, to input to discussions and plans and to actively consider what the reintroduction of services means from a workforce education and training perspective. We would not advocate the reintroduction of services until it is safe to do so, however a lengthy delay in return to something like normal will have a potentially adverse impact on training and education and thus future workforce supply.

6. Critical care

- 6.1 Significant effort has been made to develop surge plans to flex critical care capacity, and these were activated in response to the pressures of the first COVID-19 peak. We provided advice and guidance on multi-professional medical and pharmacy education and training (redeployment of existing staff i.e. junior doctors, dentists and pharmacists in training and medical students). We identified where additional critical input was needed and identified opportunities for redeployment of existing NHS staff and how Welsh students training in Wales could be redeployed. We also sourced 'return to practice' training for NHS Staff being redeployed into different roles and those staff returning to the NHS. Where it was feasible to do so, we also released clinical HEIW staff to reduce their HEIW sessions and increase their clinical sessions, some of these have been supporting the critical care workforce response. As Q1 progresses, we will continue to do what we can to support the development of critical care surge plans to ensure they are resilient in terms of workforce and that we are able to support colleagues to reactivate plans quickly if there is another peak.
- 6.2 In respect of training, we are considering the need for and provision of refresher training on critical and acute care to support future potential peaks. At the outset of the crisis, we facilitated with health boards and Universities over 950 individuals to be trained across Wales. Whilst this was positive, should further spikes occur later in the year, HEIW will need to facilitate the re-provision of similar training to ensure individuals are confident in applying the appropriate skills.
- 6.3 HEIW has focussed its attention on the wellbeing of all NHS staff who have been working in challenging and pressurised environments and has encouraged NHS organisations to ensure that they have the opportunity for adequate rest and support. This is especially important for critical care staff but also includes trainees where discussions are underway with the BMA and WG to ensure that employers enable trainees to take their annual leave (see also section 9 below).

7. "Routine" services

- 7.1 We have noted the guidance and considerations in the WG operating framework in respect of the reintroduction of routine services. For HEIW, we have looked at this

through a 'routine activities' lens as we do not deliver services of the kind laid out in this section. HEIW's intention is to begin to reintroduce some of its routine activities from Q1 where this does not impact adversely on the workload of Health Boards and Trusts and other relevant partners. As we transition to Q2 we would hope to be able to restart a wider range of the activities set out in our IMTP for this year, but this will be dependent upon capacity and the need to step back up COVID response activity. Decisions will be managed by our Executive Team in conjunction with our Senior Leadership Team and will be dependent upon guidance from Welsh Government and intelligence in relation to COVID-19 data.

- 7.2 Whilst we reflect upon the re-introduction of our routine activities we will consider how to embed some of the new ways of working e.g. homeworking introduced during the crisis. The reopening of our offices will depend upon our ability to facilitate a safe working environment. We are aware that this will place restrictions on capacity due to social distancing and infection prevention and control.
- 7.3 As indicated in 5.3 and 5.4, the re-introduction of routine services within the NHS Wales will require appropriate consideration of the workforce available including through doctors in training and student placements. This will require alignment with HEIW plans on the reintroduction of appropriate education and training in conjunction with a 'new normal' approach during phase 2 of the crisis. During the remainder of Q1 we will be working to understand the intentions of NHS organisations and assessing what this means for education and training programmes, particularly in relation to clinical placements and capacity. Should routine services remain paused or stepped down for a significant period beyond August then this will inevitably have an adverse impact on availability of clinical placements and experience. Whilst there may be ways to mitigate this it is something that needs to be carefully worked through in partnership between HEIW, universities/college and NHS organisations – as well as the regulators and Welsh Government potentially.

8. Surge capacity

- 8.1 Significant additional workforce capacity was created in preparation for the anticipated peak in COVID-19 demand and fortunately, some of these staff were not needed. As the lockdown eases, we are advised it is likely that a further peak will occur, and this workforce will need to be available for work within 7 days.
- 8.2 During phase 1, HEIW had rapidly developed proposals and a campaign for a 'pop-up' surge workforce. In light of the flattening of the peak the demand for the workforce ebbed and the decision was taken to pause the campaign launch. The campaign remains paused at the current time but would be capable of being launched within 24 hours if needed and could deliver a 'ready now' [trained and employment checked] additional Patient Care Assistant workforce in large numbers within circa 8 days.
- 8.3 The plans to return students and trainees to education and training in time for the new education year will impact on the availability of the temporary additional capacity. HBs and Trusts will therefore need to look at alternative models for expanding their workforce should this be required in the future. The pop-up campaign model could be used for different groups of staff, which HEIW would be happy to support. We are working closely with the Workforce & OD Directors and their teams through multiple routes to ensure that we are well positioned to offer support.

- 8.4 One of the challenges of phase 1 has been the absence of any data relating to workforce deployment from the surge workforce arrangements. As the statutory body with responsibility for national workforce planning, we are well aware of the expectations on us. At the time of drafting this plan we remain unsighted on the numbers of individuals deployed into HBs and Trusts from returners, registrants, students and direct hire. This has been escalated to WG; we continue to work with partners to try and resolve. Having access to data is a pre-requisite for the modelling and planning that is needed to support future peaks and surge requirements. One of the key lessons from this crisis, which WG and W&OD Directors have recognised, is that there is an urgent need to invest in modern, agile workforce data systems that are held in NWSSP, to which all NHS organisations are signed up in full and from which HEIW can draw the data it needs to fulfil its functions. This is something that we will be pursuing in partnership with WG and others during the next phase.

9. Workforce wellbeing

- 9.1 We know that front-line NHS staff have been under significant pressure in responding to the crisis to date and are exhausted because they have been working flat out and need time to recover. Future peaks in the next few months will require them to repeat the extraordinary effort they have made over recent months. HEIW is acutely aware of the need to support the health and wellbeing of these staff, particularly given that many are at risk of high rates of post-traumatic stress disorder if they don't get the right support as the coronavirus outbreak subsides.
- 9.2 HEIW has provided a leading role in the development of wellbeing and psychological support in the form of the NHS Wales Staff Wellbeing Covid-19 Resource. We are also monitoring national key workforce indicators including absence and sickness levels and reasons; retention of the workforce including retirement and resignations. These activities will continue to be priorities for the remainder of Q1 and Q2, in line with need but also in line with our IMTP for this year and as the golden thread of the draft Workforce Strategy for Health and Care.
- 9.3 We have continued to progress our compassionate leadership agenda throughout the crisis albeit at a slower rate, as set out earlier in this plan. During Q1 we will reactivate more of the activities set out in our IMTP where we can and where this supports rather than detracts from the COVID response and recovery plans.
- 9.4 In partnership with regulators and others, we have supported a number of changes to delivery of undergraduate health professional programmes. As we move into phase 2 and begin to transition education and training back online, one of our key priorities will be to encourage organisations to continue to support clinical placements for students to enable them to achieve the learning outcomes they need to graduate.
- 9.5 HEIW will re-introduce study leave and professional development activities where they can be delivered safely, to ensure that we continue to invest in the development of our workforce.
- 9.6 Within HEIW we are encouraged at how our staff have responded to the challenge and how well mechanisms have been put in place to maintain both HEIW staff health and wellbeing and which can also be of benefit across the rest of NHS Wales. These include initiatives such as: 'cuppa conversations' and access to Health and Wellbeing

on-line resources. We continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. We have also circulated the Frequently Asked Questions developed in social partnership, setting clear policies, key terms and conditions of service for our workforce. We have regularly surveyed our staff to date and are about to engage them in a discussion about our 'new normal' which we anticipate will be a blend of home working and office based when it is safe to move to that pattern.

10. Primary care

- 10.1 We are keeping abreast of developments in primary care and the national picture of the implementation plan for Wales. The situation is very fast-moving, and plans are evolving at pace, which makes identifying the contribution we can potentially make more difficult. However, since our establishment we have seen primary care as a priority for HEIW. To that end we have supported the primary care model for Wales, and contributed to the development of the workforce model, education and training pre-COVID. Primary Care runs through several the key objectives in our IMTP and as we look to restart our activities, we will continue to see this as a priority. We have seen and are seeing the emergence of new models of delivery, of embracing technology, of service configuration as well as challenges around workforce sustainability. These changes in this unprecedented time will inevitably have an impact on the way that we train and educate primary care staff in the future, and this needs to be built into our thinking as we plan for the 'new normal' with counterparts across the four UK nations as well as within Wales.
- 10.2 The number of retired/ex-GPs that have come forward in response to the call to support the COVID-19 response has been significant although we understand that many have not taken up roles to date. We believe there could be an opportunity to hold onto some of these returners, in other professions too, to support training and education if not service delivery. This is something we will look to explore with partners towards the end of Q1.
- 10.3 From a practical perspective, we released a significant amount of capacity back into primary care as a result of freeing up our GP appraiser workforce. We would anticipate this capacity remaining available during the rest of Q1.

11. Social Care Interface

- 11.1 We will continue to work with partners to ensure that we are cognisant of and are contributing to an effective interface with social care, in particular in relation to workforce. We have encouraged our main partner Social care Wales to sit on the wellbeing sub-group of the Workforce Cell which we co-chair and have ensured that access is available to the national wellbeing resources that HEIW has developed and harnessed on its platform.
- 11.2 At the end of Q1 we will be re-establishing the workforce strategy steering group, in partnership with social care colleagues, to refocus on implementation priorities and to provide further advice to Welsh Government.

- 11.3 Based on emerging thinking from England, and national discussions, we are examining the opportunities to support workforce capacity. This will be progressed during the remainder of Q1.

12. Communication

- 12.1 Excellent communication and engagement have been a priority for HEIW since our inception. We have played and will continue to play a supporting role in reinforcing core messages from the Welsh Government and partners in relation to the COVID response. In addition, we will also ensure that national and local communication activities are aligned and focus on explaining our new ways of working which mean stakeholders will access services differently. We will give assurances about social distancing measures and infection prevention and control in our offices. We will communicate options for self help and advice and clarify the approach in Wales in order to avoid confusion with other parts of UK. In relation to our own staff and partners during the remainder of Q1 we will keep a strong focus on the importance of communication and will be maintaining our regular staff, stakeholder and Board briefings. See section 13 below.

13. COVID-19 Operational Plan - Q1 Key Actions

- 13.1 We have covered several of our key actions for Q1 earlier in this plan and tried to demonstrate our potential contribution against each of the headings contained in the Operational Framework document. We have undertaken a major review of our IMTP in the past 2 weeks, to ascertain whether now is the time to restart, continue, or pause our objectives. We have also looked at our ongoing contribution to supporting the COVID response, drawing on our COVID response action plan and our delivery to date. Our intention is to discuss the outcome of the IMTP review, and the prioritisation for the remainder of 2020-21, at the May Board meeting.

- 13.2 We are clear that for the remainder of Q1 our focus needs to be on:

1. Supporting the COVID-19 response
2. Planning for the return to Education and Training and the 'new normal'
3. Promoting Workforce Wellbeing
4. Developing Leadership
5. Prioritising Communications and Engagement

- 13.2 In summary,

Supporting the COVID response in Q1 means:

- contributing to workforce sustainability and supply, modelling and workforce planning
- contributing to critical care, primary care, rehabilitation, essential services and re-introduction of routine services as required
- leading the activity on workforce wellbeing
- identifying lessons, new ways of working and embedding
- maintaining a focus on emergency planning and crisis response
- enabling staff and HEIW to operate effectively as a virtual home-based organisation.

Education & training return and the 'new normal' in Q1 means:

- identifying the actions needed to plan for the return of education and training programmes
- putting in place and communicating plans for the restart of education & training
- supporting and facilitating the 'exit' of students and trainees from the urgent workforce and back into education and training
- capturing the learning through the crisis including new ways of working and setting out what the 'new normal' looks like for education and training in Wales.

Promoting workforce wellbeing in Q1 means:

- continuing to identify, harness and promote wellbeing resources for the workforce and to share these via the HEIW portal
- facilitating the transition of the work from the emergency planning sub-group arrangements into the BAU established infrastructure in NHS Wales
- supporting colleagues to develop new wellbeing programmes including in relation to clinical staff and the impact of COVID

Developing leadership in Q1 means:

- continuing to work with Prof Michael West and the Kings Fund on a range of compassionate leadership materials and resources
- Finalising the revised draft compassionate leadership principles and preparing to issue those for 2nd phase consultation in Q2
- Planning for the restart of the succession planning and talent management work
- Scoping further the leadership and talent programmes, alumni and resource portal and preparation for restart in Q2

Prioritising communications & engagement in Q1 means:

- Maintaining regular staff, stakeholder and Board updates
- Restarting staff open fora, piloting Microsoft Teams
- Horizon scanning, sharing & supporting key communications activity across partners
- Preparing for the restart of 'routine activities' from Q2, aligned to the IMTP and for COVID response activities
- Developing targeted messaging to ensure that return to education and training, and the 'new normal' is effectively communicated as well as planned.

- 13.3 We are finalising a draft action plan identifying the key activity in relation to each of the five themes and would be happy to supply further detail if required.

14. Other: Sustainable senior team – actions during Q1

We have some upcoming changes to our executive and senior teams that have been impacted by COVID-19. During the remainder of Q1 we will be looking to restart paused recruitment as well as to secure interim arrangements where appropriate. The most significant of those is our Director of Nursing as the present postholder will

be retiring at the end of May. We have delayed recruitment to a permanent successor due to COVID and are currently trying to secure interim cover. The paused recruitment for the Director of Planning (non-executive) will be restarted in Q1, with interviews scheduled for early June. We anticipate we will have the capacity to begin the preparation for recruitment to our Director of Digital (non-executive) before the end of Q1.

15. Monitoring and Reporting

- 15.1 During March we reviewed our IMTP for 2020-23 and paused all non-essential work programmes for Q1. Where relevant we refocused work programmes to support the COVID-19 response. We have also reduced our work across our core functions in order to create capacity and to redirect resources to supporting the response.
- 15.2 In mid-March, Welsh Government agreed to relax monitoring arrangements to support our plans and preparations for COVID-19. We understand that whilst there are no plans to reinstate performance management arrangements at this time, there will be a requirement to focus in Q1 on some key quality, access and workforce indicators. We are happy to explore what that means for HEIW and await further discussions in place of the usual JET and Quality & Delivery mechanisms, as set out in the Operating Framework. Once we are clearer about expectations we will ensure that we build these into our monitoring and reporting arrangements going forward.

16. Finance

- 16.1 A resource plan for 2020-21 has been prepared by our Director of Finance and will be considered at May Board in line with normal governance requirements. The resource plan is based on the activity set out in our approvable IMTP. As a result of the impact of COVID and changes made to our IMTP timelines and deliverables there will be a need for a further review of budget allocations and requirements. This work is being led by the HEIW Director of Finance and Finance Team and will include any COVID related costs incurred.

17. Risks to Delivery

- 17.1 We have been maintaining a COVID-19 risk log throughout the crisis which has been regularly reviewed and updated by members of our Crisis Management Team as well as by the Executive Directors.
- 17.2 Ownership of the all operational risks captured through the crisis period have now been assigned to individual Directorates. The following seven significant strategic risks from the COVID-19 risk log have been escalated for inclusion in the corporate risk register.
 - If mitigating action is not put in place to manage the impact of current changes to education and training programmes there will be an adverse impact on progression and outcomes for students and trainees, which will also impact on NHS workforce in the medium term.

- If there is a delay in recruiting to PGME rotations this may create a workforce problem for the NHS in the medium term.
- If current pressures affect the major change programmes relating to GP Trainee and Pharmacy Pre reg programme there is a risk to delivery, and impact on future workforce increases in the medium term.
- If HEIW does not re-assess its IMTP in the context of COVID-19 it will not be able to re-allocate resources to provide the necessary support to the NHS workforce during the crisis and fail to manage expectations in respect of the IMTP objectives.
- If HEIW does not look after the wellbeing of its staff during the crisis then this may have an adverse impact on staff and result in increased attrition rates.
- If HEIW does not adapt new ways of working in light of the challenge of COVID-19 it will not be able to undertake its duties effectively.
- If the pharmacy preregistration cohort and GP trainees are not able to progress at the end of their programmes due to exit exams being cancelled, there could be financial consequences for HEIW.

17.3 These risks will be reviewed in light of the transition to phase 2 to ensure they remain valid and mitigating actions are in place. Locally owned risks will be updated to recognise the transition to phase 2, the reintroduction of IMTP activity and those that are resolved will be closed where appropriate.

[Note: this document has been prepared in draft for submission to Welsh Government on Monday 18 May 2020 in accordance Welsh Government requirements. It will be considered by the HEIW Board at its next meeting on 28th May 2020].

ENDS



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

Meeting Date	28 May 2020	Agenda Item	2.3.2
Report Title	HEIW Response to the implications of COVID-19		
Report Author	Chris Payne, Deputy Director of Planning & Performance		
Report Sponsor	Julie Rogers		
Presented by	Julie Rogers, Deputy CEO/Director of Workforce & OD HEIW		
Freedom of Information	Open		
Purpose of the Report	To provide an overview of the HEIW response to COVID-19 to the end of phase 1.		
Key Issues	<p>Our response to COVID-19 has been handled in line with our emergency planning arrangements and monitored through our Crisis Management Team (CMT). We have actively engaged with key stakeholders and the health and social services emergency planning arrangements established by Welsh Government.</p> <p>We have identified, monitored and managed new risks arising from COVID 19 and its impact.</p> <p>As we transition from the 'crisis' phase 1 and into phase 2, we have reflected on our priorities for the remainder of Q1 [in line with Welsh Government expectations] and a re-phasing of our original IMTP programme for the year. Further details are contained in the separate Board papers.</p> <p>Furthermore, we have also begun to prepare for the planned restart of education and training and the implementation of a 'new normal'. Again, further detail is provided in a separate Board paper.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to note:</p> <ul style="list-style-type: none"> Note the significant progress and response made by HEIW across its functions to the end of phase 1. Note the high-level infographic to enable wider distribution. 		

1. INTRODUCTION

This paper provides a consolidated overview of the approach and actions undertaken by HEIW across its range of functions to support the response to COVID-19 to the end of phase 1. It supplements the information that has been provided through regular Board briefings since March 2020 and at the Board Development Session in April.

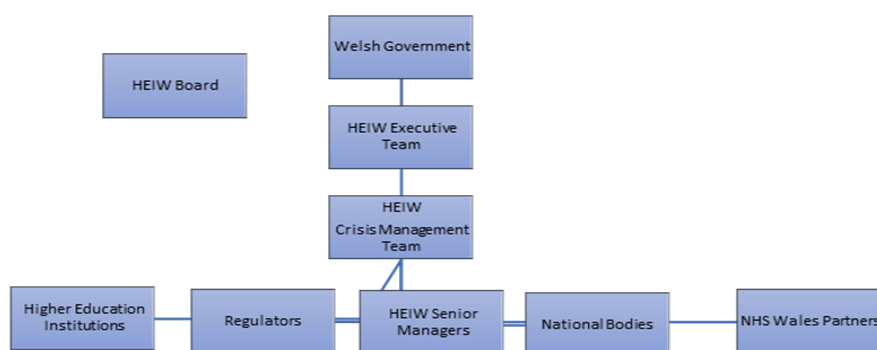
As demonstrated through this paper and the regular briefings, we believe that the HEIW response has been substantial and timely. We are proud that our staff have stepped up to the challenge, have been prepared to innovate and support, have responded positively to the changes to priorities and programmes and have adjusted incredibly well to working in a virtual organisation within a very short space of time.

2. BACKGROUND

Utilising our approved Business Continuity plan as a foundation, we created a Crisis Management Team, encompassing key individuals from across the organisation. The initial task of the Team was to pull together the HEIW response to the COVID 19 emergency, which was then translated into our formal response plan submitted to Welsh Government. We report to the Welsh Government on progress against our plan, and any new actions, weekly.

This Team has met regularly since 6 March 2020 with its frequency being dictated by the evolving situation. The frequency of meetings has been reduced bi-weekly from early May. During the peak period of the crisis in the initial 6 weeks the team was meeting up to three times a week to monitor the HEIW response, review actions required, and to identify risks.

In support of our actions we are actively engaging with external stakeholders such as regulators, trade unions, Royal colleges and equivalent National bodies and are maintaining consistent dialogue and reporting mechanisms to both our Board and Welsh Government.



3. GOVERNANCE, ACTIONS AND RISKS

3.1 Governance

Our COVID-19 response has been led by the CEO and Deputy CEO. As the Board are aware, at the end of March, the CEO was asked to support Andrew Goodall as Chief

Operating Officer/Deputy NHS Wales Chief Executive, dedicated to COVID 19. As such, operational responsibility for day to day HEIW activity passed to the Deputy CEO.

HEIW has been contributing to the national response additionally via Joint leadership via the Deputy CEO of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell). This cell has commissioned two working groups, in which we are playing a lead role. A workforce capacity planning group is being led by our Deputy Chief Executive and we are playing a pivotal role in the wellbeing group which will be building on the resources developed above. In addition, we are members of the Field Hospital sub-group of the Acute Care Cell providing information to inform workforce planning and modelling as well as opportunities to offer education and training support.

In line with Government Guidelines and to safeguard the health of staff, as of 24 March, Ty Dysgu has been closed. Subsequently we have facilitated a number of opportunities to enable staff to collect office equipment such as chairs and additional screens to enhance their homeworking capabilities. We were fortunate to be able to proactively upskill staff to enable them to work from home effectively using equipment at staff disposal. Organisationally we are encouraged at how staff have responded to the challenge and mechanisms have been put in place to maintain staff health and wellbeing and which can benefit the NHS Wales system. These include initiatives such as: 'cuppa conversations' and access to Health & Wellbeing resources.

We are monitoring the impact of COVID-19 on our workforce on a weekly basis and have recently re-run a staff pulse survey to re-assess staff feelings and requirements during the crisis to understand if we can do more. We continue to issue staff weekly bulletins summarising work ongoing as well information sent out over the past week.

We have maintained a robust range of communications to ensure external stakeholders and staff have access to the most appropriate information. We have developed dedicated COVID-19 pages on our external website <https://heiw.nhs.wales/covid-19/> which provide access to all guidance issued to and associated with:

- Medical, Dental and Pharmacy trainees and students
- Nursing, midwifery and Allied Health Professional students
- Medical, Dental and Pharmacy trainers, educators and employers
- Nursing, midwifery and Allied Health Professional trainers, educators and employers
- A page on how we are supporting the increasing and diversifying workforce through education and training, and how to access this.

The communications and engagement team have also proactively promoted messages and guidance via social media, as well as fielding on behalf of HEIW directorates queries on social media and via email from pharmacy, dental, medical, nursing and AHP students / trainees.

We have issued CEO bulletins on education and training, plus our work to increase and upskill the NHS Wales workforce to our stakeholders as well as regular briefs to Board members.

During March we reviewed our IMTP for 2020/21-2022/23 and paused all non-essential work programmes for Q1. Where relevant we have refocused work programmes to support the COVID – 19 response. We have also reduced our work across our core functions which enabled us to redirect resources and capacity to support new priorities.

A revised approach to Board and committee meetings has been supported and was ratified at the Board Meeting on 26 March. These changes included the use of electronic medium to facilitate Board and Committee meetings during April and May 2020.

3.2 Actions

We have maintained a 'live' COVID 19 response action log grouped around the following themes:

- HEIW Staff and Organisation
- Postgraduate Medical, Dental & Pharmacy Education
- Nursing & Health Professional Students
- Medical, Dental and Pharmacy students
- Educators & Trainers
- Return to practice
- Temporary workforce
- Critical Care needs
- Workforce Planning & Deployment
- NHS Staff Health & Wellbeing
- Compassionate Leadership
- Post COVID-19 Support
- Workforce Guidance

Key actions and activity have been reported in the regular briefings prepared for Board. There are many highlights from the work that has been undertaken but some key examples would be:

- Development of new online resources to support education and training of clinical staff required to work in new settings
- Development of a suite of electronic playlists to enable access to Health and Wellbeing and Compassionate Leadership resources.
- Development of Clinical and Acute training programmes facilitated by Welsh Universities' to upskill staff previously not accustomed to those settings.
- Development of appropriate documentation and processes to recruit to a temporary workforce including job descriptions, advertising, application and onboarding and induction processes which is available should it be required.
- Developed Quality Management & Assurance Process for field hospitals ensuring that they can be considered training sites.
- Through our leadership of the Workforce Planning & Modelling sub group , with support of NHS colleagues, 9 workforce principles have been agreed to be utilised during the Coronavirus pandemic. The principles identify that the workforce will be required to work differently, in new ways and settings and using different approaches including digital resources.

We have reported progress against the HEIW response plan to the Welsh Government each week since March and used this to prepare the regular Board briefings. We are preparing a consolidated slide pack for reference which will include our response in respect of the main professional groups; this will be made available for the Board meeting.

3.3 Impact of HEIW actions and support

We have attempted to collect data against the range of actions and initiatives HEIW has instigated in support of the COVID-19 response for phase 1. **Appendix 2** provides a corporate infographic as of 15 May detailing high level information against key work undertaken. We are using this to highlight examples of HEIW's response and contribution to date.

3.4 Next steps

Following the issue of the Welsh Government Statement and Andrew Goodall's letter of 6th May we have been required to prepare a new operational plan for the remainder of Q1. The Q1 operational plan was submitted in draft to Welsh Government on 18th May and is on the May Board agenda as a separate item for consideration.

The plan contains an overview of our priorities during the transition to phase 2 and our updated response to COVID-19. Our expectation is that we will begin to report against the new plan w/c 25th May. We will be using it to frame our Crisis Management Team/COVID response group meetings and to keep the Board updated. The COVID response element of the plan will be underpinned by a more detailed action log which we are finalising.

We have been advised that the usual WG quality and delivery and Joint Executive Team (JET) mechanisms remain stood down but that we will be invited to discuss our draft plan with the WG in June.

3.5 Risks

We have maintained a COVID-19 risk log throughout the crisis which has been regularly reviewed and updated by members of our Crisis Management Team as well as by the Executive leads. Risks have been grouped across the following themes:

- Progress / completion of education and training for current students and trainees.
- Recruitment to/fill rates of future education and training programmes
- Financial implications of plans
- Current major change programmes that are
- Delivery of new work programmes in the IMTP
- Wellbeing of HEIW staff
- New ways of working

As we look to move into the next COVID 19 response phase and emergency planning arrangements are relaxed by the Welsh Government, and consequently within HEIW, we have ensured that ownership of the all operational risks captured through the crisis period is clear and that these have either closed or been assigned to individual Directorates.

To the end of phase 1, seven risks had been escalated to the corporate risk register:

- If mitigating action is not put in place to manage the impact of current changes to education and training programmes there will be an adverse impact on progression and outcomes for students and trainees, which will also impact on NHS workforce in the medium term.

- If there is a delay in recruiting to PGME rotations this may create a workforce problem for the NHS in the medium term.
- If current pressures affect the major change programmes relating to GP Trainee and Pharmacy Pre reg programme there is a risk to delivery, and impact on future workforce increases in the medium term.
- If HEIW does not re-assess its IMTP in the context of COVID-19 it will not be able to re-allocate resources to provide the necessary support to the NHS workforce during the crisis and fail to manage expectations in respect of the IMTP objectives.
- If HEIW does not look after the wellbeing of its staff during the crisis then this may have an adverse impact on staff and result in increased attrition rates.
- If HEIW does not adapt new ways of working in light of the challenge of COVID 19 it will not be able to undertake its duties effectively.
- If the pharmacy preregistration cohort and GP trainees are not able to progress at the end of their programmes due to exit exams being cancelled, there could be financial consequences for HEIW.

These risks will be reviewed in light of the transition to phase 2 to ensure they remain valid and mitigating actions are in place. Locally owned risks will be updated to recognise the transition to phase 2, the new Q1 operational plan and the reintroduction of IMTP activity; those that are resolved will be closed where appropriate.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising from this consolidated update on COVID response activity to the end of phase 1.

5. RECOMMENDATION

Members are asked to:

- Note the significant progress and response made by HEIW across its functions;
- Note the high-level infographic at appendix

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
This is considered throughout our response.			
Financial Implications			
There are no financial implications arising from this update.			
Legal Implications (including equality and diversity assessment)			
N/A			
Staffing Implications			
<p>Staff have been supported to work safely at home.</p> <p>Functions and activities have been re-prioritised to enable staff to dedicate time and resources where applicable to the COVID-19 response.</p> <p>A range of resources and activities have been offered to support staff wellbeing</p> <p>Clinical sessions identified across professions have been returned to support frontline workforce needs.</p>			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
These are to be considered when reflecting on the impact of COVID-19.			
Report History	N/A		
Appendices	1. – HEIW Infographic		



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COVID-19

STAKEHOLDER UPDATE 13 MAY 2020



220

Additional Clinical
Sessions created by
Less than Full time
and returning
trainees

42,031

Accessing Wellbeing
Resources across
NHS Wales



9,126

Accessing
Compassionate
Leadership Resources

15,000+

Accessing Dental,
Pharmacy and
Nursing & AHP

78

Interim Foundation
Year 1 trainees being
supported into
workforce early

950

Accessed Critical &
Acute care training



2,100 +

Student Nurses and
Midwives facilitated to
support Workforce needs



12,000+ COVID pageviews

69 Guidance/Information Documents

54 Internal staff communications sent

140

HEIW Clinical
sessions redeployed
to practice

179

Completions Medicine
Administration
Training Resource



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CYMRU
NHS
WALES

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

Meeting Date	28 May 2020	Agenda Item	3.1.1
Report Title	HEIW IMTP Update		
Report Author	Chris Payne, Deputy Director of Planning & Performance		
Report Sponsor	Julie Rogers		
Presented by	Julie Rogers, Deputy CEO/Director of Workforce & OD HEIW		
Freedom of Information	Open		
Purpose of the Report	To provide an overview of the HEIW approach to revising IMTP work programmes for 2020-21		
Key Issues	<p>At the start of the COVID 19 crisis we proactively took the decision to pause the majority of our activities to free up capacity and enable us to focus on supporting the NHS Wales COVID response.</p> <p>As we transition to phase 2, expectations are that all organisations will begin to consider the reintroduction of business and near normal activity.</p> <p>We have reviewed our capacity and plans for 2020-21. The outcome of the review is captured in this paper and appendix. It should be read alongside the HEIW Q1 draft operating plan, submitted to Welsh Government on 18th May 2020.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	<p>Members are asked to note:</p> <ul style="list-style-type: none"> • Note the approach undertaken to revise IMTP priorities and 2020-21 work programmes; and • Approve the changes detailed 		

HEIW IMTP UPDATE

1. INTRODUCTION

This paper provides details of the recommended changes to the Integrated Medium-Term Plan (IMTP) plan for 2020-21.

2. BACKGROUND

During March we reviewed our IMTP for 2020/21-2022/23 and paused all non-essential work programmes for the new year. Where relevant we refocused work programmes to support the COVID – 19 response. We have also reduced our work across our core functions which enabled us to redirect resources and capacity to support new priorities.

As we transition to a new COVID phase we need to review our plans and consider the restart or otherwise of paused activity alongside what we know will be an ongoing response to COVID for the remainder of the year.

The Welsh Government has asked us to submit a 6-week plan, for the remainder of Q1, by the 18th May 2020 which we have done.

3. GOVERNANCE AND RISK ISSUES

Over the past month, Executive Directors and members of Senior Leadership team have reviewed the decisions made in March and provide an update on any progress and views on status. Colleagues have been asked to identify objectives that should be reactivated, paused, delayed or dropped. At the same time, we have been reflecting on new objectives and deliverables that HEIW can lead on in support of responding to COVID-19.

Five key themes have emerged from the review, which have formed the basis of our plan for the remainder of Q1. These are

- Supporting the COVID-19 response
- Planning for the return to Education and Training and the 'new normal'
- Promoting Workforce Wellbeing
- Developing Leadership
- Prioritising Communications and Engagement

Full details of the decision for each of the existing 42 objectives is provided in **Appendix 1**. The detail should be viewed by;

- Column 5 - Initial decision taken on Objective at outset of COVID-19 crisis
- Column 6 – Detail of progress and actions taken during Phase 1 of COVID response to this point.
- Column 7 – Objective review outcome, providing details of decisions made by Executive team on continuing, reactivating and pausing objectives and timescales associated with those changes.

The majority of objectives are to be maintained subject to appropriate phasing and revision of stated deliverables in line with our capacity and also anticipated input to the ongoing COVID response. Following approval, these changes will be reflected in a revised Chapter 5 of the IMTP and appropriate performance management mechanisms adjusted and aligned to ensure we are able to monitor progress and amend plans if we find that demands are increasing as a result of the next phase of the pandemic.

To note, on the basis of our current information and knowledge, there are a small number of objectives and deliverables that have been identified for deferral to the start of the 2021-22 planning year.

OBJ	DESCRIPTION	CURRENT STATUS	REVIEW OUTCOME
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.	PAUSE and review impact on workforce after Q1	DEFER To be included in year 2, 2021-22 – in light of Executive Team changes and capacity.
1.7	Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.	PAUSE	DEFER - existing deliverables to 2021-22 The lead for this has left, a number of the actions would require significant input from partners, capacity limitations because of COVID.
2.5	Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding.	PAUSE	DEFER add to 2021-22 plan
2.9	Review career pathways and education opportunities for the clinical academic and research workforce.	PAUSE	DEFER add to 2021-22 plan
3.6	Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	PAUSE	DEFER Further consideration required on recommencement

4. FINANCIAL IMPLICATIONS

Following finalisation of changes to our IMTP objectives and deliverables in light of the impact of COVID-19 on priorities, a comprehensive review of the implications on budget allocations will be undertaken in conjunction with both the Senior Leadership and Executive teams.

5. RECOMMENDATION

Members are asked to:

- Note the approach undertaken to revise IMTP priorities and work programmes
- Approve the changes detailed

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
This is considered throughout our response.			
Financial Implications			
The financial implications resulting from the revision of our IMTP objectives, timeframes and deliverables to take account of COVID-19 in 2020-21 is to be prioritised during the remainder of Q1.			
Legal Implications (including equality and diversity assessment)			
Equality assessment has been undertaken and will be revised if required following changes			
Staffing Implications			
Staffing implication have been considered when reflecting on the revised recommendations			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
These are to be considered when reflecting on the impact of COVID-19.			
Report History	N/A		
Appendices	1. IMTP Objective template outlining recommendations		

HEIW IMTP 2020-21 to 2022-23: COVID 19 PAUSE & REVIEW EXERCISE Version 6 - 18/05/20

At the outset of the COVID 19 crisis we reviewed our work programmes to ensure that only essential activities would be undertaken from March 2020. As Government, we and partners actively plan for phase 2 of the COVID response, through the development of Q1 local operating plans*, we have taken a broader look at our IMTP/work programme for 2020-21. We have reviewed the decisions we took to pause or suspend activity, whilst also considering whether our planned objectives for 2020-21 to 2022-23 remain valid in the 'new normal'. We have also begun to look at what capacity we need to support our ongoing contribution to the covid activity into a modified 2020-21 work programme in what is going to be a very abnormal year for the organisation.

The following template records our decisions in March, progress [where appropriate] to the end of phase 1, as well as our intentions for the remainder of 2020-21 – 'review outcomes'. It should be noted that the narrative in the final column is based on current thinking and knowledge. This will need to be kept under review over the next 6 weeks and may be subject to further revision as a result of the impact of the coronavirus e.g. as a result of lockdown easements and as yet unknown service or Welsh Government requirements.

*Q1 Operating Framework issued by Welsh Government on X May, requiring operational plans to be submitted by each organisation by 18th May.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable	1.1	Push Mangat Charlette Middlemiss	Lead the development of a multi-professional CPD strategy & drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the	PAUSE strategic work CONTINUE system procurement and implementation CONTINUE internal review work	COURSE MANAGEMENT SYSTEM -The test period of the 'Y Ty Dysgu' System is ongoing. Interest in the system has gained momentum and the potential for the development and delivery of online learning will be further exploited.	PAUSE strategic work CONTINUE with system & internal review work ADD Q2 A review of the changes made in respect of COVID to harness the learning/innovation & make recommendations to improve the efficiency, effectiveness

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
and flexible workforce to support the delivery of 'A Healthier Wales'			skills & capabilities required for the future.		The internal review work is continuing, and data is being collected and interrogated. Due to COVID -19, the delivery of CPD has undergone some changes.	and monitoring of future CPD activity.
	1.2	Stephen Griffiths Tom Lawson	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.	PAUSE and review impact on workforce after Q1	This was paused but COVID has provided an indirect opportunity to progress future workforce agenda with numerous innovations introduced.	DEFER To be included in year 2, 2021-22 – in light of Executive Team changes and capacity.
	1.3	Julie Rogers Angie Oliver	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague	ACCELERATE AND REDIRECT to focus on COVID 19 position	Work has continued on this and in some areas has been accelerated in respond to the impact of COVID. HEIW has played a significant role nationally	CONTINUE & ACCELERATE Q2 Vital to press on with much of this as the objective directly relates to: COVID, AHW and WFS.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
			experience. (National)		<p>throughout phase 1. HEIW Health and Wellbeing Strategy – consultation began at staff event on the 11th March. <i>(testing locally to adapt nationally)</i></p> <p>Wellbeing Matters documents (2nd edition) issued in March 2020.</p> <p>COVID-19 playlist developed and implemented.</p> <p>COVID-19 Colleague Health and Wellbeing Strategy developed and issued.</p> <p>37,500 hits on playlist in less than 1 month</p>	ADD Q1 Continue to support the work of the Health and Wellbeing subgroup of the COVID-19 Workforce Cell, transition to established mechanisms by Q2.
	1.4	Julie Rogers Angie Oliver	Improve access to careers in the health and care sector in	CONTINUE transfer from WG ACCELERATE AND REDIRECT	Transfer re-scheduled for Q2 – 1 st July 2020. Sickness in WG team combined with pressures relating to COVID has delayed the transfer.	REACTIVATE Q2 Transfer of Widening Access Agenda Q2 - July 2020.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
			partnership with Social Care Wales.	to focus on? new temporary workforce and post COVID 19 position PAUSE other work	Pop-up workforce programme in place – paused currently with daily review and will be launched when need is identified	Reactivate Q2 deliverables 3, 5 & 7. Q3 Push back deliverables 1, 2 and 4 given the appetite/capacity to work with us - as this is a partnership & pan sector ask - will be impacted by COVID/limited.
	1.5	Julie Rogers Angie Oliver	Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.	PAUSE REDIRECT time to support COVID-19 work	Team redirected to support data modelling and workforce intelligence to support COVID-19	ACCELERATE deliverables 3 & 4. Essential priority activity for 2020-21. The lessons from covid to date have reinforced the gaps that exist in our data access and NHS systems. DEFER deliverables 1 & 2 to 2021-22. ADD Q1 new requirement to work with WG and partners on learning lessons from COVID and reshaping the data

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
						landscape, building the case for investment and new systems. Discuss realignment of roles/activity with statutory functions – future focussed
	1.6	Julie Rogers Angie Oliver	Developed & training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system.	PAUSE Review contracts	All training paused. Meetings held with contractor to discuss progression of evaluation of first year training and of the specific work in Pharmacy (not able to fully complete due to Covid-19). Primary Care webinar assessment on hold. Meetings in diary to plan for Primary Care further training requirements. Capability Matrix on schedule. Work commenced to develop online resources.	REACTIVATE Q2

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
	1.7	Push Mangat Peter Donnelly / Angie Oliver	Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.	PAUSE	No Progress and key individual has left the organisation	DEFER - existing deliverables to 2021-22 The lead for this has left, a number of the actions would require significant input from partners, capacity limitations because of COVID. ADD Q2 investigate the impact of no international travel/reduced travel on workforce supply in Wales and produce advice/recs.
Strategic Aim 2: To improve the quality and accessibility of education and	2.1	Push Mangat Chris Payne	Lead the development and management of a multi-professional infrastructure and strategy for	PAUSE strategic work REDIRECT focus on current pressures& take	Recruitment to AD role paused. Strategic engagement and follow up paused	REACTIVATE/RESTART& ACCELERATE Q1 Restart AD recruitment -Crucial to developments and progress Reengage Simulation Leads group

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
training for all healthcare staff ensuring that it meets future needs			Simulation Based Education.	stock of where we are.	Range of simulation implemented to support COVID approaches Simulation based training (especially clinical skills and human factors) has formed the backbone of COVID19 preparedness.	Reflect on approaches undertaken across sectors to support simulation requirements during COVID- 19 -What has been learnt? How can this be applied to future working and strategy development. The new ways of working need continuing and expanding Delay strategic approach – Focus on relationships and learning
	2.2	Stephen Griffiths Martin Riley	Develop an education strategy drawing on the outcome of the strategic review of health professional education & the Workforce Strategy.	PAUSE	Minimal work has progressed to date.	REACTIVATE & REVISE Q2 The outcome will broadly remain the same except that the output will be a specification for education rather than a 'strategy'. It will pick up on the lessons from COVID and the 'new normal'

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
	2.3	Push Mangat Tom Lawson	Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model.	PAUSE	Professionalisation of secondary care TPD role commenced from April 2020 as key to improving support of trainee progression issues created by COVID 19 as well as long term benefits Business case approved; funding secured	RESTART & REVISE Q2 Revision of deliverables to be considered
	2.4	Julie Rogers Chris Payne	Lead the development and implementation of a digital capability framework for the healthcare workforce.	PAUSE – new work	Developments paused to enable digital developments to support COVID to be prioritised	RESTART, ADD & ACCELERATE Q1 Revise the focus of the deliverables to ensure they are aimed at capturing the digital learning & opportunities to embed in practice created by COVID. Refine a digital capability implementation plan to be agreed with Executive Team to detail planned work both internal to HEIW, and those identified externally for pilot

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
						implementation (Finance/Nursing) Work with partners to embed digital into the 'new normal' for education and training
	2.5	Eifion Williams Rhiannon Beckett	Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding.	PAUSE – needs engagement work	None	DEFER add to 2021-22 plan
	2.6	Stephen Griffiths Martin Riley	Maximise opportunities for work-based learning and apprenticeships in health.	PAUSE – needs engagement with others REDIRECT in light of short- term temporary workforce	Work has continued in the background.	REACTIVATE Q2 Outcome to remain except: <ul style="list-style-type: none"> Bring forward 2021/22 outcome 'Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models,

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
						resources, register of assessors and IQAs'. Maximise good work undertaken on induction programme and model of delivery and explore how this can become embedded across health and other sectors.
	2.7	Push Mangat Peter Donnelly /ANO	Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors.	PAUSE	Some progress to date; senior lead left the organisation in May.	RESTART Q3 Alternative lead to be identified Deliverables for the year to be revised in light of appointment and capacity available.
	2.8	Stephen Griffiths Huw Owen	Improve opportunities for trainees and students to undertake education and training through the medium of Welsh.	PAUSE – needs engagement with others	Minimal work has been undertaken to date, however over the coming months this will increase as HEIW seeks to engage with stakeholders	REACTIVATE Q3 Capacity and ability of partners to engage will continue to be impacted by COVID in short term.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
	2.9	Stephen Griffiths Angie Oliver	Review career pathways and education opportunities for the clinical academic and research workforce.	PAUSE	PAUSED No work has been undertaken to date. Work will recommence in quarter 2 dependent on ability of stakeholders to engage.	DEFER add to 2021-22 plan
Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	3.1	Julie Rogers Helen Thomas	Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.	Close consultation and PAUSE	Compassionate leadership principles consultation (phase 1) closed. Responses low but all supportive.	REACTIVATE Q1
	3.2	Julie Rogers Helen Thomas	Lead the implementation and management of the NHS succession planning framework for Tiers	PAUSE	Review of talent & succession planning operating models across other nations undertaken to inform the approach for NHS Wales.	REACTIVATE Q3 Requires significant input from stakeholders in NHS so likelihood of imminent return is minimal.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
			1 -3 and monitor progress.			However, continue to progress where possible with portal, tools, framing and networks
	3.3	Julie Rogers Helen Thomas	Lead the implementation and management of the Digital Leadership portal.	CONTINUE – contractual issues and will be used to support well being work re COVID -19	Has contributed to the all wales COVID response and supported new ways of working. Leadership & management materials /tools sourced for digital portal content library. Development of 30 bite size digitised learning to support PCA Induction. Piloted and tested Virtual Classroom functionality to support PCA Induction. Developed a range of digital content (playlists) to share education, leadership & H&WB resources) across NHS Wales, in part to aid the COVID response.	CONTINUE Brand and Launch the digital leadership portal (HEIW Gwella) June20. Continue to harness evidence-based leadership resources. Explore new ways of working using virtual classroom functionality. Undertake virtual classroom pilot with NHS Wales organisations.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
	3.4	Julie Rogers Helen Thomas	Lead the establishment and management of a Wales Leadership alumni and range of leadership networks.	PAUSE – light touch	No progress, paused	REACTIVATE Q2
	3.5	Julie Rogers Helen Thomas	Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.	PAUSE	Some small progress, exploration of options to support reactivation when appropriate.	REACTIVATE Q3 This will need significant input from partners so there will be limited progress until later in the year. Urgent discussion required on clinical fellows & interim arrangement for them which might be needed. Deliverables should be paused until review at end Q2

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
	3.6	Julie Rogers Helen Thomas	Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	PAUSE	Undertaken a review of other national graduate schemes. Explored opportunities to align graduate recruitment with the Finance Academy graduate programme. Drafted a marketing plan and proposed operating model.	DEFER - Q1 Paper to Executive Team in May 2020. This will determine whether this is paused or progressed. Current thinking is to defer to 2021-22, focus on developing the leaders we already have.
	3.7	Julie Rogers Helen Thomas	Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.	PAUSE	Some small progress, exploration of options to support reactivation when appropriate.	REACTIVATE Q3 Continue to make progress to ensure we have 'products' and an offer ready but there will be limitations on making early given the need for service input.
Strategic Aim 4: To develop the workforce to support the delivery of safety and	4.1	Push Mangat Charlette Middlemiss	To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care.	PAUSE	The appointment of the Programme Manager has been postponed until July 1 st .	RESTART Q1 Revise deliverables to take account of the impact of COVID-19 on proposed engagement

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
quality	4.2	Push Mangat Angie Oliver	Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN).	PAUSE–MTN mothballed	No progress.	RESTART Q2 Revise deliverables to take account of the impact of COVID-19
	4.3	Stephen Griffiths HoSTrans	Lead the workforce development and training requirements to support the Single Cancer Pathway.	PAUSE – National Endoscopy Board mothballed CONTINUE endoscopy training	Endoscopy training programme has continued to be developed.	REACTIVATE Q1 Critical to recovery plans. Programme board to be reactivated. Continue to implement training programme and review workforce. Work had already been underway to review workforce.
	4.4	Stephen Griffiths Kerri Eilertsen-Feeney	Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support	PAUSE but on refocus COVID 19	Covid has focused on well-being and utilisation of current workforce where required. Initial meeting occurred regarding workforce plan,	REACTIVATE Q2 This is a major priority flagged by WG in the Operating Framework as well as in correspondence. The ‘ask’ of us and SCW is significant.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
			implementation of Together for Mental Health (this includes CAMHS).		no further meetings have taken place, work was on hold.	We need to update the deliverables, ensuring that they and the timescales are realistic.
	4.5	Stephen Griffiths Charlette Middlemiss	Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.	PAUSE	Research to underpin the development of this national framework is complete.	REACTIVATE Q2 Facilitate a national debate to capture lessons learnt during the pandemic to understand and influence practice and clinical development needs of clinical staff/teams to support service development and delivery.
	4.6	Alex Howells Charlette Middlemiss	Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care.	PAUSE	Despite an initial decision to pause this objective, work has been progressed. Development of resources for non-clinical staff in Primary Care has continued: - The structure of the new level 2 Primary Care	CONTINUE & ADD Q1 Good practice and necessary structural changes that have been put in place in Primary Care to deal with patients presenting with coronavirus symptoms, whilst maintaining essential services

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
					<p>Administration and Reception (PCAR) Qualification has been agreed and is now at final stages of ratification.</p> <p>- A new concept for interactive practice manager education, training and development. The tool will facilitate self-assessment of skills and knowledge and will assist in professional development through appropriate signposting.</p> <p>- The second All Wales Urgent Primary Care (UPC) June 2020 Conference is re-scheduled to 9th December 2020</p> <p>- The UPC website refresh/relaunch is on hold, pending further discussions</p>	<p>during COVID -19, need to be captured and evaluated.</p> <p>HEIW systems that have been used to support the emergency response to workforce requirements (Y Ty Dysgu) should be aligned and inclusive of in and out of hours services.</p>

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
					with 111, NWSSP, HEIW & Welsh Government. However, UPC website branding (jigsaw piece) is visible as the link to UPC on other websites.	
	4.7	Alex Howells Charlette Middlemiss	Support workforce development requirements of integrated care models being developed by Regional Partnership Boards.	PAUSE		REACTIVATE Q2
	4.8	Stephen Griffiths Kerri Eilertsen-Feeney	Support the implementation of the <i>Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)</i> .	PAUSE	Work has not commenced.	REACTIVATE Q4 Commence but at a slower pace as engagement from health boards is essential, and we need to ensure that we have some capacity focussed at new COVID related activity.
	4.9	Stephen Griffiths	Secure the transfer of the Nurse Staffing Programme Team	CONTINUE transfer and work that can be done within	TUPE was put on hold at end of March. Work can now recommence to transfer the team	CONTINUE Plan to TUPE over the team in June. Currently the team has been redeployed due to

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
		Kerri Eilertsen-Feeney	to HEIW and lead the further role out of the programme across NHS Wales.	existing constraints		COVID, however work can progress at a slower pace.
	4.10	Push Mangat Clem Price	Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans.	REFOCUS to support COVID -19 work	Work has continued in this area and has been prioritised Workforce Modelling Group in place with workplan aligned to the workforce cell. Work has naturally focused on preparing our current multi-professional workforce for the impact of COVID 19	RESTART, REFOCUS & ACCELERATE Q1 to support COVID -19 work and wider support for the Covid Response Update for contribution made during COVID response phase 1 and build into the deliverables phase 2 requirements. Major focus/input for us potentially for remainder of the year
Strategic Aim 5: To be an exemplar employer and	5.1	Julie Rogers Foula Evans	Implement the People, Inclusion and OD Strategy.	PAUSE	Work has been on hold, capacity used to support HEIW workforce and other organisations in COVID reponse	REFOCUS/REACTIVATE Q2 Use the interim period to reflect on the COVID-19 impact, capture new ways of working and future expectations of staff.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
a great place to work						<p>New deliverables around policies and practices to be added.</p> <p>Strategy & consultation/engagement to be restarted Q3.</p> <p>.</p>
	5.2	<p>Julie Rogers</p> <p>Angie Oliver</p>	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	REFOCUS to support COVID-19 work	<p>Work has progressed for our internal objective despite the team being called on to provide additional national support.</p> <p>Agreement confirmed to undertake a procurement exercise to contract an Employee Assistance Programme.</p> <p>Neyber Financial Services contract signed and paperwork completed.</p>	<p>CONTINUE Q1</p> <p>Continue to progress action to achieve Bronze Corporate Health Standard Assessment planned for November 2020. Task and Finish group will assess current provision through Health for Health Professionals and make a recommendation of whether to pause or proceed with a tender specification.</p> <p>Implementation and communication of Neyber Financial Services.</p>

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
					<p>COVID-19 staff health and wellbeing resources made available on the intranet including MaPS and Silvercloud.</p> <p>Implementation of Cuppa Catch Ups and offer of coaching sessions</p> <p>Development of options for regular feedback and dialogue</p>	<p>Continue to provide resources in line with the national work – will form part of the strategic review during Q2.</p> <p>Promote approaches beyond HEIW</p>
	5.3	<p>Dafydd Bebb</p> <p>Huw Owen</p>	Implement and embed the Welsh Language framework within HEIW.	CONTINUE with creative/light touch approach	<p>Welsh language scheme and consultation process (WLS) drafted and to be considered at May Board.</p> <p>Flexible on line lessons made available for staff. Huw Owen's on line vlog series created and made available on the intranet.</p> <p>New roles approved for a translator and trainee.</p> <p>Heavy usage of translation services throughout the period.</p>	<p>CONTINUE</p> <p>Welsh language Scheme /framework is largely designed for office based working. We therefore need to focus on elements that are relevant to home working.</p> <p>It is proposed that we undertake the online public consultation process on the WLS between June – September and seek final approval in Q3.</p>

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
						Internal training capacity to be increase through making appointments for the two new roles.
	5.4	Julie Rogers Emma Kwaya-James	Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector.	PAUSE subject to legal advice	Some work has continued quietly in the background	RESTART Q1 Board review of SEP deferred until Q2 July; WG has relaxed the deadline until Oct 2020.
	5.5	Julie Rogers Chris Payne	Progress opportunities for organisational approaches to combat climate change.	CONTINUE with creative/light touch approach to support new ways of working with COVID-19	Work still going on quietly in the background COVID-19 has provided an ideal opportunity to test ability and feasibility of increased home working and the benefits this provides to the environment	CONTINUE Capture the positive benefits of COVID but slowdown deliverables 1 & 3 to match capacity and prioritisation of COVID response activity.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
					Biodiversity group created , first meeting will build on discussions at March staff event	
	5.6	Push Mangat Anton Saayman	Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru.	PAUSE	UK patient safety syllabus initiative has continued.	RESTART Q3 Priority deliverables to be restarted QI hub for HEIW to be deferred to 2021
Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	6.1	Julie Rogers Angharad Price	Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success.	CONTINUE	Due to the public health emergency the 6 monthly review of the strategy has been delayed as resources are targeted at COVID19 comms. Continuing to implement strategy as much as possible. Some of the aims	CONTINUE & REFOCUS Continue implementing/ using the principles of the communications and engagement strategy to support COVID 19 response and essential work of HEIW.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
					<p>of the strategy can be achieved as part of COVID 19 response communications and engagement. However, some elements such as roadshows and stakeholder events have been put on hold.</p> <p>Involvement of HEIW in COVID response has increased internal and external targeted comms and engagement. Especially internal bulletins and external social media and direct stakeholder comms and engagement.</p> <p>Media interest has also increased putting HEIW in the spotlight.</p> <p>All of the above have been managed closely in line</p>	

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
					<p>with purpose & aims of strategy as well as HEIW values.</p> <p>Horizon scanning has been taking place using social media and online media as resources allow. The creation of an information database has been delayed due to resources being diverted.</p> <p>We are progressing the merger of the 3 legacy organisation website into one HEIW website.</p> <p>Brand awareness – the communications and engagement team plus some departments have begun to use the new corporate branding in promotional and social media materials.</p>	

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
	6.2	Julie Rogers Angharad Price	Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions.	PAUSE	Although paused, bespoke communications and engagement support continues to be provided to key programmes such as health and wellbeing and COVID19 specific work.	REFOCUS Support will continue as required to key programmes continuing or supporting the COVID19 response.
	6.3	Julie Rogers Chris Payne	Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales.	CONTINUE EDUROAM if possible CONTINUE recruitment that is in train PAUSE Director of Digital REFOCUS to support COVID-19 and new ways of working	Initial pilot process completed with over 600 users. Eduroam is now available to Junior Doctors, trainers and HEIW staff where health boards sites broadcast it. Expecting to launch for C&V trainees and trainers initially before rollout to other users	CONTINUE

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	Phase1: progress update	REVIEW OUTCOME (Whether the objective should be reactivated/ dropped etc)
					Shortlisted for 2 key digital team roles via initial internal candidates. Interviews to be schedule for May 2020.	



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Meeting Date	28 May 2020	Agenda Item	3.1.2
Report Title	HEIW Resource Plan - 2020-21		
Report Author	Rhiannon Beckett		
Report Sponsor	Eifion Williams		
Presented by	Eifion Williams		
Freedom of Information	Open		
Purpose of the Report	To set out the approach taken to establish the 2020/21 budgets to be delegated to budget holders, in line with the IMTP agreed by the HEIW Board and Welsh Government.		
Key Issues	HEIW has a statutory duty to break even at year end. It is important to ensure that delegated budgets are established and agreed by Budget Holders to ensure appropriate Governance and Reporting arrangements and enable the aims and objectives of the Organisation to be met. It is a key Financial Governance duty to ensure that expenditure is routinely monitored against budgets throughout the year and that effective and timely scrutiny and action is taken to address any variation in year.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval R
Recommendations	<ol style="list-style-type: none"> 1. The HEIW Board is asked to agree the methodology utilised in establishing the 2020/21 delegated budgets. 2. Note the financial framework as set out in the IMTP 3. Note the Welsh Government Allocation. 4. Note and consider the key risks outlined. 		

RESOURCE PLAN 2020-21

1. INTRODUCTION

The purpose of the report is to provide the HEIW Board and Executives with a summary of the Resource Plan for 2020-21 and the resulting delegated budgets established for the 2020-21 financial year which are based on the financial assumptions set out in the IMTP. Further iterations of this Resource Plan may be required since the full impact of Covid-19 on the Education and Training commissioning plans for the current year is yet to be fully understood and evaluated.

2. BACKGROUND

The draft allocation received from Welsh Government for the new financial year is based on the 2020/21 component year of the 5 year plan within the IMTP. The IMTP 5 year plan is shown in detail in **Appendix 1**.

The Finance Plan set out the requirement for 2020-21 as £253.669m and the anticipated Draft Core Funding Allocation for 2020-21 that has been shared by Welsh Government is £244.228m as set out in Table 1 below. The detailed work that was undertaken to reconcile the two financial values to ensure that HEIW can operate within the financial allocation in the 2020/21 financial year was previously shared with the HEIW Board. The summary table is shown below.

Table 1: Draft Revenue Allocation 2020-21	
Title	Funding £'m
Full Year Baseline (Initial Allocation from 2019-20)	214.621
Flying Start Programme (Health Visitors) (Non-Recurrent Support - NMET)	-0.800
Training Grade Salary Inflationary Uplift 19-20 (1%)	0.502
GP Registrar Inflationary Uplift 19-20 (1%)	0.153
Pre-Registration Pharmacy Community Trainees	1.000
Revised Baseline as per 2020-21 WG Draft budget	215.476
Additional Transfers needed in 2020-21	
Non Medical Education Commissioning (Quantum @ £124.526m)	11.639
Training Grade Salary (inc Study Leave)	1.642
All Wales Nurse Staffing Programme (Recurrent items)	0.189
Clinical Director Post (Cardiff School of Pharmacy)	0.045
Dental Foundation Trainee Part Year Transfer (65 Trainees*) - Sept 20	4.589
Pre-Registration Pharmacy Part Year Transfer (New Model August 2020)	3.292
Relocation Expenses Legacy Shortfall (Budget to £1.1m)	0.241
GP Registrar (Recurrent Impact of 2019 cohort plus 2020 Cohort to 160)	5.405
HEE (MDRS, Oriel & SJT)	0.267
Work Experience GP Programme (Widening Access)	0.059
Pharmacy Programme (Widening Access)	0.034
Sub total	242.878
Inflationary Uplift for Prices 2020-21 (1 %)	0.170
Full Year Effect of Pay Award for 2020-21 (A4C / Cardiff University / ESP) & 2020-21 (DDRB 1%)	1.180
Revised Core funding allocation for 2020-21	244.228
** - £0.078m allocated to NWSSP to support SLE on DFT & Pre-Reg Pharm Arrangements	

The difference between the IMTP requirement and the anticipated draft Welsh Government revenue allocation is £9.441m and is as a result of the following elements:

1. Welsh Government initially advised that the budget for Dental Foundation Training was £8.9m for 74 training places and that this figure should be included in the IMTP. Further consideration by HEIW and WG indicated that the funded baseline would be for 65 training places with a start date of September 2020. This means that the allocation has been reduced and pro-rated for 2020-21 with the revised calculated figure being £4.589m.
2. The increase in Training Grade Salary budget included in the IMTP represented 100% of the salary cost associated with the additional agreed Specialty training posts and additional 12 F1 posts. The core allocation for HEIW for 2020-21 however will be 50% of the salary costs with the remainder of the allocation provided directly to Health Boards. The IMTP budget for TGS was £53.441m and the revised core allocation will be £52.358m.
3. The IMTP financial plan modelled an increase in the number of GP trainees at 180 places in 2019-20 increasing to 200 in 2020-21. Welsh Government have indicated that although they will make provision within their budgets for this level of recruitment, the initial allocation to HEIW will be based on 180 in 2019-20 and 160 in 2020-21. The change in numbers has decreased the funding allocation from £21.9m included in the IMTP to £20.9m in the core allocation.
4. Additional non recurrent or non-cash funding that has been agreed in principle by WG will also be received in year for specific items as listed below. Examples include depreciation and the £600k of development funding re-provided from 2019-20.

Table 2 Non Recurrent Funding-agreed in principle.

Non Recurrent Funding-In Year		£'000
1 Nurse Staffing Act		180
2 WCLF QIST (Pharmacy)		84.6
3 Commitment awards		50
4 WIMAT year 2		101
6 Development Funding		600
7 Depreciation		520
8 GP Expansion over recruitment	tba	
9 Dental Single lead employer costs	NWSSP	
10 Strategic Review of Education provision (ongoing costs)		240
Total		1,776

5. A further £504k including various posts and initiatives agreed within HEIW will require further discussion with Welsh Government in year.

Table 3 Anticipated Funding for further in year discussion.

Anticipated Funding		£'000
1 Leadership and Succession posts		77
2 SAS Post		111
3 Single Lead Employer Foundation		260
4 Senior software Developer		56
Total		504

6. The value of relocation expenses in respect of Doctors in training was included in the IMTP figure at the forecast outturn costs determined at month 6 in 2019/20. In the subsequent months of the year, the spend reported has reduced significantly and so an agreed reduced level of additional funding to the core allocation of £188k is to be provided.
7. The final element relates to business cases and establishment changes that have been agreed as necessary to deliver the core work of HEIW by the Executive team but are not specific to any business case or initiative. These total £438k and should be funded from the development funding resource available to HEIW.

Table 4 Reconciliation of IMTP to Draft Core Allocation	
	£'000
IMTP Finance Plan Requirement for 2020/21	253,699
Draft Core Allocation WG	244,229
Difference	9,470
Dental Foundation Training	4,311
Training Grade Salary	1,116
GP Expansion	1,106
Relocation Expenses	188
Non Recurrent Funding agreed in principle	1,776
Anticipated Funding	504
Establishment changes/ Business Cases	438
Other inflation changes	31
Balance	-

This allocation was received in draft format in early March 2020 and an allocation letter is anticipated once the allocation has been formally agreed by the Minister for Health.

The budgets that have been uploaded to the financial ledger in April 2020 include the core Welsh Government allocation, the non recurrent funding agreed in principle and the anticipated funding set out above.

Table 5 Revenue Resource Limit

	£m
WG Recurrent allocation	244.23
Non Recurrent schemes	1.78
Anticipated Funding	0.50
Total	246.51

Budget reports will be produced and shared on a monthly basis with Budget Holders and the Executive team. A summary Financial Report will be provided to the Board detailing spend against budgets and key reasons given for any variances. The financial position for 2020/21 will be reported to Welsh

Government and action taken to ensure that a break-even position is achieved at year end.

The following report sets out the approach adopted to budget setting for the 2020-21 financial year and also detail of the inflationary pressures included in the Welsh Government Allocation and those that are yet to be quantified.

3. THE 2020-21 FINANCIAL PLAN FOR HEIW

HEIW has a statutory duty to break even. It is therefore important that meaningful budgets are set that reflect the best information available in terms of anticipated expenditure and commitments, and when that spend will occur through the year. Where control of resources is delegated to budget holders and managers it is important that budget holders are able to agree the funding baselines set for their area of delegation. This will ensure that the process of challenge and support over variation of expenditure in-year is robust and that reporting to the Executive Team and HEIW Board will be accurate and meaningful. This will ensure that any corrective action required can be taken quickly ensuring that the organisation remains agile and meets its financial responsibilities and duties.

The resulting Financial Plan for 2020-21, based on the draft allocation received from Welsh Government is presented in summary in the table below:-

Table 6 Financial Plan 2020-21

	2020-21 £M
Revenue Resource Limit	-246.51
Other Income	-0.60
Total Income	-247.11
Executive Office	3.74
Finance	1.00
Planning, Performance and Corporate Services	1.75
Digital and IT	5.07
Medical	22.32
Workforce	2.77
Nursing	1.98
Medical Commissioning	
TGS	52.88
PGMDE	4.86
GP Training Registrars	20.74
I&R	0.23
Pharmacy	8.78
WCAT	1.77
Total Medical Commissioning	89.26
Non-Medical Commissioning	119.22
Total Costs	247.11
Net (Surplus)/Deficit	0.00

The HEIW Board has established and agreed a balanced financial plan as part of the IMTP for the 2020-21 to 2022-23 financial years. Similar to the 2019-20 financial year, a development reserve of £1.9m is held within the Executive Office budget. From within this fund, £231k has been approved for the recruitment of two new Director posts and a further £199k relates to NWSSP student awards service top-slice. The remaining £1.48m is therefore unallocated at this stage.

4. ESTABLISHING BASELINE BUDGETS FOR 2020-21

4.1 Commissioning Budgets

The draft allocation letter from WG establishes the total Core recurrent HEIW baseline for 2020-21 at £244.229m. Within this value, £214.190m relates to the Commissioning budgets which cover Training Grade Salaries, GP training, Pre-registration Pharmacy, Dental Foundation training and Non-Medical Education. The specific allocations and increases provided for approved business cases or transfers that were agreed with WG have established the relevant values within the budget setting process.

The remaining WG allocation is divided between the HEIW establishment and running costs function and the Programme Costs for the Medical, Non-Medical and Pharmacy teams.

4.2 Pay Budgets

Salary budgets have been calculated based on actual salary detail and pay scales downloaded from ESR for existing staff, reflecting known incremental changes in 2020-21. The impact of the NHS pay award for 2019-20 and estimated impact for 2020-21 have been included in budgets. The Cardiff University pay awards for 2019-20 and 2020-21 have also been incorporated. It is important to note that the impact of the 2019-2020 DDRB pay award has been reflected including GP and Dental Educators and uplift to the Trainers Grant, but only the first 1% of 2020-21 DDRB pay award since the actual uplift is yet to be agreed. WG have indicated that they will provide an additional allocation to fund this award when the value has been determined with certainty.

The vacancies within the structure, that have been agreed by the Executive Team, have been costed and included in each delegated budget at mid-point of scale.

4.3 Non Pay Budgets

The starting point for the assessment of the budget requirement for Non-Pay costs was derived from a download of the ledger as at month 6, 2019-20 with a subsequent full review of the recurrent and non-recurrent spend within the first 12 months of operation of the organisation. Meetings were held with every budget holder to review the draft budget derived in detail and a request made for feedback of any omissions or additional budgetary requirements. The additional requirements were collated into a list of discretionary funding

requests, divided into those that could be considered and funded internally out of resources available to HEIW using a £25,000 cut off level and those that would require additional funding from WG or an alternative source. The schemes were included in the IMTP financial plan for information but are not included at this point in the HEIW recurrent allocation. Any other changes as a result of the budget holder review were collated and reflected in the agreed IMTP financial plan Non-Pay budget. A further review has taken place in April to ensure that no further changes were required to the delegated budgets to reflect additional funding agreed since the IMTP was drafted.

Programme budgets have also been discussed and agreed with directorate teams and any issues of funding flows/transfers between teams identified and resolved. There are also specific allocations for NWIS, and NHS Wales e-resources which have been allocated appropriately. Other specific allocations for running costs including audit fees and legal and risk have also been allocated to appropriate cost centres and subjective codes.

4.4 Development Funding

The recurrent allocation of £1m for further developments is included in the core allocation and a further £600k provided non recurrently in 2020-21 following return of this funding to WG in 2019-20 with agreement that it would be re-provided in 2020-21. Investment schemes already approved by the Executive team to date have been funded. The remaining development funding is held centrally in the corporate reserve until such time as the appropriate allocation is determined.

5. SUMMARY OF DELEGATED 2019-20 REVENUE BUDGETS

It has been agreed to appoint two additional fixed term Director posts in 2020-21 and the budgets for Finance, Planning, Digital and Corporates have been now been separated to align with the new Director post portfolios. This is shown in more detail in the table below:

Cost Centres	Portfolio
E001	HEIW Board and Support
E004	Chief Exec and Support
FDZZ	Digital and IT
FIZZ	Finance
FPZZ	Planning, Performance & Corporate Services
MZZZ	Medical Director
NZZZ	Director of Nursing
WZZZ	Director of Workforce & OD

The budgets delegated to Directors are set out in Appendix 2.

6. KEY RISKS OF THE PLAN

In presenting the proposed delegated budgets a number of key assumptions have been made:-

- The plan assumes that any in year cost pressures will be managed in a cost neutral way.
- Whilst recruitment to vacancies within the establishment will be progressed at pace, there is the potential for slippage in expenditure against the budgets set.
- That sufficient capacity exists within the Organisation to progress the development activities as set out in the IMTP.
- The ongoing effects of Covid-19 on training and education plans and developments within the IMTP are still being worked through at this stage and may require the resource plan to be refreshed during the year.

7. CONCLUSION

HEIW has established a 2020-21 Resource Plan, based on the 2020-21 to 2022-23 IMTP, that sets out the delegated budgets for Directors.

Delivering a balanced financial out-turn at year end will require discipline to contain costs within available resources but also successful recruitment to ensure that the Organisation has the capacity to deliver the objectives agreed.

It is important that budget holders only commit resources where there is funding available and take timely remedial action should overspends emerge in year.

Delivering a balanced position at year end will require effective and disciplined budgetary control. HEIW will also wish to manage any risks and maximise opportunities that emerge in year.

The impact of COVID-19 on education and training budgets may require further business cases to be submitted in-year to Welsh Government if the financial costs are too great to be contained within the notified allocation.

8. RECOMMENDATIONS

The HEIW Board is asked to

- 1. Agree the methodology in establishing the 2020/21 delegated budgets.**
- 2. Note the financial framework as set out in the IMTP**
- 3. Note the Welsh Government Allocation.**
- 4. Note and consider the key risks outlined.**

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
There are no implications for Quality, Safety and Patient Experience			
Financial Implications			
The financial implications are set out above in the body of the report.			
Legal Implications (including equality and diversity assessment)			
HEIW has a statutory responsibility to break even at year end the report sets out the Resource Plan for 2019-20 including the delegated budget position for Directors. 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 Resource Plan shared with the HEIW Board in March 2019.		
Appendices	Appendix A includes a summary of figures as referenced in the report.		

Five-year Financial Plan 2020-21 to 2024-25



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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	2,134,457	2,186,913	2,222,511	2,255,849	2,289,686
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	8,738,878	8,852,179	8,949,230	9,044,634	9,141,160
Medical Director						
Income	- 608,242	- 598,871	- 604,860	- 610,909	- 617,018	- 623,188
Pay	8,769,379	9,563,708	9,810,471	10,016,143	10,166,386	10,318,881
Non Pay	6,436,221	6,536,653	6,783,520	7,019,355	7,089,548	7,160,444
TGS	50,113,583	53,465,349	56,657,146	60,959,985	64,122,158	67,612,093
GP Training	15,309,000	21,496,127	25,105,271	29,070,250	29,998,850	30,144,219
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	4,637,417	7,003,954	7,544,586	8,141,695	8,223,111
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	112,153,399	122,051,293	131,532,576	136,673,269	140,849,343
Nursing						
Pay	745,899	1,334,234	1,449,512	1,339,776	1,226,890	1,237,896
Non Pay	155,843	160,401	162,005	163,625	162,171	163,793
Commissioning	113,753,154	124,948,682	136,597,836	144,303,195	147,917,178	150,605,728
Total Nursing	114,654,896	126,443,317	138,209,354	145,806,596	149,306,239	152,007,417
Workforce & OD						
Pay	1,659,329	2,054,793	2,106,359	2,145,040	2,177,216	2,209,874
Non Pay	640,520	646,925	653,394	659,928	666,528	673,193
Total Workforce & OD	2,299,849	2,701,719	2,759,754	2,804,969	2,843,743	2,883,067
Grand Total	215,938,026	252,992,389	274,270,042	291,525,244	300,333,447	307,380,780

Discretionary Funding Requests

	2019/20	Discretionary Investment 20/21	Discretionary Investment 21/22	Discretionary Investment 22/23	Discretionary Investment 23/24	Discretionary Investment 24/25
	£	£	£	£	£	£
Executive Office		65,700	66,357.30	67,021	67,691	68,368
Finance & Corporate Services		437,413	653,136.89	673,868	679,608	685,403
Medical Director		5,125,162	6,672,942.20	11,586,204	13,624,219	14,324,032
Nursing		211,750	437,744.86	468,670	473,356	478,089
Workforce & OD		1,267,232	2,462,854.22	4,217,397	4,259,572	4,302,167
Grand Total		7,107,256	10,293,035	17,013,160	19,104,445	19,858,060

HEIW FULL DETAIL



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Cost Centre=E001 (HEIW Board & Support)

	Annual Budget -----
PAY	
20000 Chair	48,114.00
20100 Non-Executive Member	58,710.00
20200 Chief Executive	196,644.00
20400 Other Board level Director	115,586.00
2K141 Admin & Clerical Band 4	26,870.00
2K161 Admin & Clerical Band 6	41,334.00
2K171 Admin & Clerical Band 7	105,396.00

TOTAL PAY	592,654.00

NON PAY	
32200 External Contracts : Catering	1,620.00
33610 Travel & Subsistence	14,140.00
34200 Training Expenses	10,100.00
34270 Room Hire	1,410.00
37480 Translation Costs	100,000.00

TOTAL NON PAY	127,270.00

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GRAND TOTAL	719,924.00
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Cost Centre=E004 (HEIW CEO & Support)

	Annual Budget -----
PAY	
20300 Executive Director	652,972.00
2K121 Admin & Clerical Band 2	23,596.00
2K151 Admin & Clerical Band 5	71,626.00
2K161 Admin & Clerical Band 6	47,377.00

TOTAL PAY	795,571.00

NON PAY	
33000 Printing Costs	2,273.00
33610 Travel & Subsistence	5,050.00
34200 Training Expenses	3,030.00
34400 Legal/Prof Fees	99,200.00
36700 Audit Fees : Statutory	178,770.00
37910 General Reserves	1,919,914.00
38351 SLA : Cardiff And Vale University	14,000.00

TOTAL NON PAY	2,222,237.00

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GRAND TOTAL	3,017,808.00
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Cost Centre=FDZZ (Digital Directorate)

	Annual Budget -----
PAY	
2K141 Admin & Clerical Band 4	59,885.00
2K151 Admin & Clerical Band 5	410,232.00
2K161 Admin & Clerical Band 6	223,784.00
2K171 Admin & Clerical Band 7	151,546.00
2K181 Admin & Clerical Band 8A	57,454.00
2K183 Admin & Clerical Band 8C	80,525.00

TOTAL PAY	983,426.00

NON PAY	
32200 External Contracts : Catering	300.00
33020 Books, Journals & Subscriptions	1,560.00
33610 Travel & Subsistence	17,987.00
34220 Conferences And Seminars	300.00
35510 Office Equipment & Materials : Pur	1,200.00
35540 Computer Hardware Purchases	4,800.00
35550 Computer Software/License Fees	433,956.00
35560 Computer Network Costs	31,656.00
38380 NWIS/NWSSP Disburs't to other NHS	3,590,016.00

TOTAL NON PAY	4,081,775.00

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GRAND TOTAL	5,065,201.00
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Cost Centre=FIZZ (Finance Directorate)

	Annual Budget -----
INCOME	
02300 Welsh Govt. Other Income	-246,508,157.00

TOTAL INCOME	-246,508,157.00

PAY	
2K131 Admin & Clerical Band 3	80,300.00
2K141 Admin & Clerical Band 4	26,870.00
2K151 Admin & Clerical Band 5	110,550.00
2K161 Admin & Clerical Band 6	123,586.00
2K171 Admin & Clerical Band 7	319,389.00
2K183 Admin & Clerical Band 8C	88,418.00
2K184 Admin & Clerical Band 8D	96,115.00
2K900 Agency - Admin & Clerical	0.00
2K902 Apprentice - Admin & Clerical	49,104.00

TOTAL PAY	894,332.00

NON PAY	
32810 Other General Supplies & Services	600.00
33020 Books, Journals & Subscriptions	1,010.00
33610 Travel & Subsistence	9,821.00
34410 Net Bank Charges	6,240.00
36500 External Consultancy Fees	9,600.00
38330 SLA : Velindre	77,770.00

TOTAL NON PAY	105,041.00

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GRAND TOTAL	-245,508,784.00
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Cost Centre=FPZZ (Planning, Performance & Corporate Services)

	Annual Budget -----
PAY	
20684 Senior Manager Band 8D	96,115.00
2K151 Admin & Clerical Band 5	33,379.00
2K161 Admin & Clerical Band 6	41,928.00
2K171 Admin & Clerical Band 7	67,251.00
2K181 Admin & Clerical Band 8A	57,454.00
2K900 Agency - Admin & Clerical	0.00

TOTAL PAY	296,127.00

NON PAY	
32220 External Contracts : Window Cleani	2,000.00
32510 Cleaning Materials	6,000.00
32810 Other General Supplies & Services	600.00
33010 Stationery	6,000.00
33200 Postage & Carriage	5,700.00
33210 Packing & Storage	100.00
33300 Telephone Installation	33,306.00
33320 Telephone Call Charges	13,680.00
33340 Mobile Phones	7,920.00
33610 Travel & Subsistence	2,023.00
34220 Conferences And Seminars	2,020.00
35000 Electricity	72,000.00
35010 Gas	14,400.00
35020 Water	9,200.00
35200 Rates	141,400.00
35220 Premises Lease Rent	369,778.00
35300 Contract : Photocopying Rental & C	13,180.00
35310 Contract : Refuse & Clinical Waste	3,780.00
35320 Contract : Hygiene & Sanitary	37,716.00
35330 Contract : Pest Control	2,916.00
35350 Contract : Supply & Fix	0.00
35370 Contract : Premises Security	20,376.00
35550 Computer Software/License Fees	160.00
35590 Health & Safety Costs	7,800.00
35840 Minor Works	120,465.00
35910 Building Contracts	42,708.00

35910 Building Contracts	12,700.00
35920 Buildings Insurance	2,050.00
36010 Depreciation On Owned/Leased (DEL)	520,000.00
37470 Miscellaneous Expenditure	0.00

TOTAL NON PAY	1,457,278.00

	=====
GRAND TOTAL	1,753,405.00
	=====

HEIW FULL DETAIL



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

Cost Centre=MZZZ (Medical Director)

	Annual Budget -----
INCOME	
04300 Post Graduate Centre Income	-23,988.00
04620 Course Fee Income (Ed & Tr)	-6,060.00
06000 Inc Gen - Training	-561,813.00
09070 Consultancy Fees Income	-7,011.00

TOTAL INCOME	-598,872.00

PAY	
20683 Senior Manager Band 8C	0.00
20691 Senior Manager Band 9	117,362.00
21000 Consultant (M&D)	1,004,513.00
21100 Locum Consultant (M&D)	3,856.00
22250 Specialist Dental Officer	812,402.00
23100 Specialty Registrar (M&D)	128,437.00
25300 G.P.Sessions / Staff Fund	2,977,269.00
2E451 Pre Reg Pharmacist Band 5	2,159.00
2E471 Pharmacist Band 7	274,932.00
2E481 Pharmacist Band 8A	215,278.00
2E483 Pharmacist Band 8C	93,230.00
2E491 Pharmacist Band 9	96,767.00
2F351 Pharmacy Technician Band 5	2,483.00
2F361 Pharmacy Technician Band 6	99,049.00
2F371 Pharmacy Technician Band 7	58,201.00
2G346 Dental Surgery Assistant Band 6	127,149.00
2K131 Admin & Clerical Band 3	490,610.00
2K141 Admin & Clerical Band 4	722,900.00
2K151 Admin & Clerical Band 5	563,258.00
2K161 Admin & Clerical Band 6	691,856.00
2K171 Admin & Clerical Band 7	566,838.00
2K181 Admin & Clerical Band 8A	167,243.00
2K182 Admin & Clerical Band 8B	0.00
2K900 Agency - Admin & Clerical	0.00
2K902 Apprentice - Admin & Clerical	32,418.00

TOTAL PAY	9,248,210.00

NON PAY	
30210 M&SE : Disposable	50,500.00
30290 Contractual Clinical Services	294,799.00
30500 M&SE Maintenance / Repairs & Compo	18,150.00
32200 External Contracts : Catering	73,597.00
33000 Printing Costs	24,764.00
33010 Stationery	1,200.00
33020 Books, Journals & Subscriptions	24,987.00
33200 Postage & Carriage	1,000.00
33210 Packing & Storage	2,010.00
33500 Advertising & Staff Recruitment	8,064.00
33600 Removal Expenses	0.00
33610 Travel & Subsistence	300,198.00
33650 Training Travel & Subsistence	60,816.00
34050 Taxi & Other Vehicle Hire	705.00
34200 Training Expenses	5,841,859.00
34210 Training Materials	58,351.00
34220 Conferences And Seminars	290,752.00
34230 ALS Courses / Training	161,551.00
34240 Junior Medical Training	1,100,000.00
34250 Lecture Fees	201,140.00
34270 Room Hire	175,010.00
34400 Legal/Prof Fees	4,782.00
35510 Office Equipment & Materials : Pur	680.00
35550 Computer Software/License Fees	257,697.00
37480 Translation Costs	929.00
37710 Recharge : Miscellaneous	33,072.00
38330 SLA : Velindre	21,610,522.00
38345 SLA: Public Health Wales	951,609.00
38350 SLA : Other NHS Organisations	1,498,990.00
38351 SLA : Cardiff And Vale University	14,011,485.00
38352 SLA : Betsi Cadwaladr University L	10,311,372.00
38353 SLA : Aneurin Bevan Local Health B	7,523,898.00
38354 SLA: Cwm Taf Morgannwg LHB	8,787,317.00
38355 SLA: Swansea Bay University LHB	9,317,605.00
38356 SLA : Hywel Dda Local Health Board	5,209,170.00
38357 SLA : Powys Teaching Local Health	96,070.00
38400 WDU E&T Contracts with Universitie	1,062,578.00
38410 WDU Student Salary Reimbursements	11,280,914.00
51750 Locums	38,951.00
55200 GP payments - other non clinical	1,644,160.00

TOTAL NON PAY	102,331,254.00

	=====
GRAND TOTAL	110,980,592.00
	=====

HEIW FULL DETAIL



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

Cost Centre=NZZZ (Director of Nursing)

	Annual Budget -----
PAY	
20683 Senior Manager Band 8C	82,638.00
2A281 Nurse Manager Band 8A	0.00
2A282 Nurse Manager Band 8B	66,960.00
2K131 Admin & Clerical Band 3	93,516.00
2K141 Admin & Clerical Band 4	41,492.00
2K151 Admin & Clerical Band 5	92,402.00
2K161 Admin & Clerical Band 6	66,200.00
2K181 Admin & Clerical Band 8A	764,446.00
2K182 Admin & Clerical Band 8B	184,662.00
2K183 Admin & Clerical Band 8C	243,768.00
2K184 Admin & Clerical Band 8D	101,592.00
2K900 Agency - Admin & Clerical	0.00

TOTAL PAY	1,737,676.00

NON PAY	
32200 External Contracts : Catering	1,122.00
32810 Other General Supplies & Services	0.00
33610 Travel & Subsistence	19,072.00
33650 Training Travel & Subsistence	2,241,111.00
34200 Training Expenses	649,729.00
34220 Conferences And Seminars	1,800.00
35550 Computer Software/License Fees	24,667.00
36500 External Consultancy Fees	200,000.00
38400 WDU E&T Contracts with Universitie	73,306,300.00
38410 WDU Student Salary Reimbursements	16,234,931.00
38420 WDU Student Bursary Reimbursements	26,385,427.00
38430 WDU Student Disability Payments	400,000.00

TOTAL NON PAY	119,464,159.00

	=====
GRAND TOTAL	121,201,835.00
	=====

HEIW FULL DETAIL



Cost Centre=WZZZ (Director of Workforce & OD)

	Annual Budget -----
PAY	
21000 Consultant (M&D)	20,448.00
2K131 Admin & Clerical Band 3	67,794.00
2K141 Admin & Clerical Band 4	169,546.00
2K151 Admin & Clerical Band 5	146,753.00
2K161 Admin & Clerical Band 6	170,336.00
2K171 Admin & Clerical Band 7	564,163.00
2K181 Admin & Clerical Band 8A	359,890.00
2K182 Admin & Clerical Band 8B	279,160.00
2K183 Admin & Clerical Band 8C	134,418.00
2K184 Admin & Clerical Band 8D	210,586.00
2K900 Agency - Admin & Clerical	0.00

TOTAL PAY	2,123,094.00

NON PAY	
32200 External Contracts : Catering	1,364.00
33000 Printing Costs	35,885.00
33010 Stationery	0.00
33200 Postage & Carriage	2,087.00
33210 Packing & Storage	760.00
33500 Advertising & Staff Recruitment	61,712.00
33610 Travel & Subsistence	17,170.00
33810 Leased Cars : Private Deductions	0.00
34200 Training Expenses	233,476.00
34210 Training Materials	1,010.00
34220 Conferences And Seminars	102,030.00
34270 Room Hire	1,010.00
34400 Legal/Prof Fees	28,455.00
35510 Office Equipment & Materials : Pur	101.00
35550 Computer Software/License Fees	39,150.00
36500 External Consultancy Fees	95,950.00
38330 SLA : Velindre	9,090.00
38351 SLA : Cardiff And Vale University	17,675.00

TOTAL NON PAY	646,925.00

	=====
GRAND TOTAL	2,770,019.00
	=====

Education Commissioning & Training Plan for 2021/22

Stephen Griffiths, Director of Nursing and Executive lead for AHP and Healthcare Science, HEIW

May 2020

Version 2

Context

- COVID 19!!
- COVID 19!!
- COVID 19!!

Cymru Iachach A Healthier Wales

Strategaeth gweithlu
ar gyfer iechyd a
gofal cymdeithasol

A workforce strategy
for health and social
care



Context

- COVID 19 – potential impact??
 - Increased student attrition?
 - Increased retirement?
 - Increase/decrease in return to practice?
 - Increased/decrease in application rates?
 - Increased service demand long term impact on waiting times
 - Decreased activity requiring greater level of service provision
 - Impact on clinical placements for students and trainees
- Education and training numbers for many staff groups are at the highest level for the past 20 years
- Majority of students from 2018 start, have committed to work in Wales on graduation – but less than last year

Health and social care workforce – Priorities for the next government

The Health Foundation

(2019)

Key messages for England (but position similar in Wales):

- Workforce growth slower in the past decade compared to previous decade – despite growing need
- Projects significant workforce shortages in some areas:
 - Nursing - over 100,000 by 2028/29
 - GP's – number of patients per permanent GP continues to increase
- Increasing skill mix to meet workforce needs:
 - Pharmacists
 - AHP
 - Support workers

Conclusion of the report is that the NHS workforce needs to grow and there is a need to invest in education and training

Approach for 2021/22

- In recognising that investment in training and education is paid back within a very short time after graduation, Education and Training Plans will be based on workforce need – and the case made where this requires increased investment.
- Recommendations within the paper will not be based on a single year's workforce need but will be informed by:
 - IMTP's
 - wider available workforce intelligence
 - capacity within the system to support training/student/trainees.
- Welsh Government will continue to sign off the Education and Training plan and will need to commit to expenditure in advance of the overall health budget being agreed – timescales for training
- HEIW will **engage with stakeholders** (recognising the constraints COVID 19 is placing on this), to ensure:

Current Annual Cycle

- April – June:
 - Collation of organisation education commissioning pro formas and staff projections
 - Review against HEIW data and modelling
 - Queries picked up with individual organisations
 - Review of medical specialties and organisation submissions
 - Engagement with stakeholders
- June / July: Draft plan produced

- July:
 - CEO meeting
 - NEB meeting
 - HEIW Education, Commissioning and Quality Committee

July / August: submission to Minister

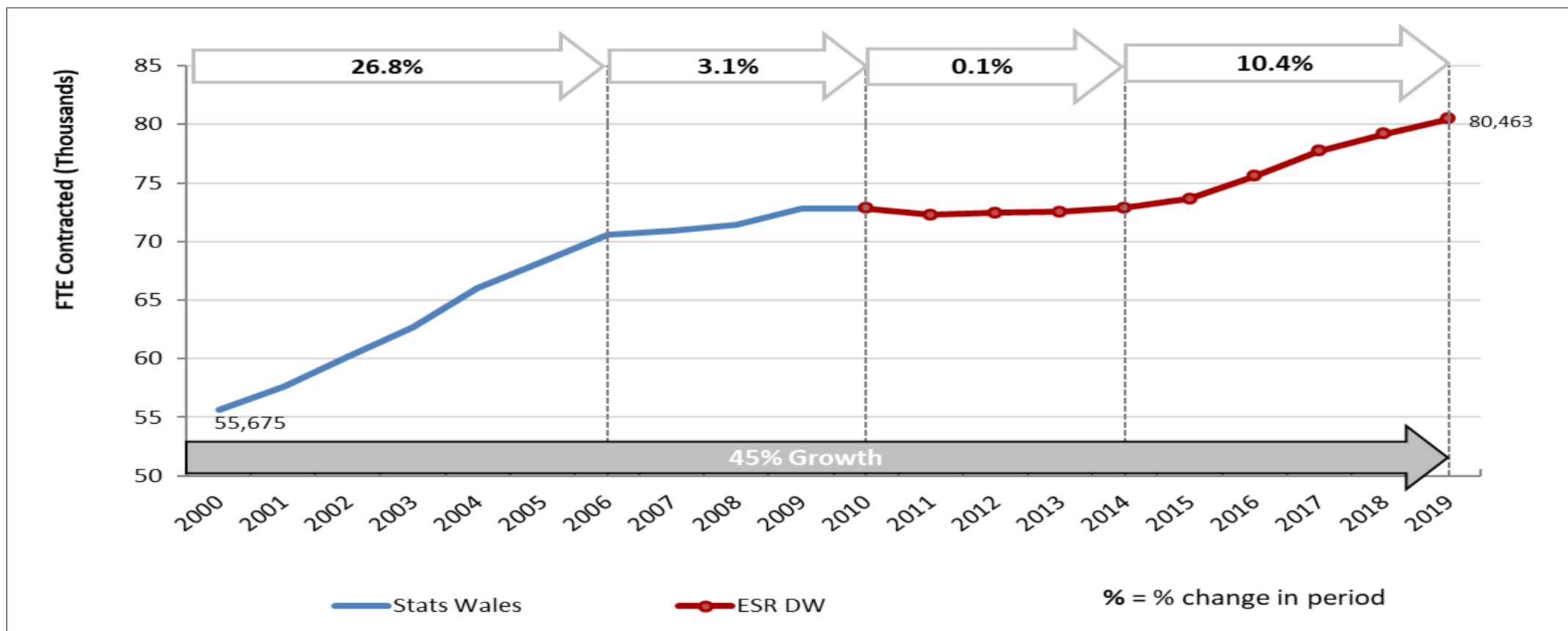
September / October: Decision on investment in professional healthcare education for following year covering all healthcare professional staff

Current Recruitment Challenges identified in IMTP's

- **Medical** - varies across HBs and Trusts and Consultant/training/ SAS grades but includes: Psychiatry, GPs, Radiologists, Emergency Medicine, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties including Histopathology and Microbiology & Infectious Diseases, Care of the Elderly, Anaesthetics and ICM, Neurology, Paediatrics, Urology, Geneticist, Sexual Health, ENT, Gastroenterology, Rheumatology, Ophthalmology, Dental
- **Nursing** – across the board including adult, child health, mental health (including CAMHS), practice nursing
- **AHPs** – in a number of plans – including physiotherapy (including entry grade), SALT, OT, ODP, Dietetics, Orthoptists, Clinical Psychologists
- **Health Care Science** - Radiographers, Sonographers, Cardiac Physiologists, Rehab Engineers, Nuclear medicine practitioner,
- **Pharmacy** – less recruitment difficulties reported in this year's plans
- **Not in all plans but in a number of plans:** CBT and other psychological therapists including in primary care and CAMHS, all staffing groups across mental health services, IT technicians and Information Analysts, Estates staff, and experienced senior and executive level managers. PHW had recruitment difficulties across microbiology staffing.

Actions taken over past years will start to address some of these challenges e.g. increase in radiologist training numbers

Overall Workforce growth - FTE Profile of the NHS Wales workforce 2000 – 2019



HEIW RECOMMENDATIONS FOR 2021/22 ACADEMIC/TRAINING YEAR



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Transforming the workforce for a healthier

Medical Workforce

Specialty	Increase/Decrease required for August 2021
Emergency Medicine	+3 Higher Trainees to accommodate the ACCS coming through system +2 ACCS posts on the North Wales rotation
Anaesthetics	+ 3 Higher Trainees to support workforce changes
Intensive Care Medicine	+ 4 Higher Trainees
Obstetrics & Gynaecology	+2 ST1 in response to Maternity Care in Wales report
Paediatrics	+ 4 additional ST1 posts to address the recommendations of the RCPCH workforce report
Community Sexual & Reproductive Health	Review in 2021
Medical Oncology	+3 Higher Training posts per year for 5 years to support the Cancer agenda
Clinical Oncology	+4 Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists
Medical Microbiology	+3 Higher Trainees per year for 5 years (2 nd year)
Radiology	Maintain intake of 20

Medical Workforce

Specialty	Increase/Decrease required for August 2021
Internal Medicine	+15 Core Trainees change to Internal Medicine curriculum
Respiratory Medicine	+2 Higher Trainee to support future workforce requirements
Gastroenterology	+2 Higher Trainee to support future workforce requirements
Renal Diabetes & Endocrinology	No change and review in 2021
Acute Medicine	+4 Higher Trainees to support workforce expansion and retirements
Neurosurgery	A phased reduction of posts in line with trainees completing their training
General Surgery	+4 Higher Trainees to support future workforce requirements and the MTC workforce model
Trauma & Orthopaedics	No change
Plastic Surgery	+2 Higher Trainees to support the MTC workforce model
Urology	+4 Higher Training posts to support future workforce requirements and the Cancer agenda

More GPs

- New model of GP training
 - Implementation commenced
 - 160 Advertised GP training places with option to over-recruit (187 filled in 2019)
 - Capacity to recruit to 200
 - “1+2” model of GP Training (50 – 70%)

Pharmacy

- Pre registration Pharmacy – 170 combined multi sector places
- Pharmacy Diploma
 - remain at 40 places with HEI provider
 - Increase advanced practice/extended skills budget to enable transformation of practice across sectors (see Advanced practice slide)
- Pre-registration Pharmacy Technician – increase places from 45 to 55 with a number of these being multi-sector

Workforce modelling for wider health professional workforce

- HEIW has developed workforce tools to consider workforce supply
- Underpinning assumptions
 - Based on average of last 3 years **turnover**
 - Based on **retirement trends** for the past 3 years
 - Based on **course attrition** rates remaining stable

The figures are considered conservative as:

- Policy position on 'Commitment to work' in Wales will come into effect in 2020/21
- Anecdotal there is an increase in retire and return rates

What the modelling tells us

Between now and 2023 on average the workforce across nursing and AHP professions has the potential to grow considerably compared to 2018 baseline data and **based on current trends**

	FTE Sep 2019	Estimated Increase / Decrease FTE at 2024	Estimated Increase / Decrease % at 2024	FTE Sep 2020	Estimated Increase / Decrease FTE at 2025	Estimated Increase / Decrease % at 2025
Adult	16169	1849	11.4%	16347	2351	14.5%
Child	1702	458	26.9%	1751	564	33.2%
MH	3136	469	15.0%	3181	585	18.7%
LD	384	129	33.6%	389	164	42.7%
Total Nursing	21390	2905	13.6%	21668	3664	16.9%
Midwifery	1395	276	19.8%	1412	355	25.5%

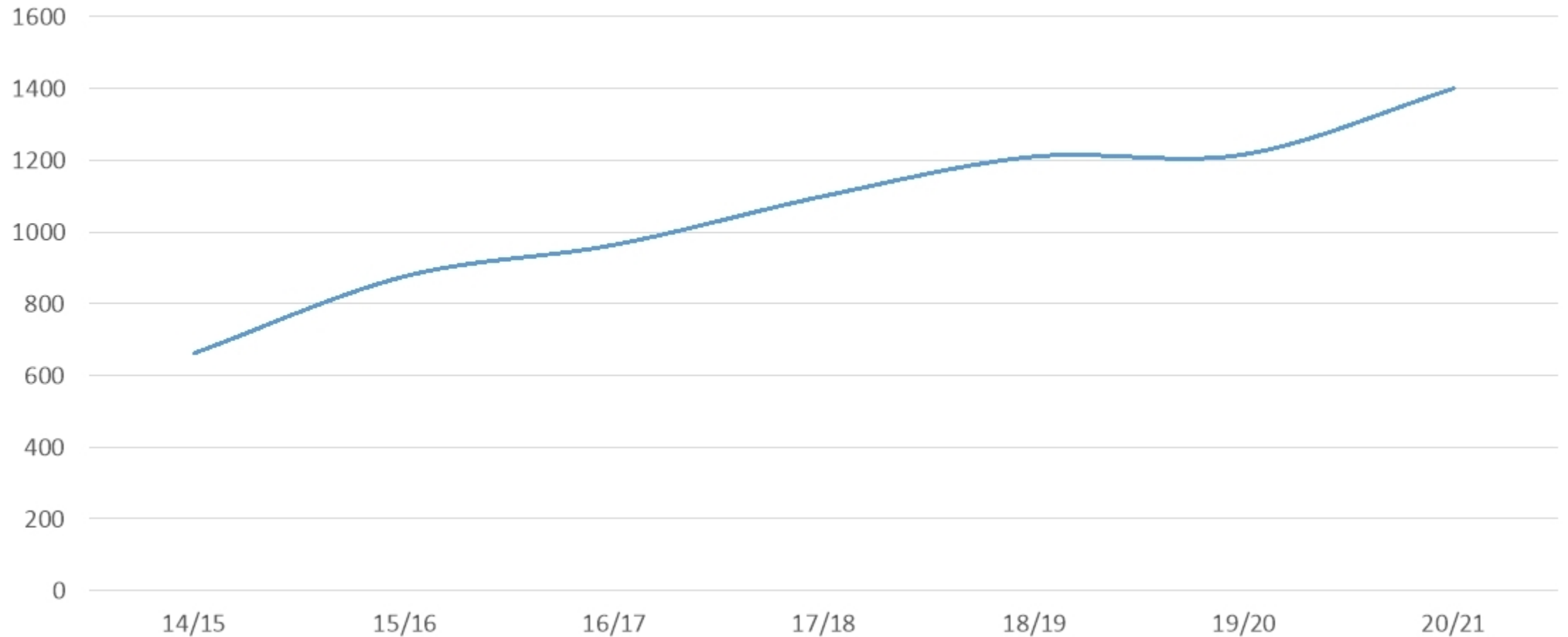
*The estimates for 2024 are based on retaining 96% of graduates coming into the Workforce from September 2020 due to the tie-in

	FTE Sep 2019	Estimated Increase / Decrease FTE at 2024	Estimated Increase / Decrease % at 2024	FTE Sep 2020	Estimated Increase / Decrease FTE at 2025	Estimated Increase / Decrease % at 2025
Occupational Therapy	1114	624	56.0%	1169	793	71.2%
Physiotherapy	1318	693	52.6%	1344	886	67.2%
Radiography (diagnostic)	994	364	36.6%	1012	471	47.4%
Radiography (therapeutic)	165	89	53.8%	167	113	68.8%
Speech & language therapy	461	191	41.4%	474	252	54.6%

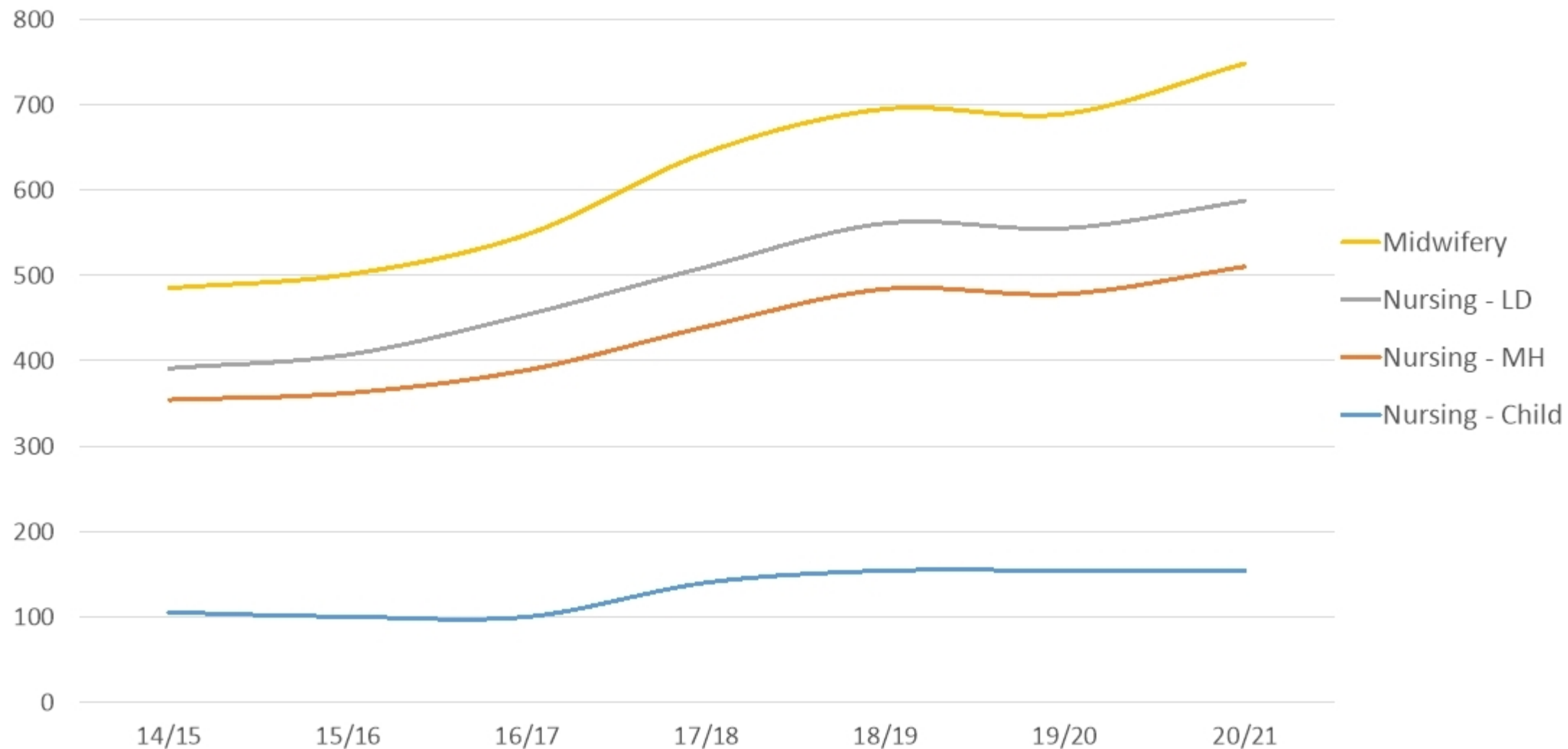
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**Based on 10% Graduate attrition

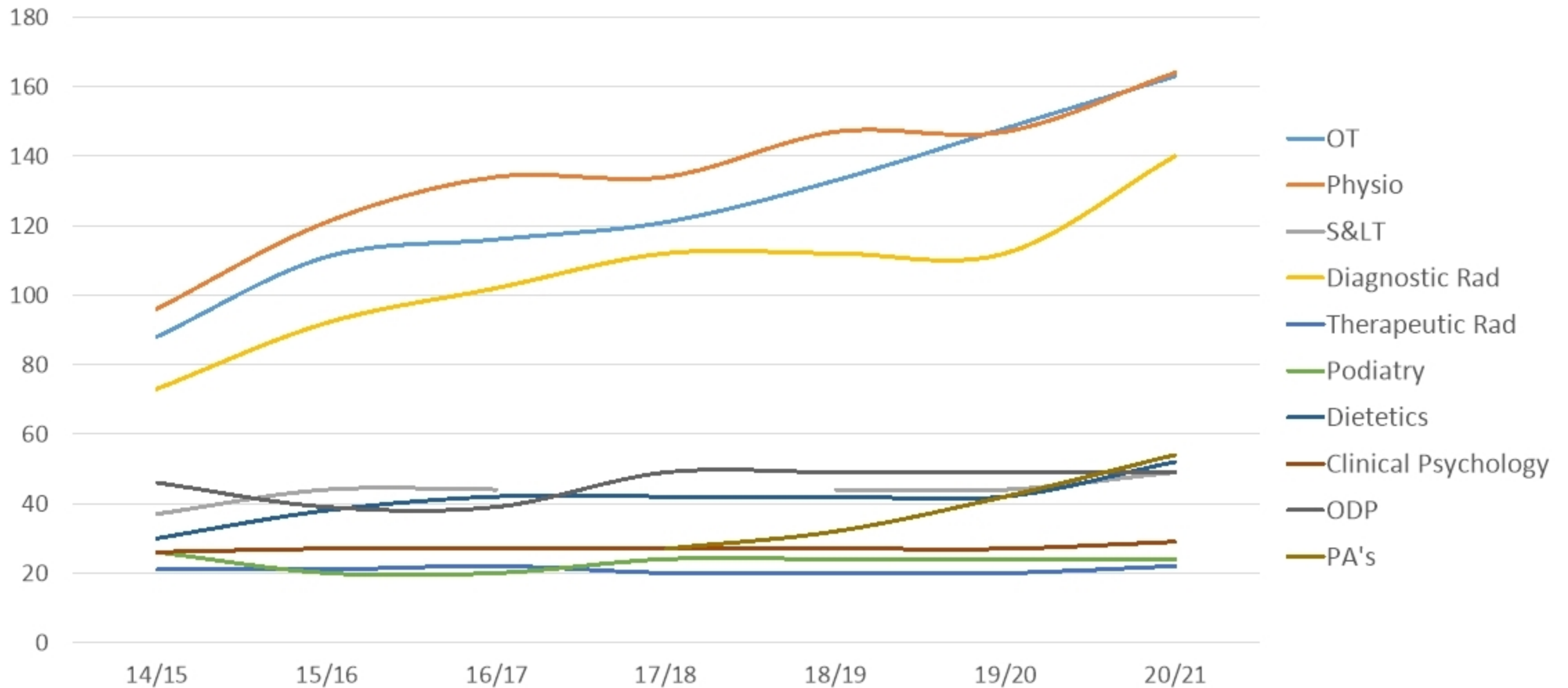
Adult Nursing Commissions 2014 - 2020



Pre-Reg Nursing and Midwifery Commissions 2014 - 2020



AHP Commissions 2014-2020



Recommendations

- **Wider health professional staff**
- Education commissions should continue strategy to support widening access by:
 - Expanding the number of education programmes delivered through part time and shortened programmes
 - Increasing the proportion of pre-registration nursing places delivered by the part time/distance learning route
 - Expanding the provision of part time nursing places available to the care home sector.

- Adult nursing places to increase from **1,400 to 1540**
- Mental Health nursing places to increase from **356 to 410**
- Child Nursing places to increase from **159 to 175**
- Midwifery places to increase from **161 to 185**
- Diagnostic radiography places to remain at **140**
- Therapeutic radiography places to increase from **22 to 26**
- Dietetics places to increase from **52 to 57**
- Physiotherapy places to increase from **164 to 174**

- Paramedic to increase from 52 to ??
- Doctorate in Clinical Psychology places to increase from **29 to 32**
- Healthcare science
 - STP's places to increase from **30 to 35**
 - PTP BMS places to increase from **24 to 25**
- Physicians Associates to remain at **54**
- To increase the Advanced Practice budget by **£500k** from £1.5m to £2.0m*
- To increase HCSW budget by **£500k** from £2.0m to £2.5m*
- *increased to support the development of mental health workforce and clinical skills across the workforce
- Maintain investment in non medical prescribing programmes following significant increase last year



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Health Education and
Improvement Wales (HEIW)

Meeting Date	28 May 2020	Agenda Item	4.1
Report Title	Review of Annual Accounts 2019-20		
Report Author	Martyn Pennell		
Report Sponsor	Eifion Williams		
Presented by	Eifion Williams		
Freedom of Information	Closed		
Purpose of the Report	This purpose of this report is to provide the HEIW Board with an update on the Annual Accounts process for Health Education & Improvement Wales for 2019-20.		
Key Issues	<p>The updated Annual Accounts (appendix 1) shows that Health Education & Improvement Wales has, met its financial duty to:</p> <ul style="list-style-type: none"> • break-even against its Revenue Resource Limit over the accounting period. Note 2.1 on page 22 of the financial statements shows a revenue underspend for the accounting period of £84k. • break-even against its Capital Resource Limit over the accounting period. Note 2.2. on page 22 of the financial statements shows a balanced capital position for the accounting period. 		
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 the updated accounts for Health Education & Improvement Wales for 2019-20. 		

REVIEW OF ANNUAL ACCOUNTS 2019-20

1. INTRODUCTION

This purpose of this report is to provide the HEIW Board with an update on the Annual Accounts process for Health Education & Improvement Wales for 2019-20.

2. BACKGROUND

The requirements for NHS Wales organisations to publish an annual report and accounts are defined by the Welsh Government (WG). As part of this process WG issue a number of key submission deadlines that must be adhered to. For 2019-20 these deadlines were broadly in-line with those followed in previous years and HEIW scheduled its required Audit & Assurance Committees and Board meeting in line with the agreed dates.

As a result of the implications of the COVID-19 outbreak, a revised timetable was issued by WG extending the deadlines for all organisations. The revised dates are shown in the table below:

	Original Date	Revised Date
Submission of draft financial statements to WG and Wales Audit Office (WAO)	Wednesday 28 April 2020	Friday 22 May 2020
Submission of audited financial statements to WG	Friday 29 May 2020	Tuesday 30 June 2020

In discussion with Wales Audit Office (WAO), HEIW aimed to complete the annual accounts in accordance with the original deadlines that had been set, therefore reducing the impact of the delays on the finance team in the 2020/21 financial year. The draft accounts were successfully completed by the required date and were submitted to Welsh Government on 28th April 2020. They were presented to the Audit & Assurance Committee on 6th May 2020 as originally planned.

Following submission of the accounts, WAO have been carrying out their statutory audit of the financial statements and they have been able to largely complete their work by the original dates. Due to the extended deadlines across Wales they are currently unable to review a number of areas that they are required to consider and cannot finalise their audit opinion at this point. However, WAO anticipate that they will be able to issue an unqualified audit opinion on this year's accounts.

At the Audit & Assurance Committee on 26th May 2020 the committee was presented with the revised accounts and the ISA260 document from WAO, which sets out their main findings from the 2019-20 audit. Both documents are included as appendices for information.

The final audited accounts and ISA260 will be presented to the Audit & Assurance Committee on Tuesday 23rd June 2020 prior to submission to the Board to request approval.

3. GOVERNANCE AND RISK ISSUES

No Governance or risk issues have been identified.

4. FINANCIAL IMPLICATIONS

The updated Annual Accounts (appendix 1) shows that Health Education & Improvement Wales has, met its financial duty to:

- break-even against its Revenue Resource Limit over the accounting period. Note 2.1 on page 22 of the financial statements shows a revenue underspend for the accounting period of £84k.
- break-even against its Capital Resource Limit over the accounting period. Note 2.2. on page 22 of the financial statements shows a balanced capital position for the accounting period.

HEIW have also met the PSPP target for the 2019/20 financial year with a performance of 95.3%.

5. RECOMMENDATION

Board is asked to:

- **note** the accounts for Health Education & Improvement Wales for 2019-20.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience There is no impact on quality, safety and patient experience.			
Financial Implications There are no direct financial implications as a result of this paper. Adherence to the financial duties are covered in paragraph 4 above.			
Legal Implications (including equality and diversity assessment) There are no legal implications.			
Staffing Implications There are no direct staffing implications.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) There are no long-term implications.			
Report History	The draft Annual Accounts were presented to the Audit & Assurance Committee on 6 th May 2020 and an updated report on 26 th May 2020.		
Appendices	Appendix 1 – Updated Annual Accounts 2019/20 Appendix 2 – Wales Audit Office ISA260 2019/20		

Health Education and Improvement Wales (HEIW)

FOREWORD

These accounts have been prepared by Health Education and Improvement Wales, a Welsh Special Health Authority under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

These accounts cover the period 1st April 2019 to 31st March 2020.

Statutory background

HEIW was established by establishment order 2017 No. 913 (W. 224) which was made 11th September 2017 and came into force on the 5th October 2017.

HEIW operated in a shadow form until 1st October 2018 with all establishment and set up costs being borne by the Welsh Government, and with the predecessor bodies of NHS Wales Shared Services Partnership (NWSSP) hosted by Velindre University NHS Trust and Cardiff University delivering operational activity to 30th September 2018.

On 1st October 2018 staff were transferred into HEIW and the organisation became fully operational. The initial accounting period ran from 5th October 2017 to 31st March 2019, but presented the accounting transactions only for the period of live operation from 1st October 2018 to 31st March 2019. The second accounting period runs from 1st April 2019 to 31st March 2020.

HEIW is the only Special Health Authority within Wales and has a leading role in the education, training, development and shaping of the healthcare workforce, supporting high-quality care for the people of Wales.

Performance Management and Financial Results

HEIW must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by HEIW which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

HEIW has an annual requirement to achieve a balanced year end position against the Resource limits set for the year.

Performance against the resource limit is reported in Note 2 to the financial statements.

Statement of Comprehensive Net Expenditure for the period ended 31 March 2020

		2019-20	05-Oct-17 to 31-Mar-19
	Note	£000	£'000
Non Medical Education And Training	3.1	109,934	56,766
Postgraduate Medical, Dental & Pharmacy Education	3.2	76,217	36,016
Other Operating Expenditure	3.3	27,567	13,177
		213,718	105,959
Less: Miscellaneous Income	4	(698)	(309)
Net operating costs before interest and other gains and losses		213,020	105,650
Investment Revenue	5	0	0
Other (Gains) / Losses	6	0	0
Finance costs	7	0	0
Net operating costs for the financial period		213,020	105,650

See note 2 on page 22 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 62 form part of these accounts

Other Comprehensive Net Expenditure

		05-Oct-17 to 31-Mar-19
	2019-20 £000	£'000
Net gain / (loss) on revaluation of property, plant and equipment	0	0
Net gain / (loss) on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net gain / (loss) on revaluation of available for sale financial assets	0	0
Impairment and reversals	0	0
Other comprehensive net expenditure for the period	0	0
Total comprehensive net expenditure for the period	213,020	105,650

The notes on pages 8 to 62 form part of these accounts

Statement of Financial Position as at 31 March 2020

		31 March 2020	As at 31 March 2019
	Notes	£'000	£'000
Non-current assets			
Property, plant and equipment	11	2,595	2,989
Intangible assets	12	0	0
Trade and other receivables	15	0	0
Other financial assets	16	0	0
Total non-current assets		2,595	2,989
Current assets			
Inventories	14	0	0
Trade and other receivables	15	1,074	801
Other financial assets	16	0	0
Cash and cash equivalents	17	7,465	6,240
		8,539	7,041
Non-current assets classified as "Held for Sale"	11	0	0
Total current assets		8,539	7,041
Total assets		11,134	10,030
Current liabilities			
Trade and other payables	18	(7,157)	(6,121)
Other financial liabilities	19	0	0
Provisions	20	(130)	(30)
Total current liabilities		(7,287)	(6,151)
Net current assets/ (liabilities)		1,252	890
Non-current liabilities			
Trade and other payables	18	(171)	(194)
Other financial liabilities	19	0	0
Provisions	20	0	0
Total non-current liabilities		(171)	(194)
Total assets employed		3,676	3,685
Financed by :			
Taxpayers' equity			
General Fund		3,676	3,685
Revaluation reserve		0	0
Total taxpayers' equity		3,676	3,685

The financial statements on pages 2 to 7 were approved by the Board on 25 June 2020 and signed on its behalf by:

Chief Executive and Accountable Officer

Date

25 06 2020

The notes on pages 8 to 62 form part of these accounts

Statement of Changes in Taxpayers' Equity

For the period ended 31 March 2020

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity			
Balance at 1 April 2019	3,685	0	3,685
Net operating cost for the period	(213,020)		(213,020)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	0	0	0
Total recognised income and expense for period	(213,020)	0	(213,020)
Net Welsh Government funding	212,496		212,496
Welsh Government notional funding	515		515
Balance at 31 March 2020	3,676	0	3,676

The notes on pages 8 to 62 form part of these accounts

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2019

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity			
Balance at 5 October 2017	0	0	0
Net operating cost for the year	(105,650)		(105,650)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for period	(105,650)	0	(105,650)
Net Welsh Government funding	109,335		109,335
Welsh Government notional funding	0		0
Balance at 31 March 2019	3,685	0	3,685

The notes on pages 8 to 62 form part of these accounts

Statement of Cash Flows for period ended 31 March 2020		05-Oct-17
	2019-20	to
	£'000	31-Mar-19
		£'000
Cash Flows from operating activities	notes	
Net operating cost for the financial period		(213,020) (105,650)
Movements in Working Capital	27	740 5,514
Other cash flow adjustments	28	1,112 142
Provisions utilised	20	(8) 0
Net cash outflow from operating activities		(211,176) (99,994)
Cash Flows from investing activities		
Purchase of property, plant and equipment		(95) (3,101)
Proceeds from disposal of property, plant and equipment		0 0
Purchase of intangible assets		0 0
Proceeds from disposal of intangible assets		0 0
Payment for other financial assets		0 0
Proceeds from disposal of other financial assets		0 0
Payment for other assets		0 0
Proceeds from disposal of other assets		0 0
Net cash inflow/(outflow) from investing activities		(95) (3,101)
Net cash inflow/(outflow) before financing		(211,271) (103,095)
Cash Flows from financing activities		
Welsh Government funding (including capital)		212,496 109,335
Capital receipts surrendered		0 0
Capital grants received		0 0
Capital element of payments in respect of finance leases and on-SoFP		0 0
Cash transferred (to)/ from other NHS bodies		0 0
Net financing		212,496 109,335
Net increase/(decrease) in cash and cash equivalents		1,225 6,240
Cash and cash equivalents (and bank overdrafts) at 1 April 2019		6,240 0
Cash and cash equivalents (and bank overdrafts) at 31 March 2020		7,465 6,240

The notes on pages 8 to 62 form part of these accounts

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Special Health Authorities (SHAs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2019-20 Manual for Accounts. The accounting policies contained in that manual follow the 2019-20 Financial Reporting Manual (FReM), which applies European Union adopted IFRS and Interpretations in effect for accounting periods commencing on or after 1 January 2019, except for IFRS 16 Leases, which is deferred until 1 April 2021; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the SHA for the purpose of giving a true and fair view has been selected. The particular policies adopted by the SHA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the SHA are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the SHA. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the SHA and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the SHA for the Welsh Government. Income received from LHBs transacting with the SHA is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated in 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in the 2019-20 annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34.1 within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11. Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1. The NHS Wales organisation as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2. The NHS Wales organisation as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is

considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in 2019-20, although no costs were apportioned to HEIW during the year. The WRP is hosted by Velindre NHS Trust.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The NHS Wales organisation has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

There are no estimation uncertainties at the SoFP date that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1.25 Private Finance Initiative (PFI) transactions

The NHS Wales organisation has no PFI arrangements.

1.26. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.27. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where there is a transfer of function the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.28. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts Not EU-endorsed.

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2021.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.29. Accounting standards issued that have been adopted early

During 2019-20 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.30. Charities

The NHS Organisation has no NHS Charitable Fund.

2. Financial Duties Performance

HEIW was established as a Special Health Authority. The statutory financial duties of Special Health Authorities are set out in section 172 of the National Health Service (Wales) Act 2006.

Section 172(1) sets out what is referred to as the 'First Financial Duty' - a duty to secure that HEIW expenditure does not exceed the aggregate of the funding allotted to it for a financial year.

Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations.

HEIW was issued with a Remit Letter on 25 October 2018, confirming that the period to 31 March 2019 would remain a transitional period as HEIW commenced full operations. Accordingly the Remit Letter set out objectives for delivery by HEIW for the period to 31 March 2019 and beyond, and set the requirement that HEIW prepare an annual plan for 2019/20 in accordance with the NHS Wales Planning Framework.

HEIW is therefore subject to a Second Financial Duty for the period of account to 31 March 2020. HEIW is expected to report in the Annual Report and Accounts for the period of account to 31 March 2020 performance against its objectives set out in the 2019/20 annual plan.

2.1 Revenue Resource Performance

Financial performance 2019-20

	£'000
Net operating costs for the period	213,020
Less general ophthalmic services expenditure and other non-cash limited expenditure	0
Less revenue consequences of bringing PFI schemes onto SoFP	0
Total operating expenses	213,020
Revenue Resource Allocation	213,104
Under /(over) spend against Allocation	84

HEIW has met its financial duty to break-even against its Revenue Resource Limit over the period.

2.2 Capital Resource Performance

2019-20

	£'000
Gross capital expenditure	95
Add: Losses on disposal of donated assets	0
Less: NBV of property, plant and equipment and intangible assets disposed	0
Less: capital grants received	0
Less: donations received	0
Charge against Capital Resource Allocation	95
Capital Resource Allocation	95
(Over) / Underspend against Capital Resource Allocation	0

HEIW has met its financial duty to break-even against its Capital Resource Limit over the period.

2.3 Duty to prepare a 1 year plan

The NHS Wales Planning Framework 2019/22 issued to HEIW SHA (Special Health Authority) placed a requirement upon them to prepare and submit an annual plan for 2019-20 to the Welsh Government.

HEIW has submitted an annual plan for the period 2019-20 in accordance with NHS Wales Planning Framework. However, as this was not a statutory requirement for HEIW under the NHS Finance (Wales) Act 2014 the plan did not require Ministerial approval.

**2019-20
to
2020-21**

The Minister for Health and Social Services approval

Status
Date

N/A
N/A

HEIW with the agreement of the Welsh Government, has operated under an annual operating plan that was approved by the Board in March 2019.

HEIW has therefore met its statutory duty to have an approved financial plan for the period 2019-20.

2.4 Creditor payment

The SHA is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The SHA has achieved the following results:

	2019-20	2018-19
Total number of non-NHS bills paid	6,582	1,755
Total number of non-NHS bills paid within target	6,265	1,681
Percentage of non-NHS bills paid within target	95.2%	95.8%

HEIW has met the target.

3. Analysis of gross operating costs

3.1 Non Medical Education and Training

05-Oct-17
to

	2019-20	31-Mar-19
Total		
£'000	£'000	
Student Training Fees (Universities)	58,916	30,304
Additional Training Costs (Universities)	1,026	1,258
Funding for Healthcare Education Fees (Health Boards & Trusts)	2,450	1,258
Student Bursaries Reimbursement (Universities)	23,126	12,542
Student Salaries Reimbursement (Health Boards & Trusts)	16,979	7,321
Advanced Practice Training fees	1,389	1,120
Healthcare Support Working Training	1,935	709
Non-Medical Prescribing	287	330
Training related Travel and Subsistence	3,826	1,924
Total	109,934	56,766

05-Oct-17
to

3.2 Postgraduate Medical, Dental & Pharmacy Education

	2019-20	31-Mar-19
£'000	£'000	
Training Grade Salaries	50,319	24,321
Postgraduate Centre and Study Leave	4,745	2,384
GP Registrars	18,452	7,759
Induction & Refresher	83	39
Welsh Clinical Academic Training	1,349	688
GP CPD and Appraisal Costs	845	652
Other	424	173
Total	76,217	36,016

		05-Oct-17 to 31-Mar-19
	31-Mar-20 £'000	31-Mar-19 £'000
3.3 Other Operating Expenditure		
Directors' costs	1,052	536
Staff costs	13,604	5,763
Supplies and services - clinical	42	24
Supplies and services - general	2,230	581
Consultancy Services	158	53
Establishment	4,069	2,893
Transport	0	0
Premises	5,433	2,843
External Contractors	231	129
Depreciation	490	112
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	172	175
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	(21)	33
Research and Development	0	0
Other operating costs	107	35
Total	27,567	13,177

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

		05-Oct-17 to 31-Mar-19
	31-Mar-20 £'000	31-Mar-19 £'000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	0	0
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	(22)	30
Gross increase/(decrease) in provision for future payments	(22)	30
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	1	3
Less: income received/due from Welsh Risk Pool	0	0
Total	(21)	33

		05-Oct-17 to 31-Mar-19
	31-Mar-20 £	31-Mar-19 £
Permanent injury included within personal injury £:	0	0

4. Miscellaneous Income

	05-Oct-17 to 31-Mar-20 £'000	31-Mar-19 £'000
Local Health Boards	26	10
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
NHS trusts	85	44
Foundation Trusts	0	0
Other NHS England bodies	0	0
Local authorities	0	0
Welsh Government	100	3
Welsh Government Hosted Bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	0	0
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other income from activities	0	0
Patient transport services	0	0
Education, training and research	487	252
Charitable and other contributions to expenditure	0	0
Receipt of donated assets	0	0
Receipt of Government granted assets	0	0
Non-patient care income generation schemes	0	0
NWSSP	0	0
Deferred income released to revenue	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Total	698	309

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment re personal injury claims

	05-Oct-17 to 31-Mar-20 %	31-Mar-19 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	21.79	21.89

	05-Oct-17 to 31-Mar-19	
	31-Mar-20 £000	31-Mar-19 £000
5. Investment Revenue		
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

	05-Oct-17 to 31-Mar-19	
	31-Mar-20 £000	31-Mar-19 £000
6. Other gains and losses		
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	0	0

	05-Oct-17 to 31-Mar-19	
	31-Mar-20 £000	31-Mar-19 £000
7. Finance costs		
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	0	0
Provisions unwinding of discount	0	0
Other finance costs	0	0
Total	0	0

8. Operating leases

HEIW as lessee

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Payments recognised as an expense		
Minimum lease payments	380	181
Contingent rents	0	0
Sub-lease payments	0	0
Total	380	181

Total future minimum lease payments

	£000	£000
Payable		
Not later than one year	378	363
Between one and five years	1,460	1,453
After 5 years	1,137	1,500
Total	2,975	3,316

HEIW as lessor

	£000	£000
Rental revenue		
Rent	0	0
Contingent rents	0	0
Total revenue rental	0	0

Total future minimum lease payments

	£000	£000
Receivable		
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	0	0

9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total	05-Oct-17 to 31-Mar-19
	£000	£000	£000	£000	£000	£000
	31-Mar-20	31-Mar-20	31-Mar-20	31-Mar-20	31-Mar-20	31-Mar-20
Salaries and wages	10,502	724	581	0	11,807	5,289
Social security costs	1,020	0	0	0	1,020	434
Employer contributions to NHS Pension Scheme	1,689	0	0	0	1,689	513
Other pension costs	0	0	0	0	0	10
Other employment benefits	0	0	0	0	0	0
Termination benefits	31	0	0	0	31	0
Total Employee costs	13,242	724	581	0	14,547	6,246

Charged to capital	0	0
Charged to revenue	14,547	6,246
	14,547	6,246
Net movement in accrued employee benefits (untaken staff leave accrual included above)	46	79

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total	05-Oct-17 to 31-Mar-19
	Number	Number	Number	Number	Number	Number
	31-Mar-20	31-Mar-20	31-Mar-20	31-Mar-20	31-Mar-20	31-Mar-20
Administrative, clerical and board members	150	5	14	0	169	154
Medical and dental	42	1	0	0	43	39
Nursing, midwifery registered	2	1	0	0	3	1
Professional, Scientific, and technical staff	12	0	0	0	12	11
Additional Clinical Services	3	0	0	0	3	3
Allied Health Professions	0	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0	0
Estates and Ancillary	0	0	0	0	0	0
Students	0	0	0	0	0	0
Total	209	7	14	0	230	208
Administrative clerical and board members includes:						
Lay members (undertake medical appraisal and training plans)	0	0	0	0	0	0
Lecturers	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

9.3. Retirements due to ill-health

	31-Mar-20	31-Mar-19
Number	0	0
Estimated additional pension costs £	0	0

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

HEIW offers three salary sacrifice schemes for childcare vouchers, bikes and lease cars.

9.5 Reporting of other compensation schemes - exit packages

05-Oct-17
to

2019-20

31-Mar-19

Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	1	1	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	0

05-Oct-17
to
31-Mar-19

Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	31,200	31,200	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	31,200	31,200	0	0

Redundancy costs have been paid in accordance with the NHS Redundancy provisions, other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where HEIW has agreed early retirements, the additional costs are met by HEIW and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

9.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in HEIW in the financial period to 31 March 2020 was £160k to £165k (2018-19 £150k to £155k). This was 3.11 times (2018-19 3.05 times) the median remuneration of the workforce, which was £52,306 (2018-19 £49,969).

During the period, 0 (2018-19, 0) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £14,265 to £162,650 (2018-19, £15,842 to £154,595).

The banded remuneration of the Chief Executive is £150k to £155k (2018-19, £145k to £150k). This is 2.92 times (2018-19, 2.95 times) the median remuneration of the workforce.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

9.7 Pension Costs

PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,136 and £50,000 for the 2019-20 tax year (2018-19 £6,032 and £46,350).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that HEIW pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the HEIW financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

Payments made prior to HEIW becoming operational on 1st October 2018 were made by the predecessor organisations and are not included in the totals below.

	31-Mar-20	31-Mar-20	05-Oct-17 to 31-Mar-19	05-Oct-17 to 31-Mar-19
	Number	£000	Number	£000
NHS				
Total bills paid	2,623	109,713	615	18,237
Total bills paid within target	2,293	101,223	507	17,563
Percentage of bills paid within target	87.4%	92.3%	82.4%	96.3%
Non-NHS				
Total bills paid	6,582	99,008	1,755	46,875
Total bills paid within target	6,265	98,579	1,681	46,781
Percentage of bills paid within target	95.2%	99.6%	95.8%	99.8%
Total				
Total bills paid	9,205	208,721	2,370	65,112
Total bills paid within target	8,558	199,802	2,188	64,344
Percentage of bills paid within target	93.0%	95.7%	92.3%	98.8%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

11. Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2019	0	1,413	0	0	573	0	1,358	441	3,785
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	18	0	0	0	0	36	41	95
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2020	0	1,431	0	0	573	0	1,394	482	3,880
Depreciation at 1 April 2019	0	37	0	0	573	0	96	90	796
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the period	0	147	0	0	0	0	266	76	489
At 31 March 2020	0	184	0	0	573	0	362	166	1,285
Net book value at 1 April 2019	0	1,376	0	0	0	0	1,262	351	2,989
Net book value at 31 March 2020	0	1,247	0	0	0	0	1,032	316	2,595
Net book value at 31 March 2020 comprises :									
Purchased	0	1,247	0	0	0	0	1,032	316	2,595
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	2,595
Asset financing :									
Owned	0	1,247	0	0	0	0	1,032	316	2,595
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	2,595

The net book value of land, buildings and dwellings at 31 March 2020 comprises :

	£000
Freehold	0
Long Leasehold	1,247
Short Leasehold	0
	1,247

'Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 5 October 2017	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	1,413	0	0	0	0	1,318	370	3,101
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	573	0	40	71	684
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,413	0	0	573	0	1,358	441	3,785
Depreciation at 5 October 2017	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	573	0	40	71	684
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	0	37	0	0	0	0	56	19	112
At 31 March 2019	0	37	0	0	573	0	96	90	796
Net book value at 5 October 2017	0	0	0	0	0	0	0	0	0
Net book value at 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989
Net book value at 31 March 2019 comprises :									
Purchased	0	1,376	0	0	0	0	1,262	351	2,989
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989
Asset financing :									
Owned	0	1,376	0	0	0	0	1,262	351	2,989
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989

The net book value of land, buildings and dwellings at 31 March 2019 comprises :

	£000
Freehold	0
Long Leasehold	1,376
Short Leasehold	0
	1,376

'Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

11. Property, plant and equipment**11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2019	0	0	0	0	0	0
Plus assets classified as held for sale in the period	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the period	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2020	0	0	0	0	0	0
Balance brought forward 5 October 2017	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2019	0	0	0	0	0	0

Assets sold in the period

There were no assets sold in the period

Assets classified as held for sale during the period

No assets were classified as held for sale during 2019-20

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2020	0	0	0	0	0	0	0
Amortisation at 1 April 2019	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the period	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2020	0	0	0	0	0	0	0
Net book value at 1 April 2019	0	0	0	0	0	0	0
Net book value at 31 March 2020	0	0	0	0	0	0	0
At 31 March 2020							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2020	0	0	0	0	0	0	0

12.1 Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 5 Oct 2017	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2019	0	0	0	0	0	0	0
Amortisation at 1 April 2017	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2019	0	0	0	0	0	0	0
Net book value at 5 Oct 2017	0	0	0	0	0	0	0
Net book value at 31 March 2019	0	0	0	0	0	0	0
At 31 March 2019							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2019	0	0	0	0	0	0	0

13 . Impairments

	31-Mar-20	31-Mar-20	05-Oct-17 to 31-Mar-19	05-Oct-17 to 31-Mar-19
	Property, plant & equipment £000	Intangible assets £000	Property, plant & equipment £000	Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	0	0	0	0
Reversal of impairments	0	0	0	0
Total of all impairments	0	0	0	0
Analysis of impairments charged to reserves in period :				
Charged to the Statement of Comprehensive Net Expenditure	0	0	0	0
Charged to Revaluation Reserve	0	0	0	0
	0	0	0	0

14.1 Inventories

	31-Mar-20	31-Mar-19
	£000	£000
Drugs	0	0
Consumables	0	0
Energy	0	0
Work in progress	0	0
Other	0	0
Total	0	0
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

15. Trade and other Receivables**Current**

	31-Mar-20 £000	31-Mar-19 £000
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	22	0
Welsh NHS Trusts	22	0
Non - Welsh Trusts	0	0
Other NHS	8	13
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	129	297
Provision for irrecoverable debts	(4)	(3)
Pension Prepayments	0	0
Other prepayments	897	494
Other accrued income	0	0

Sub total**1,074****801****Non-current**

Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments	0	0
Other accrued income	0	0

Sub total**0****0****Total****1,074****801**

15. Trade and other Receivables**Receivables past their due date but not impaired**

	31-Mar-20	31-Mar-19
	£000	£000
By up to three months	34	0
By three to six months	2	58
By more than six months	0	0
	<u>36</u>	<u>58</u>

No debtors past due (but not impaired) are greater than six months old.

Expected Credit Losses (ECL) previously Allowance for bad and doubtful debts

Balance at 1 April 2019	3	0
Transfer to other NHS Wales body	0	0
Amount written off during the period	0	0
Amount recovered during the period	0	0
(Increase) / decrease in receivables impaired	1	3
ECL/Bad debts recovered during period	0	0
Balance at 31 March 2020	<u>4</u>	<u>3</u>

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	69	37
Other	0	0
Total	<u>69</u>	<u>37</u>

16. Other Financial Assets

	Current		Non-current	
	31-Mar-20	31-Mar-19	31-Mar-20	31-Mar-19
	£000	£000	£000	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	0	0	0	0

17. Cash and cash equivalents

	31-Mar-20	31-Mar-19
	£000	£000
Opening Balance	6,240	0
Net change in cash and cash equivalent balances	1,225	6,240
Balance at 31 March 2020	7,465	6,240
Made up of:		
Cash held at Government Banking Service (GBS)	7,465	6,240
Commercial banks	0	0
Cash in hand	0	0
Current Investments	0	0
Cash and cash equivalents as in Statement of Financial Position	7,465	6,240
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	7,465	6,240

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities £0k
PFI liabilities £0k

The movement relates to cash, no comparative information is required by IAS 7 in 2019-20.

18. Trade and other payables

Current	31-Mar-20	31-Mar-19
	£000	£000
Welsh Government	0	86
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	1,621	2,061
Welsh NHS Trusts	301	529
Other NHS	93	157
Taxation and social security payable / refunds	329	12
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	3,095	1,503
Local Authorities	6	0
Capital payables-Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	23	24
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	189	0
Non NHS Accruals	1,481	1,738
Deferred Income:		
Deferred Income brought forward	11	0
Deferred Income Additions	8	11
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub total	7,157	6,121
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital Creditors- Tangible	0	0
Capital Creditors- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	171	194
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub total	171	194
Total	7,328	6,315

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

18. Trade and other payables (continued)

Amounts falling due more than one year are expected to be settled as follows:	31-Mar-20 £000	31-Mar-19 £000
Between one and two years	23	23
Between two and five years	69	69
In five years or more	79	102
Sub-total	<u>171</u>	<u>194</u>

19. Other financial liabilities

	Current		Non-current	
Financial liabilities	31-Mar-20 £000	31-Mar-19 £000	31-Mar-20 £000	31-Mar-19 £000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

20. Provisions

	At 1 April 2019	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2020
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:-	0								0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administratio	30	0	0	0	0	(8)	(22)		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	130	0	0		130
Total	30	0	0	0	130	(8)	(22)	0	130
Non Current									
Clinical negligence:-	0								0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administratio	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0
TOTAL									
Clinical negligence:-	0								0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administratio	30	0	0	0	0	(8)	(22)		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	130	0	0		130
Total	30	0	0	0	130	(8)	(22)	0	130

Expected timing of cash flows:

	in year to 31 March 2021	Between 1 April 2021 31 March 2025	Thereafter	Total
				£000
Clinical negligence:-	0			0
Secondary care	0	0	0	0
Primary care	0	0	0	0
Redress Secondary care	0	0	0	0
Redress Primary care	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	0	0	0	0
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
Restructuring	0	0	0	0
Other	130	0	0	130
Total	130	0	0	130

The provision of £130k held on the balance sheet at 31st March 2020 is made up of:

- £4k for the estimated costs of holiday pay on overtime worked in HEIW since 1st October 2018. This is as a result of a case brought against the East of England Ambulance Service that is pending an appeal.
- £78k for the estimated costs of untaken annual leave as at 31st March 2020 by Dental Trainees in non-NHS settings. This is as a result of the COVID-19 pandemic.
- £48k for the estimated costs of untaken annual leave as at 31st March 2020 by Pharmacy Technicians/Pre-reg Pharmacists in non-NHS settings. This is as a result of the COVID-19 pandemic.

20. Provisions (continued)

	At 5 October 2017	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2019
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	30	0	0		30
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	30	0	0	0	30
Non Current									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0
TOTAL									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	30	0	0		30
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	30	0	0	0	30

21. Contingencies

21.1 Contingent liabilities

	31-Mar-20 £'000	31-Mar-19 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence		
Secondary Care	0	0
Primary Care	0	0
Secondary Care Redress	0	0
Primary Care Redress	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	0	0
Amounts recovered in the event of claims being successful	0	0
Net contingent liability	0	0

21.2 Remote Contingent liabilities

31-Mar-20	31-Mar-19
£'000	£'000

Please disclose the values of the following categories of remote contingent liabilities :

Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
Total	0	0

21.3 Contingent assets

31-Mar-20	31-Mar-19
£'000	£'000

	0	0
	0	0
	0	0
Total	0	0

22. Capital commitments**Contracted capital commitments**

31-Mar-20	31-Mar-19
£'000	£'000

Property, plant and equipment	0	0
Intangible assets	0	0
Total	0	0

23. Losses and special payments

HEIW has made one payment included within the 'losses and special payments' definition during the period. Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial period

	Amounts paid out during period to 31 March 2020	
	Number	£
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	1	31,200
Total	1	31,200

Analysis of cases which exceed £300,000 and all other cases

Cases exceeding £300,000	Number	Case type	Amounts paid out in period	Cumulative amount
			£	£
Sub-total			0	0
All other cases			31,200	31,200
Total cases			31,200	31,200

24. Finance leases

24.1 Finance leases obligations (as lessee)

HEIW has no finance lease obligations as lessee.

Amounts payable under finance leases:

Land

	31-Mar-20 £000	31-Mar-19 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

24.1 Finance leases obligations (as lessee) continue**Amounts payable under finance leases:****Buildings**

	31-Mar-20	31-Mar-19
	£000	£000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

Other

	31-Mar-20	31-Mar-19
	£000	£000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

24.2 Finance leases obligations (as lessor) continued

HEIW has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

	31-Mar-20	31-Mar-19
	£000	£000
Gross Investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods		
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

25. Private Finance Initiative contracts**25.1 PFI schemes off-Statement of Financial Position**

HEIW has no PFI schemes which are deemed to be on or off the statement of financial position.

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

HEIW has no PFI schemes which are deemed to be on or off the statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2020 £000	31 March 2019 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11 £000

Contract start date:

Contract end date:

£000

Contract start date:

Contract end date:

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2020 £000	On SoFP PFI Imputed interest 31 March 2020 £000	On SoFP PFI Service charges 31 March 2020 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

	On SoFP PFI Capital element 31 March 2019 £000	On SoFP PFI Imputed interest 31 March 2019 £000	On SoFP PFI Service charges 31 March 2019 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

Total present value of obligations for on-SoFP PFI contracts £0m

25.3 Charges to expenditure

	31-Mar-20	31-Mar-19
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	<u>0</u>	<u>0</u>

The LHB is committed to the following annual charges

	31-Mar-20	31-Mar-19
	£000	£000
PFI scheme expiry date:		
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	<u>0</u>	<u>0</u>

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract

	On / Off- statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0

PFI Contract

On/Off

On/Off

25.5 Public Private Partnerships during the year

HEIW has no Public Private Partnerships

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. HEIW is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. HEIW has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing HEIW in undertaking its activities.

Currency risk

HEIW is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. HEIW has no overseas operations. HEIW therefore has low exposure to currency rate fluctuations.

Interest rate risk

HEIW is not permitted to borrow. HEIW therefore has low exposure to interest rate fluctuations

Credit risk

Because the majority of HEIW funding derives from funds voted by the Welsh Government HEIW has low exposure to credit risk.

Liquidity risk

HEIW is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. HEIW is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	31-Mar-20 £000	31-Mar-19 £000
(Increase)/decrease in inventories	0	0
(Increase)/decrease in trade and other receivables - non-current	0	0
(Increase)/decrease in trade and other receivables - current	(273)	(801)
Increase/(decrease) in trade and other payables - non-current	(23)	194
Increase/(decrease) in trade and other payables - current	1,036	6,121
Total	740	5,514
Adjustment for accrual movements in fixed assets - creditors	0	0
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	0	0
	740	5,514

28. Other cash flow adjustments

	31-Mar-20 £000	31-Mar-19 £000
Depreciation	489	112
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	0	0
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	108	30
Other movements	515	0
Total	1,112	142

29. Events after the Reporting Period

HEIW has not experienced any events having a material effect on the accounts, between the date of the statement of financial position and the date on which these accounts were approved by its Board.

30. Related Party Transactions

The Welsh Government is regarded as a related party. During the accounting period HEIW has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	189	212,596	0	0
Welsh LHBS	76,356	26	1,621	22
Welsh NHS Trusts	26,714	85	301	22
Swansea University	21,488	184	785	0
Cardiff University	26,333	0	1,001	0
University of West of England	129	0	3	0
University of South Wales	17,321	230	102	0
Royal College of Nursing	30	0	0	0
	168,560	213,121	3,813	44

During the year, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

Tina Donnelly is a Fellow of the University of South Wales and Royal College of Nursing

Ruth Hall is a visiting Chair of the University of West of England and an advisory Board Member, Centre for Public Policy Wales at Cardiff University.

Ceri Phillips is Head of College of Human and Health Sciences, Swansea University.

Heidi Phillips is Associate Professor Primary Care, Swansea University

Mr Eifion Williams is a Member of the Finance Committee of Swansea University and was employed by Powys Teaching Health Board until 30th June 2019.

31. Third Party assets

HEIW does not hold cash on behalf of third parties.

32. Pooled budgets

HEIW does not operate any pooled budgets.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

HEIW is deemed to operate as one segment.

34. Other Information**34.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The notional transactions are based on estimated costs for the twelve month period, calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions as at month eleven and the actual employer staff payments for month 12.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

Statement of Comprehensive Net Expenditure for the year ended 31 March 2020	£'000
--	--------------

Other Operating Expenditure	2019-20	515
-----------------------------	----------------	------------

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2020	
---	--

Net operating cost for the year	Balance at 31 March 2020	-515
Notional Welsh Government Funding	Balance at 31 March 2020	515

Statement of Cash Flows for year ended 31 March 2020	
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Net operating cost for the financial year	2019-20	0
Other cash flow adjustments	2019-20	515

2.1 Revenue Resource Performance

Revenue Resource Allocation	2019-20	515
-----------------------------	----------------	------------

3. Analysis of gross operating costs**3.3 Expenditure on Hospital and Community Health Services**

Directors' costs	2019-20	37
Staff costs	2019-20	478

9.1 Employee costs**Permanent Staff**

Employer contributions to NHS Pension Scheme	2019-20	515
Charged to capital	2019-20	0
Charged to revenue	2019-20	515

18. Trade and other payables**Current**

Pensions: staff	Balance at 31 March 2020	0
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28. Other cash flow adjustments

Other movements	2019-20	515
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34. Other Information

34.2. IFRS 16

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 *Leases* until 1 April 2021, because of the circumstances caused by Covid-19. To ease the pressure on NHS Wales Finance Departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group, Finance Department.

We expect the introduction of IFRS16 will not have a significant impact and this will be worked through for disclosure in our 2020-21 financial statements.

**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY
WELSH MINISTERS IN ACCORDANCE WITH PARAGRAPH 3(1) OF SCHEDULE 9 TO
THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE
APPROVAL OF TREASURY**

HEALTH EDUCATION AND IMPROVEMENT WALES

1. Health Education and Improvement Wales (HEIW), a special health authority, shall prepare accounts for the financial period 5th October 2017 to 31 March 2019 and subsequent financial years in the form specified in paragraphs 2 to 4 below.

BASIS OF PREPARATION

2. The accounts of HEIW shall comply with:

(a) the accounting principles and disclosure requirements of the Government Financial Reporting Manual ('the FReM') issued by HM Treasury which is in force for that financial year, as detailed in the NHS Wales Manual for Accounts; and

(b) any other specific guidance or disclosures required by the Welsh Government.

3. The accounts shall be prepared so as to:

(a) give a true and fair view of the state of affairs as at the year-end and of the net expenditure, financial position, cash flows and changes in taxpayers' equity for the financial year then ended; and

(b) provide disclosure of any material expenditure or income that has not been applied to the purposes intended by the National Assembly for Wales or material transactions that have not conformed to the authorities which govern them.

4. Compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts is inconsistent with the requirement to give a true and fair view, the requirements of the FReM as detailed in the NHS Wales Manual for Accounts should be departed from only to the extent necessary to give a true and fair view. In such cases, informed and unbiased judgment should be used to devise an appropriate alternative treatment which should be consistent both with the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Welsh Government.

Signed by the authority of the Welsh Ministers

Signed:

Dated:

Alan Brace, Director of Finance HSSG

Audit of Accounts Report – Health Education and Improvement Wales

Audit year: 2019-20

Date issued: May 2020

Document reference: [TBC](#)

Purpose of this document

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

Contents

Our audit work is largely complete, and we currently anticipate issuing an unqualified audit report on your Accounts. There will be some issues to report to you prior to their approval and this report is provided to those charged with governance as an interim statement.

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Introduction

- 1 We summarise the main findings from our audit of your 2019-20 accounts in this report.
- 2 We have already discussed these issues with the Director of Finance and Head of Financial Accounting.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We have set this level at £2,137,000 for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader and therefore we have set a lower materiality level for the following:
 - Remuneration report (remuneration £5,000 banding, pension disclosures £1,000)
 - Related party disclosures (personal interests £10,000, Companies £50,000)
 - Audit fee (£1,000)
- 6 Our audit work is largely complete, but the following work is outstanding:
 - Review of Accountability Report, to include the Annual Governance Statement, Statement of Directors' Responsibilities and Remuneration Report (draft not yet received)
 - Audit of Remuneration Report (evidence to support disclosures outstanding)
 - Additional cut-off testing for April/May 2020
 - Agreement of inter-NHS transactions and balances (current audit work undertaken on draft agreement of balances, the final version is anticipated 29 May 2020)
 - Nationally hosted IT systems assurances
 - Subsequent events review (for period up to approval of accounts by HEIW Board and AGW certification)
- 7 In our professional view, we have complied with the ethical standards that apply to our work; have remained independent of yourselves and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Impact of Covid-19 on this Year's Audit

- 8 The Covid-19 pandemic has had a significant impact on all aspects of our society and continues to do so. You are required by law to prepare accounts and it is of considerable testament to the commitment of your Finance team that you have succeeded in doing so this year in the face of the challenges posed by this pandemic. We are extremely grateful to the professionalism of the team in supporting us to complete our audit in such difficult circumstances.
- 9 The pandemic has unsurprisingly affected our audit and we summarise in **Exhibit 1** the main impacts. Other than where we specifically make recommendations, the detail in **Exhibit 1** is provided for information purposes only to help you understand the impact of the Covid-19 pandemic on this year's audit process.

Exhibit 1 – impact of Covid-19 on this year's audit

Timetable	<ul style="list-style-type: none">• The deadline for completing your accounts was changed by Welsh Government from 28 April 2020 to 22 May 2020.• However, HEIW management opted not to make use of the extension and were able to deliver good quality draft accounts and supporting working papers to the original timetable.• At the request of HEIW management, we have conducted our audit work largely to the original timetable, however, there are some areas of work still to be completed as set out in paragraph 6.• At the request of the HEIW Audit and Assurance Committee, we present our interim statement to the 26 May 2020 meeting.• Following completion of our audit work, our final Audit of Accounts Report will be reported to the HEIW Audit and Assurance Committee on 23 June 2020, prior to sign-off by the HEIW Accounting Officer and Chair on 25 June 2020.• We are making arrangements for the AGW to certify your audit report on 2 July 2020.
Electronic signatures	<ul style="list-style-type: none">• It is anticipated that electronic signatures will be required for the HEIW Accounting Officer and Chair to sign the accounts, and for the AGW to certify the accounts. We will keep this situation under review should lockdown restrictions be eased/lifted.

Audit evidence	<ul style="list-style-type: none"> • HEIW officers uploaded working papers to Sharepoint in accordance with our agreed Audit Deliverables Report. • HEIW officers provided audit evidence to the audit team via secure email, Sharepoint and also Objective Connect (a secure, web-based portal for the sharing of larger files). • HEIW officers were available by Skype for discussions, and also for the sharing of on-screen information/evidence. • Audit Wales also secured remote read only access to the HEIW Oracle ledger which enabled the audit team to query the ledger and hence reduce the burden on HEIW officers to provide this information.
Other	<ul style="list-style-type: none"> • Skype has enabled the audit team to correspond effectively with HEIW officers throughout the audit. • Skype based HEIW Audit and Assurance Committee meetings have enabled us to proficiently discharge our responsibility for reporting to those charged with governance.

- 10 We will be reviewing what we have learned for our audit process from the Covid-19 pandemic and whether there are innovative practices that we might seek to adopt in the future to enhance that process. We will engage with HEIW officers in this post project learning soon after completion of our audit work.

Proposed Audit Opinion

- 11 We currently anticipate issuing an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**. This remains subject to satisfactory completion of audit work as listed in paragraph 6.
- 12 We would issue a 'qualified' audit opinion if we had material concerns about some aspects of your accounts; however since this is not the case, we anticipate issuing an unqualified opinion.
- 13 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.
- 14 Our proposed audit report is set out in **Appendix 2**.

Significant Issues arising from the Audit [as at 21 May 2020]

Uncorrected misstatements

- 15 [There are no misstatements identified in the accounts, which remain uncorrected.]

Corrected misstatements

- 16 [There was no need to correct any misstatements as a result of our audit work. **Appendix 3** is a summary of disclosure amendments made to the draft accounts.]

Other Significant Issues arising from the Audit

- 17 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. [There were no significant issues arising from the audit.]

Recommendations

- 18 The recommendations arising from our audit will be included within our final Audit of Accounts Report once we have received management responses.

Appendix 1

Final Letter of Representation

[Audited body's letterhead]

Auditor General for Wales

Wales Audit Office

24 Cathedral Road

Cardiff

CF11 9LJ

[Date]

Representations regarding the 2019-20 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Health Education and Improvement Wales for the year ended 31 March 2020 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers with the approval of HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of Health Education and Improvement Wales will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.
- The design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Health Education and Improvement Wales and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are no misstatements within the accounts which remain uncorrected.

Insert here any all-Wales COVID-19 specific representations.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 25 June 2020.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

COVID Insert here any all-Wales COVID-19 specific representations

Signed by:

Chief Executive

Date:

Signed by:

Chair

Date:

Appendix 2

Proposed Audit Report

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Report on the audit of the financial statements

Opinion

I certify that I have audited the financial statements of Health Education and Improvement Wales for the year ended 31 March 2020 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as at 31 March 2020 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the board's ability to continue to adopt the going concern basis of accounting for a period of at least

twelve months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance;
- the information given in the **Foreword** and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the **Foreword** and Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Report

I have no observations to make on these financial statements.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities [set out on pages ... and ...], the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Adrian Crompton

Auditor General for Wales

2 July 2020

24 Cathedral Road

Cardiff

CF11 9LJ

Appendix 3

Summary of Corrections Made

During our audit we recommended some additions, amendments and deletions to disclosures within the accounts to ensure completeness, clarity, accuracy and consistency throughout, and to comply with best practice as set out in the NHS Wales 2019-20 Manual for Accounts.

Exhibit 2: summary of disclosure amendments made to the draft accounts

Disclosure note	Nature of amendment
Note 1.24 Areas of sources estimation uncertainty	Narrative inserted to describe key sources of estimation uncertainty HEIW will face in 2020-21.
Note 9.1 Employee costs	Net movement in accrued employee benefits is £46,000 for 2019-20.
Note 30 Related Party Transactions	Expenditure with Cardiff University is £26,333,000 for 2019-20.
Remuneration report	[to be updated]
Various disclosure notes	A number of narrative and disclosure amendments, not identified separately in this table, as not regarded as material to the financial statements.

DRAFT



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



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

Meeting Date	28 May 2020	Agenda Item	4.2
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 the Financial Report for April 2020 (Month 01).		
Key Issues	HEIW has a statutory duty to break even at year end and this report should assist the Board, Executives and Budget Holders in understanding the financial position reported for Month 1 of the 2020-21 financial year.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	1. For the HEIW Board to note the financial position reported at month one 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 the end of April 2020, reported against updated budgets that have been derived from the 2020-21 to 2022-23 IMTP Financial Plan and the allocation received from Welsh Government. The reported financial position of HEIW as at Month 1 is £329,209 underspent and the forecast year end position reported to Welsh Government is financial balance.

2. BACKGROUND

This report provides an update on the financial position as at the 30th of April 2020 and identifies the reasons for any financial variation against the budgets set. Although it is early in the financial year, the impact of the COVID-19 pandemic and lockdown position is already impacting on pay and non-pay budgets by limiting opportunities for recruitment, training and education activity. The impact of the pandemic on Commissioning budgets is currently still being evaluated and discussed with budget holders in order to establish a revised financial plan.

3. PROPOSAL

The Board is asked to note the financial position reported by HEIW for Month 1 and consider the summarised explanations of the key variations described for each Directorate.

4. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year end and Welsh Government will monitor the reported position in terms of this duty and also against the IMTP financial plan submitted for 2020-21 to 2022-23.

5. FINANCIAL IMPLICATIONS

5.1 Revenue

HEIW is reporting an underspend of £329K against profiled budgets as at the 30th of April 2020. The underspend position is predominantly as a result of underspends on staffing budgets due to vacancies across the HEIW establishment and underspends on commissioning budgets, with a relatively small underspend on non-pay budgets as a result of the COVID-19 restrictions .

At the Executive Team meeting on 13th May 2020, the financial position underspend of £329k against delegated budgets set for 30th April 2020, was reported and considered by the Executive Team. The current reported staffing position was also considered and measures to address the vacancy situation as HEIW begins to plan for the post COVID-19 'new normal' phase. The Job evaluation position for HEIW replacement posts is currently up to date with no backlog, however currently a number of recruitment processes are 'paused' due to the COVID-19 situation. There is a 'hold' on any new jobs that become ready for advert until the COVID-19 measures are reviewed, unless there is a pressing need

to start the process earlier. Therefore, every vacancy is being reviewed on a case by case basis. A snapshot of the current 'paused' recruitment processes and intentions is given below:

- Director of Planning, Performance & Corporate Services – shortlisted. Interviews scheduled for 8th - 10th June.
- Head of Digital – shortlisted – on hold until we can interview in person.
- Software Developer - to be shortlisted – on hold.
- Solutions Design & Development Manager – shortlisted - on hold until we can interview in person.
- Dental Clinical Skills Co-ordinator – appointment made 12th May.
- Workforce Strategy & Planning Officer – interviews currently booked for 28 June when expected to be in a better position to progress.
- Administration Co-ordinator (Pharmacy) – interviews booked for 30 June, when expected to be in a better position to progress.
- Dental Dean – on hold with the current incumbent extending their contract to October.

The underspends on commissioning activities in Nursing budgets are as a result of under recruitment against the targets set for universities. The underspends in Medical budgets are mainly related to gaps in Training Grade salaries.

There is no requirement to report a Day 5 position for month 1, but the £329K underspend position has been reported in detail to Welsh Government in the monitoring return submitted in accordance with the WHC and timetable. The monitoring return submitted is included as Appendix 2.

The table below shows the high level variance for the Executive Directors.

As at 30th April 2020



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WALES**

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

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
<u>INCOME:</u>					
Welsh Government	(17,535,144)	(17,535,144)	0	0	0
Other Income	(33,185)	(30,712)	2,473	0	2,473
Total Income	(17,568,329)	(17,565,856)	2,473	0	2,473
<u>Expenditure</u>					
Board & Executive	144,706	133,505	(11,201)	0	(11,201)
Finance	83,387	74,638	(8,749)	0	(8,749)
Planning, Performance and Corporate Services	204,327	205,721	1,394		1,394
Digital and IT	421,347	390,296	(31,051)		(31,051)
Medical & Pharmacy	7,936,736	7,832,044	(104,692)	0	(104,692)
Nursing	8,680,900	8,557,372	(123,528)	0	(123,528)
Human Resources and Organisation Development	223,292	169,436	(53,856)	0	(53,856)
Sub-Total Expenditure	17,694,695	17,363,012	(331,683)	0	(331,683)
Total			(329,209)	0	(329,209)

The following table provides a further breakdown of the financial variance by Directorate.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(7,305)	(3,896)		(11,201)
Chief Executive Reserve			0		0
Finance		(7,789)	(960)		(8,749)
Planning, Performance and Corporate Services		954	440		1,394
Digital and IT		(26,607)	(4,444)		(31,051)
Medical & Pharmacy	2,473	(24,678)	(12,634)	(67,379)	(102,218)
Nursing	0	(9,402)	20	(114,146)	(123,528)
Human Resources and Organisation Development		(30,596)	(23,260)		(53,856)
Total	2,473	(105,423)	(44,735)	(181,525)	(329,209)

The analysis attached as Appendix 1 provides the key reasons for the underspend, by Directorate. The key reasons for the underspend variances are vacancies against budgeted staffing levels for Pay Budgets and lower placements than planned in commissioned training placements budgets.

It is expected that the HEIW will manage to ensure an overall balanced financial position at year end.

5.2 Capital

Capital Expenditure

No capital expenditure has been incurred to date in 2020/21.

The £46k allocation for the procurement of the pharmacy e-portfolio system was carried forward into 2020/21 due to no suppliers bidding for the project in 2019/20. The requirements of the scheme are currently being reviewed.

5.3 Balance Sheet

The balance sheet as at 30th April 2020 is shown below:

	2020/21 Opening Balance £000s	30th April 2020 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	2,595	2,554	(41)
Current Assets:			
Trade and other receivables	1,074	897	(177)
Cash & bank	7,465	6,628	(837)
Total Assets	11,134	10,079	(1,055)
Liabilities:			
Trade and other payables	(7,328)	(9,106)	(1,778)
Provisions	(130)	(130)	0
Total Liabilities	(7,458)	(9,236)	(1,778)
	3,676	843	(2,833)
Financed by:			
General Fund	3,676	843	(2,833)
Total Funding	3,676	843	(2,833)

- The movement on non-current assets reflects depreciation charges during 2020/21. The total capital allocation for 2020/21 is £151k as a result of the carry-forward of £51k from 2019/20. Expenditure plans have not yet been prepared for consideration by the Executive Team.
- Trade and other payables total £9.1m, an increase of £1.8m since the start of the financial year. The main balances include:
 - The accruals for the Medical division in the month total £2.5m. This is primarily an accrual for the costs of GP Trainees for April.
 - The accruals in month 1 for the Non-Medical division total £4.3m, including £2.5m for NHS Wales (student salary reimbursement) and £1.7m for non-NHS Wales costs (Primarily University invoices including reimbursement of bursaries, travel costs etc.).
 - Other balances include:
 - £0.5m for payroll related accruals – Pension & HMRC payments made the month following the payroll.
 - £0.5m for technical accounting accruals e.g. annual leave accrual carry-forward.
 - £0.5m for finance & corporate services accruals – Mainly NWSSP support services.
- A Resource Allocation funding of some £14.5m was received from Welsh Government in April 2020 and the cash balance at the end of the month was £6.6m. In line with Welsh Government requirements to only draw cash down as needed, HEIW are aiming to reduce the month-end cash balance to under £1m from month 3 onwards.

Public Sector Payment Policy(PSPP)

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 30th April 2020, HEIW paid 94.35% of non-NHS invoices within this target period.

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	%	94.35	94.35	>95%

6. RECOMMENDATION

The Board is asked to note the financial position reported for HEIW at month 1, the summarised explanation of key variations by Directorate, the Capital position, Balance Sheet and PSPP performance.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
There are no implications for Quality, Safety and Patient Experience			
Financial Implications			
The financial implications are set out above in the body of the report.			
Legal Implications (including equality and diversity assessment)			
HEIW has a statutory responsibility to break even at year end the report sets out the financial position for February 2020. There are no equality and diversity implications of this report.			
Staffing Implications			
There are no staffing implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long term objectives.			
Report History	The report references and updates the previous finance update shared with the HEIW Board in February 2020.		
Appendices	Further detail is included in Appendix 1.		

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

- The underspend of £7.3K on pay is as a result of 2 wte vacancies with recruitment now anticipated for July.
- An underspend on Non-Pay of £3.9K is due to lower than budgeted travel and subsistence costs and training expenses as a result of the Covid-19 pandemic and lockdown.

2. Finance

- The underspend of £7.8K on pay budgets is predominantly as a result of vacancies within the team. The underspend associated with these vacancies would ordinarily have been offset by the costs of agency staff but as a result of the Covid-19 pandemic and lockdown the reliance on agency staff has reduced.
- There is a small reported favourable variance of £0.9K in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs.

3. Planning, Performance and Corporate Services

- There is an adverse variance against the Pay budgets of £0.9K as a result of 2 wte substantively vacant posts that are being filled by a secondee and an agency member of staff.
- There is a small overspend against non-pay budgets as a result of invoices for 2019-20 charges being slightly higher than accrued.

4. Digital and IT

- There is a favourable variance against the Pay budgets of £26.6K as a result of a number of vacant posts within the team.
- There is a small overspend against non-pay budgets of £4.4k as a result of lower than anticipated travel and subsistence costs and spend on software licences likely to take place later in the year.

5. Medical and Pharmacy

- There is an adverse variance of £2.4k against the other income target as a result of lower than anticipated income from revalidation.

- The underspend on pay of £24.7k is as a result of vacancies across a number of teams offset by agency costs.
- The underspend on pay of £12.6k is as a result of lower than anticipated spend on training expenses, lecture fees and travel and subsistence in month.
- Commissioning budgets are underspent by £67.4k in month, predominantly due to a favourable variance of £24k in respect of training grade salaries, £23k favourable for training expenses and training travel and subsistence in Pharmacy budgets and £19k of student salary reimbursement.

6. Nursing

- The underspend on Pay of £8.4K relates predominantly to the ongoing delay in appointment to senior posts within the nursing team and also the workforce modernisation team that has now transferred into the Nursing Directorate.
- 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 £114.1K is reported in month 1 for Commissioning budgets for the following reasons:
- The Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 20/21. The favourable variance reported in month 1 of £114.1k is as a result of lower recruitment than planned to HCSW and SCPHN courses. The remainder is due to the number of students opting to take out student loans instead of accepting the bursary.
- Other non-pay budgets related to travel and subsistence and other expenses of the Nursing team are of minimal value and spend is in line with budget in month.

7. Human Resources and Organisation Development

- The underspend of £30.6K on Pay budgets at year end is due to a high number of vacancies 10.7 wte across the core budgets within the Directorate with 1.7 wte offset by agency staff.
- A Non-Pay favourable variance of £23.3K is predominantly due to underspends on training, advertising and recruitment and travel and subsistence budgets.

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	HEIW
Period is showing :	APR 20
TABLE A : MOVEMENT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	HEIW IS CURRENTLY SHOWING 2 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR APR 20 RETURN IS	2 ERRORS ON 1 DIFFERENT TABLE/S

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	329	(0)

Period : Apr 20

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Line 12 should reflect the corresponding amounts.
Lines 1 - 12 should not be adjusted after Month 1.

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
New Cost Pressures - as per 3 year plan (Negative Value)	0			
Opening Cost Pressures	0	0	0	0
Welsh Government Funding (Positive Value)	0			
Identified Savings Plan (Positive Value)	0			
Planned Net Income Generated (Positive Value)	0			
Planned Accountancy Gains (Positive Value)	0	0	0	0
Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0			
	0			
Planning Assumptions still to be finalised at Month 1	0			
IMTP / Annual Operating Plan	0	0	0	0
Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
Month 1 Planned Savings - Forecast (Underachievement) / Overachievement	0			
Additional In Year Identified Savings - Forecast (Positive Value)	0			
Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0			
Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0			
Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0			
Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
Additional In Year Welsh Government Funding (Positive Value)	0			
Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	0			
Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	0			
Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0			
(Positive Value)	0			
Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0			
	0			
	0			
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	0			
	0			
	0			
Forecast Outturn (- Deficit / + Surplus)	0	0	0	

[illegible]

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	0	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	(0)	
36	IMTP / AOP Outturn Scenario	(0)	
37	Worst Case Outturn Scenario	(0)	
38	Best Case Outturn Scenario	(0)	

Table B - Monthly Positions

Temporary Measure: Forecast months not required

Period : Apr 20

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	17,662												17,662	17,662
2	Capital Donation / Government Grant Income	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	30												30	30
7	Income Total		17,692	0	0	0	0	0	0	0	0	0	0	0	17,692	17,692
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,268												1,268	1,268
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	1,149												1,149	1,149
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	14,904												14,904	14,904
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	42												42	42
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Unomitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	17,363	0	0	0	0	0	0	0	0	0	0	0	17,363	17,363
27	Net surplus/ (deficit)	Actual/F'cast	329	0	0	0	0	0	0	0	0	0	0	0	329	329

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Period : Apr 20

Temporary Measure: Forecast months not required

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	763												763	763
2	Medical & Dental	419												419	419
3	Nursing & Midwifery Registered	6												6	6
4	Prof Scientific & Technical	68												68	68
5	Additional Clinical Services	12												12	12
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,268	0	0	0	0	0	0	0	0	0	0	0	1,268	1,268

Analysis of Pay Expenditure

[illegible]

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

[illegible][illegible]**C - Agency / Locum (premium) Expenditure**

- Analysed by Reason for Using Agency/Locum (premium)

[illegible]

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

A - Additional Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)														
2	Establishment & Bank Additional Hours:														
3	Administrative, Clerical & Board Members													0	0
4	Medical & Dental													0	0
5	Nursing & Midwifery Registered													0	0
6	Prof Scientific & Technical													0	0
7	Additional Clinical Services													0	0
8	Allied Health Professionals													0	0
9	Healthcare Scientists													0	0
10	Estates & Ancillary													0	0
11	Sub total Establishment & Bank Additional Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Agency:														
13	Administrative, Clerical & Board Members													0	0
14	Medical & Dental													0	0
15	Nursing & Midwifery Registered													0	0
16	Prof Scientific & Technical													0	0
17	Additional Clinical Services													0	0
18	Allied Health Professionals													0	0
19	Healthcare Scientists													0	0
20	Estates & Ancillary													0	0
21	Sub total Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Returners (Provide WTE to the right):														
23	Administrative, Clerical & Board Members													0	0
24	Medical & Dental													0	0
25	Nursing & Midwifery Registered													0	0
26	Prof Scientific & Technical													0	0
27	Additional Clinical Services													0	0
28	Allied Health Professionals													0	0
29	Healthcare Scientists													0	0
30	Estates & Ancillary													0	0
31	Sub total Returners	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Students (Provide WTE to the right):														
33	Medical & Dental													0	0
34	Nursing & Midwifery Registered													0	0
35	Prof Scientific & Technical													0	0
36	Additional Clinical Services													0	0
37	Allied Health Professionals													0	0
38	Healthcare Scientists													0	0
39	Estates & Ancillary													0	0
40	Sub total Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Other Temp Staff (Provide WTE to the right):														
42	Administrative, Clerical & Board Members													0	0
43	Medical & Dental													0	0
44	Nursing & Midwifery Registered													0	0
45	Prof Scientific & Technical													0	0
46	Additional Clinical Services													0	0
47	Allied Health Professionals													0	0
48	Healthcare Scientists													0	0
49	Estates & Ancillary													0	0
50	Sub total Other Temp Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	Other (specify below and in narrative)														
52														0	0
53														0	0
54														0	0
55														0	0
56	TOTAL ADDITIONAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0

[illegible][illegible][illegible]

A - WTE of New Staff

[illegible]

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

[illegible]

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Period : Apr 20

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University		4	4
2	Aneurin Bevan University		4	4
3	Betsi Cadwaladr University		4	4
4	Cardiff & Vale University		7	7
5	Cwm Taf Morgannwg University		4	4
6	Hywel Dda University		3	3
7	Powys		0	0
8	Public Health Wales		9	9
9	Velindre		76	76
10	NWSSP		0	0
11	NWIS		0	0
12	Wales Ambulance Services		0	0
13	WHSSC		0	0
14	EASC		0	0
15	HEIW		0	0
16	NHS Wales Executive		0	0
17	Total	0	111	111

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
	12,082	12,082
	9,689	9,689
	14,727	14,727
	20,793	20,793
	11,452	11,452
	7,049	7,049
	564	564
	1,240	1,240
	24,717	24,717
	0	0
	0	0
	757	757
	0	0
	0	0
	0	0
	0	0
0	103,070	103,070

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:										
2 Total Confirmed Funding	244,229				244,229		244,229	151	151	

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall	520				520	R				Month 1
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11 Nurse Staffing Act	180				180	NR	180			Month 1
12 WCLF QIST (Pharmacy)	85				85	NR	85			Month 1
13 Commitment Awards	50				50	NR	50			Month 1
14 WIMAT Year 2	101				101	NR	101			Month 1
15 Development Funding	600				600	NR	600			Month 1
16 Strategic Review of Education Provision	240				240	NR	240			Month 1
17 Leadership & Succession Posts	77				77	R	77			Month 1
18 SAS Post	111				111	R	111			Month 1
19 Single Lead Employer Foundation	260				260	R	260			Month 1
20 Senior Software Developer	56				56	R	56			Month 1
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56 Total Anticipated Funding	2,280	0	0	0	2,280		1,760	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	244,229	0	0	0	244,229		244,229	151	151	
58 Anticipated Resources Per 2. above	2,280	0	0	0	2,280		1,760	0	0	
59 Total Resources	246,509	0	0	0	246,509		245,989	151	151	

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Period : Apr 20

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY[illegible]

HEIW

Period : Apr 20

This Table is currently showing 2 errors

Table G - Monthly Cashflow Forecast[illegible]

HEIW

Period : Apr 20

Table H - PSPP

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE

30 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%

10 DAY COMPLIANCE

[illegible]

This Table is currently showing 0 errors

Table I - 2020-21 Capital Resource / Expenditure Limit Management

£'000 151
Approved CRL / CEL issued at : 9/4/20

Ref:	Performance against CRL / CEL	Year To Date			Forecast			Risk Level
		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	46	46	0	Medium
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.			0			0	
44	Equipment			0			0	
45	Statutory Compliance			0			0	
46	Estates			0			0	
47	Other	0	0	0	105	105	0	Low
48	Sub Total	0	0	0	105	105	0	

	Other Schemes:								
49				0				0	
50				0				0	
51				0				0	
52				0				0	
53				0				0	
54				0				0	
55				0				0	
56				0				0	
57				0				0	
58				0				0	
59				0				0	
60				0				0	
61				0				0	
62				0				0	
63				0				0	
64				0				0	
65				0				0	
66				0				0	
67				0				0	
68				0				0	
69	Sub Total		0	0	0		0	0	0
70	Total Expenditure		0	0	0		151	151	0
	Less:								
	Capital grants:								
71				0				0	
72				0				0	
73				0				0	
74				0				0	
75				0				0	
76	Sub Total		0	0	0		0	0	0
	Donations:								
77				0				0	
78	Sub Total		0	0	0		0	0	0
	Asset Disposals:								
79				0				0	
80				0				0	
81				0				0	
82				0				0	
83				0				0	
84				0				0	
85				0				0	
86				0				0	
87				0				0	
88				0				0	
89				0				0	
90	Sub Total		0	0	0		0	0	0
91	Technical Adjustments				0				0
92	CHARGE AGAINST CRL / CEL		0	0	0		151	151	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over			(151)				0	

Table K - 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 £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)					
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	

Invoices paid since the end of the month		
Total outstanding as per MR submission date	0.00	0.00

Total outstanding as per MR submission date	0.00	0.00
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HEIW

Period : Apr 20

Table N - General Medical Services
Table to be completed from Q2

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
	LINE NO.					
Global Sum	1					
MPIG Correction Factor	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (In hours Access)	7					
Total Quality	8				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0	
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0	
Premises (To equal data in section C Line 138)	14				0	
IM & T	15				0	
Out of Hours (including OOHDF)	16				0	
Dispensing (To equal data in Line 154)	17				0	
Total	18	0	0	0	0	0

SUPPLEMENTARY INFORMATION		LINE NO.	£000's	£000's	£000's	£000's	£000's
Directed Enhanced Services Section A (i)							
Learning Disabilities	19				0		
Childhood Immunisation Scheme	20				0		
Mental Health	21				0		
Influenza & Pneumococcal Immunisations Scheme	22				0		
Services for Violent Patients	23				0		
Minor Surgery Fees	24				0		
MENU of Agreed DES							
Asylum Seekers & Refugees	25				0		
Care of Diabetes	26				0		
Care Homes	27				0		
Extended Surgery Opening	28				0		
Gender Identity	29				0		
Homeless	30				0		
Oral Anticoagulation with Warfarin	31				0		
TOTAL Directed Enhanced Services (must equal line 9)	32		0	0	0		0

National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	33				0	
Shared care drug monitoring (Near Patient Testing)	34				0	
Drug Misuse	35				0	
IUCD	36				0	
Alcohol misuse	37				0	
Depression	38				0	
Minor injury services	39				0	
Diabetes	40				0	
Services to the homeless	41				0	
TOTAL National Enhanced Services (must equal line 10)	42		0	0	0	0

Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD		43					0
Asylum Seekers & Refugees		44					0
Cardiology		45					0
Care Homes		46					0
Care of Diabetes		47					0
Chiropody		48					0
Counselling		49					0
Depo - Provera (including Implanon & Nexplanon)		50					0
Dermatology		51					0
Dietetics		52					0
DOAC/NOAC		53					0
Drugs Misuse		54					0
Extended Minor Surgery		55					0
Gonaderlins		56					0
Homeless		57					0
HPV Vaccinations		58					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm		59					0
Learning Disabilities		60					0
Lithium / INR Monitoring		61					0
Local Development Schemes		62					0
Mental Health		63					0
Minor Injuries		64					0
MMR		65					0
Multiple Sclerosis		66					0
Muscular Skeletal		67					0
Nursing Homes		68					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69					0
Osteopathy		70					0
Phlebotomy		71					0
Physiotherapy (inc MT3)		72					0
Referral Management		73					0
Respiratory (inc COPD)		74					0
Ring Pessaries		75					0
Sexual Health Services		76					0
Shared Care		77					0
Smoking Cessation		78					0
Substance Misuse		79					0
Suturing		80					0
Swine Flu		81					0
Transport/Ambulance costs		82					0
Vasectomy		83					0
Weight Loss Clinic (inc Exercise Referral)		84					0
Wound Care		85					0
Zoladex		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
		93					0
		94					0
TOTAL Local Enhanced Services (must equal line 11)		95		0	0	0	0
TOTAL Enhanced Services (must equal line 12)		96		0	0	0	0

GENERAL MEDICAL SERVICES
Operating Expenditure

LHB Administered	Section B	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Seniority		97					
Doctors 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					
Partnership Premium		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
TOTAL LHB Administered (must equal line 13)		109				0	0

Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					0

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents		129					
Actual Rents: Health Centres		130					
Actual Rents: Others		131					
Cost Rent		132					
Clinical Waste/ Trade Refuse		133					
Rates, Water, sewerage etc		134					
Health Centre Charges		135					
Improvement Grants		136					
All other Premises (please detail below which should reconcile to line 146)		137					
TOTAL Premises (must equal line 14)		138				0	0

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
TOTAL of Other Premises (must equal line 137)	146					0

Memorandum item						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

GENERAL MEDICAL SERVICES
Dispensing

Dispensing Data	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 17)	154				0	0

HEIW

Period : Apr 20

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2

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 <u>not included in a GDS contract and / or PDS agreement</u> . This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services inc WHC/2015/001	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	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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Addysg a Gwellu Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	28 May 2020	Agenda Item	4.3
Report Title	HEIW Integrated Organisational Performance Report 4 End of Year Report, 2019-20		
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 end of year performance report for 2019-20.		
Key Issues	<p>In general, there was continued good progress in the last period of the year, particularly in relation to delivery of key projects and programmes under our 7 Annual Plan Strategic Objectives.</p> <p>Highlights for the year include the completion and submission for approval of the draft Workforce Strategy for Health and Social Care, a significant piece of work undertaken with partners and jointly led with Social Care Wales. We have also completed all 6 of the actions from the Remit Letter.</p> <p>In terms of education and training, fill rates have been positive during the year across professional groups; please note that rates are unchanged since the last report (March 2020).</p> <p>A key area of focus has been PADRs and statutory and mandatory compliance rates and, whilst these had improved by year-end, there is more to do.</p> <p>During 2019-20, we have developed and continued to improve our approach to performance reporting, which has received positive feedback from Board. This will form the core of routine reporting in 2020-21, when the current emergency planning arrangements are stood down.</p> <p>A key lesson from our work is the need to finalise an overarching framework to support our approach to performance reporting. This will further facilitate reviews of the efficiency and effectiveness in relation to data collection and validation and provide greater clarity of reporting timescales and presentation. At the appropriate time, we will seek further feedback from Board to enhance the framework and dashboard.</p> <p>Going forward it will be important to ensure that the right capacity and expertise is available to continue to refine the</p>		

	<p>performance framework and performance reporting arrangements. Additionally, we need to ensure that business areas are clear about expectations and geared up to deliver in line with reporting timeframes.</p> <p>The impact of COVID-19 has been mainly felt in relation to the first 6 weeks of the new reporting year 2020-21. At the time of writing (May 2020), the majority of our IMTP objectives have been paused or slowed and a range of new COVID-19 related objectives have been determined as priorities for at least the first quarter in 2020-21. COVID-19 had a very limited impact on our performance in 2019-20. However, it is expected that, as a result of the abnormal circumstances, the next performance report will require a different presentation, and that changing priorities might mean that straightforward comparisons are difficult to make with the same period in the previous year.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the year-end performance update. • Note the update on progress towards the development of the dashboard and the integrated performance framework at year end, including the plan for further engagement with Board, at the appropriate time 			

INTEGRATED ORGANISATIONAL PERFORMANCE REPORT 4

END OF YEAR PERFORMANCE REPORT, 2019-20

1. INTRODUCTION

This paper provides the Board with a final performance report for 2019-20, covering the full reporting year, 1 April 2019 to 31 March 2020.

2. BACKGROUND

The integrated performance report defines and aligns the delivery of operational performance targets, quality indicators and outcome measures. The Board have previously commented favourably on the development of the framework and its scope. The Board has also 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 final integrated performance report for 2019-20 can be found in **Appendix A** with accompanying narrative.

3. YEAR-END PERFORMANCE OVERVIEW

Progress against Annual Plan and Remit Letter Actions

The organisation continued to make good progress in the final month of 2019-20. One of the significant achievements in 2019-20 was the completion and submission of the draft Workforce Strategy for Health and Social Care in December 2020. We also saw a significant increase in the number of GP trainees recruited and secured agreement to a major investment in pre-registration pharmacy. Our recommendations to the Welsh Government for substantial additional investment in the education and training of the healthcare workforce were supported. This has resulted in additional training places for GP trainees, pre-registration pharmacy, nursing and midwifery, and a number of allied health professional and healthcare science staff. This significant investment in education and training will be a direct benefit to the workforce and the return on the investment will be achieved in many cases within one year of employment.

Of our 39 projects, 22 were completed in the reporting year; 15 were still in progress and 2 were considered at risk at the end of the year.

Projects still in progress at the end of 2019-20 have been incorporated into our 2020-21 plan. Of the 2 projects at risk at the end of the year, one of these had been delayed during the year due to recruitment, which was resolved before the end of the year but not in time for the completion of the work. This will now be picked up in 2020-21. The second had been 'on hold' for all of 2019-20, awaiting direction from Welsh Government. This has also been incorporated into our 2020-21 plan. More detail can be found in Section 1 of Appendix A.

We are also extremely pleased to have received notification from Welsh Government that our IMTP, submitted on schedule at the end of January 2020, was deemed approvable. As a consequence of COVID-19, we have been advised that formal approval letters are not being issued and that the usual planning and performance arrangements

have been stood down. (We have submitted a separate Board paper regarding our 2020-21 work programme and IMTP objectives.)

COVID-19

One of the most significant and unforeseen impacts during the last weeks of 2019-20 was the escalation of COVID-19 and the Government imposed lockdown, which had an impact on ways of working and plans for the new year. Following Government advice, we initially implemented a 60/40 operating model, which saw office-based staff working predominantly from home. However, following the announcement of lockdown, we took the decision to close Ty Dysgu and put in place additional measures to enable all staff to work entirely from home.

During March, we also instigated our emergency planning arrangements and established our Crisis Management Team (CMT), COVID response plan/action log and reporting arrangements.

We provided advice to Board and implemented new governance and ways of working to ensure business continuity – in line with the new expectations and Government guidance.

We also took a decision, in consultation with Board, to stand down most of our work programme for 2020-21 to free up capacity to respond to the COVID-19 crisis and to support NHS organisations in doing so.

All of this unforeseen activity was undertaken within a very short space of time and with huge commitment from our colleagues and staff. For that reason, it is worth noting for the purposes of reporting on our performance last year.

At the time of writing, the full impact of COVID-19 on delivery across all business areas is still unknown, but some projects are currently on hold, and the immediate priorities for HEIW have changed. The details of these are being reported in the 'HEIW Response to COVID-19' paper being presented to Board in May 2020, so reference is made here purely for contextual purposes.

Commissioning Activity - Training & Educational Placements

There is no change since the last report in recruitment/commissioning activity. More detail can be found in Section 2 of Appendix 1, Education and Training Activity.

Quality

There are no new quality issues since the last report (March 2020). Existing issues are progressing through the Quality Management process as expected. There is little change to the ARCP/RCP data from the last report. More detail can be found in Section 3 of Appendix 1, Quality and Outcomes.

Corporate Performance

There has been further movement 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, and

following concerted effort across the organisation to ensure staff support the process accordingly.

It is worth highlighting that the HEIW sickness rate at the end of 2019-20 was 2.6% over a rolling 12-month period, which is significantly lower than the NHS Wales sickness target of 4.4%. More detail can be found in Section 4 of Appendix 1, Corporate Performance.

In summary, performance shows that the organisation was able to deliver against the vast majority of its commitments and targets by the end of 2019-20, as well as step up quickly and effectively to the challenges posed by COVID-19 in the final weeks of the year.

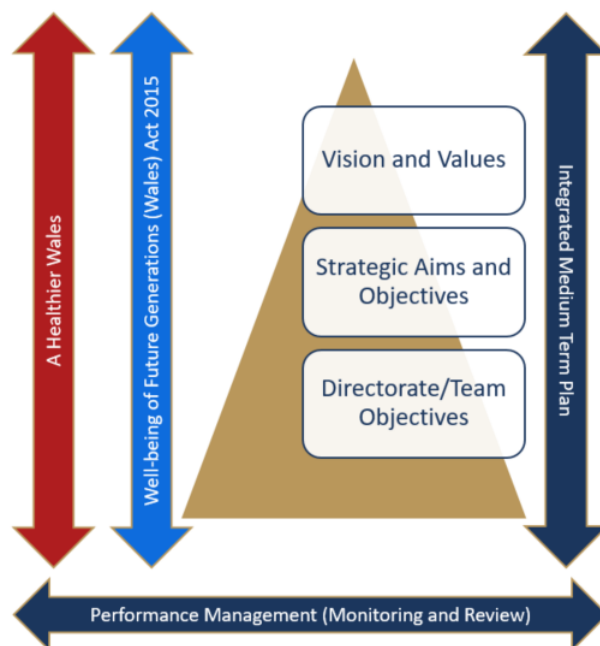
4. GOVERNANCE AND RISK ISSUES

Development of Performance Framework reporting and high-level data

Throughout 2019-20, we have been actively developing a Performance Management approach to reflect the differences in our remit compared with those of other NHS organisations and the fact that there are few national targets of relevance to our functions. We are in the process of developing a framework, following feedback from the Wales Audit Office structural assessment during 2019-20 as well as from Internal Audit recommendations. Both commented on the need for HEIW to set out a clear framework to corale the work that has been done to date and ensure appropriate accountability and reporting lines, for example, are in place and documented. Taking account of the recommendations and advice, our draft framework will define and align the delivery of projects and programmes, operational performance targets, quality indicators and outcome measures and will ensure HEIW places information at the forefront of decision-making process in order to support the delivery of the strategic objectives.

The key purpose of the performance management framework is to:

- ensure that we have effective systems and processes in place to provide assurance to the Board and stakeholders that the organisation is performing to the highest standards;
- develop the business intelligence capability of HEIW and thus inform improvement activity planning, productivity and efficiency;
- support the delivery of strategic objectives and directorate objectives
- provide assurance that HEIW is achieving best value for money in its use of resources



The Performance Management Framework will formally document the intended Performance Management Cycle and will detail responsibilities, expectations and timescales of those involved. Currently in draft form, the framework is to be finalised

imminently in line with internal audit recommendations and feedback from the Wales Audit Office structural assessment process.

The output of the Performance Framework is the provision of a high-level performance dashboard with interactive elements and accompanying narrative report.

The first formal performance report was submitted to the HEIW Board in September 2019, although recognising at the time that the framework would remain a work in progress over the next 12 months. This report is the fourth and final performance report for 2019-20 and reports on HEIW organisational performance at year-end.

Following initially reporting performance on a quarterly basis, the performance report is now produced on a bi-monthly basis (since January 2020). The final framework will seek approval of a performance reporting schedule, which will enable the timeliest reporting of data to reflect the longer activity cycles affecting workforce planning, education and training, and to take into account that these cycles do not always align with the NHS financial year. Where relevant, the report will be used to support key meetings and committees with appropriate and timely performance information.

Data collection and processes

The development of the framework has been undertaken in partnership with HEIW directorates, enabling us to map and review existing processes and key linkages in relation to data collection and the information flows both internally and externally.

At present, it is apparent that HEIW is reliant on a wide variety of legacy systems and reporting platforms to collate the data. As a result, there are challenges in providing timely and validated data. As information is gathered and critiqued, we are taking the opportunity to address the challenges via standardised data processing, collection and reporting, reviewing our reliance on external sources of data, and considering the digital and data literacy needs of our staff to support new working practices.

Further developments

We have established a Performance Management Group made up of service and directorate data leads to drive improvements in this area. The group provides a mechanism to consider all data sources available to HEIW, in a holistic rather than standalone way. The group will also implement a process for considering and agreeing data benchmarking, expectations, and setting targets across the organisation, implementing an approach to improve data quality and reviewing digital capability expectations, whilst working toward achieving recommendations identified in recent internal audit reports. At the appropriate time, we would like to seek further feedback from Board, to enhance the framework and dashboard, as necessary.

5. FINANCIAL IMPLICATIONS

The development of the framework is being supported through existing budgeted resources.

6. RECOMMENDATION

It is recommended that Members:

- Note the year-end performance report in Appendix A
- Note the update on progress towards the development of the dashboard and the integrated performance framework at year end, including the plan for further engagement with Board, at the appropriate time.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
N/A			
Financial Implications			
There are no financial implications arising from this end year report.			
Legal Implications (including equality and diversity assessment)			
N/A			
Staffing Implications			
N/A			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
N/A			
Report History	26 September 2019 – Public Board – Performance Report 30 January 2020 - Public Board - Performance Report 2 26 March 2020 – Public Board – Performance Report 3		
Appendices	Appendix A – Integrated Organisational Performance Report 4, End of Year Report, 2019-20 + Dashboard		



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

Health Education and Improvement Wales
Integrated Organisational Performance Report 4
End of Year Report, 2019-20
May 2020

EXECUTIVE SUMMARY

This is the final report of the 2019-20 reporting year and follows on from the previous report to Board of 26 March 2020. It includes data made available up to 31 March 2020. Data in some areas will not have changed since the previous report due to the nature of the metric. The report highlights where changes have been made and, if further detail is required on additional areas, this will relate to that reported in previous (named) reports. Since the last report, key highlights include:

Performance against Annual Plan and Remit Letter Actions

The organisation continued to make good progress through the final month of 2019-20. In the second half of March, however, the COVID-19 pandemic began to impact significantly on our ways of working and operating model. The organisation began to review and reset priorities for the forthcoming year and consider how, through our expertise and functions, we could support NHS Wales whilst managing the significant impact on training and education across professions. Further information related to this can be found in the associated papers submitted to Board in March 2020. Despite the significant and unforeseen escalation of the COVID-19 crisis, and the need to take on additional priorities and challenges, the organisation was able to deliver against virtually all of its objectives for the year.

During March 2020, following Government advice, we closed Ty Dysgu and enabled all staff to work entirely from home. We established the Crisis Management Team (CMT), in line with existing business continuity plans, to take on responsibility for developing appropriate actions and managing risks associated with existing HEIW commitments and new priorities to support NHS Wales through the pandemic. Initially, meetings of the CMT took place three times a week, with arrangements being monitored and adjusted in line with government advice and procedure, and according to need, since then (and on an ongoing basis at the time of writing). This report includes some information related to COVID-19 response as context for performance reporting for the final weeks of last year.

One of the significant achievements last year was the completion of the draft Workforce Strategy for Health and Social Care. We also saw a significant increase in the number of GP trainees recruited and secured agreement to a major investment in pre-registration pharmacy. The Welsh Government supported recommendations from HEIW for additional investment in the education and training of the healthcare workforce. This has resulted in additional training places for GP trainees, pre-registration pharmacy, nursing and midwifery, and a number of allied health professional and healthcare science staff. This significant investment in education and training will be a direct benefit to the workforce and the return on the investment will be achieved in many cases within one year of employment.

In total, 22 projects and actions (including all 6 actions from the Remit Letter) were completed by 31st March 2020. 15 were progressed significantly during the year but required finalising and have therefore been incorporated into our future planning ('Amber' rated).

There remained 2 projects reporting 'Red' at the end of 2019-20. One of these had been delayed due to recruitment, which was resolved before the year end but not in time for the work to be delivered. This activity has been rolled forward to 2020-21. The other relates to the development

Appendix A – HEIW Performance Report

of a plan for future allocation of SIFT, for which we continue to await Welsh Government (WG) confirmation of the direction required and this therefore remains out of our control. However, to maintain focus on an issue that needs resolving we have incorporated a similar objective in our IMTP for 2020-23. More detail can be found in Section 1, Projects and Programmes.

We submitted our first IMTP for the period 2020-2023 on schedule at the end of January 2020. This was built on the foundations laid by the annual plan for 2019-20 and allowed for key projects and programmes yet to be formally completed to continue into the new planning period. In March, just prior to the full impact of COVID-19 materialising we received notification from Welsh Government that our plan was deemed approvable. This was excellent news, particularly as this was the first time the organisation had prepared a three-year plan. Given the likely impact of COVID-19, in March we reviewed our IMTP and paused or slowed the majority of our objectives for the new year. As we move into phase 2 of the COVID response, we have reviewed the previous decisions and have submitted a paper to May Board outlining our intentions for reactivating our objectives in a phased way where capacity and COVID response requirements allow.

Commissioning Activity - Training & Educational Placements

The data shows the in-post fill rate for medical trainees (Secondary Care and Foundation) at 31 March 2020. There is no change since 29 February 2020.

For all other professions, there is no change in recruitment/commissioning activity since the last report (March 2020). More detail can be found in Section 2, Education and Training Activity.

Quality & Outcomes

There are no new quality issues since the last report (March 2020). Existing issues are progressing through the Quality Management process as expected. There is little change to the ARCP/RCP data from the last report. More detail can be found in Section 3, Quality and Outcomes.

Corporate Performance

It is worth noting that the Welsh Government stood down reporting on the two-core workforce KPIs as part of the relaxation of requirements in response to COVID-19 in March. As at the end of March 2020, there has been further movement in compliance rates on PADR recording and Statutory and Mandatory compliance, taking account of the new reporting arrangements that differentiate between “core” and “sessional” staff and following concerted effort across the organisation to ensure staff support the process accordingly.

Of note also is that the HEIW sickness rate at the end of March 2020 was 2.6% over a rolling 12-month period, which is significantly lower than the NHS Wales sickness target of 4.3%. More detail can be found in Section 4, Corporate Performance.

In conclusion, based on the data and performance information supplied, we can report that the organisation has successfully delivered against the vast majority of its challenging commitments and targets for the 2019-20 reporting year.

END OF YEAR REPORT 2019-20

The following sections, aligned to performance reporting deliverables in 2019-20, details our performance to the end of March 2020 against the following 4 areas of activity and functions;

1. Projects & Programmes
2. Education & Training Activity
3. Quality & Outcomes
4. Corporate Performance

SECTION 1 – Projects and Programmes

HEIW Strategic Objectives – End of Year Update

This section summarises our performance in implementing our Annual Plan (2019-20) through the 7 Strategic Objectives. Significant achievements to note in 2019-20 (now all rated 'Green') include:

- Completion of the national **Workforce Strategy for Health and Social Care** (SO2A), in line with 'A Healthier Wales', 2018 (submitted to WG at the end of December and awaiting ministerial approval)
- **Implementation of a new model of Pre-Reg Pharmacist Training in Wales** (SO2Biv)
- **Development of a framework for advanced and consultant practice** (SO2C)
- Securing Welsh Government support for additional investment in the education and training of the healthcare workforce (SO2E)
- **Development of a joint health and social care induction framework** (SO3D key project)

All 6 of the Remit Letter actions:

1. Evaluation of the Mid/West Wales Academic Fellows scheme
2. Career framework and supporting education framework for General Practice Nurses
3. Leading work with NHS organisations to determine cost effective ways to deliver the additional 80 district nurses
4. Undertaking a piece of work to support health boards to use coding (ESR) in a consistent way in line with the national coding manual
5. Offering a workforce perspective and advising on workforce implications arising from key Government documents
6. Advising on arrangements to routinely collect NHS vacancy information for all staff groups, and working with Welsh Government policy and statistical officials to produce an accurate statistical statement via Welsh Government's Knowledge and Analytical Services (we continue to await agreement of the paper being developed to clarify arrangements for the collection of data with NWSSP)

Also of note is progress made towards the following ('Amber' - With anticipated expected additional work required post 2019-20 and inclusion in IMTP 2020-23):

- **Development of a multi-professional workforce plan for emergency medicine** (SO4Ai)
A project manager was recruited (and joined in early April).
- **Implement an all Wales solution to endoscopy training** (SO4Aii)
The project manager is now in post and starting to make progress against actions.

- **Development of a Simulation strategy (SO5D)**

A new post was advertised that will take on the lead of this project. Applications have been shortlisted, with the process to be picked up in due course and when activities return to a state of normality. HEIW also instigated the first All Wales Clinical Simulation leads conference in December 2019, enabling a forum across health boards and sectors to identify the current challenges and opportunities in producing a consistent approach to Simulation Based Education. The impact of COVID-19 and the relationships and developments taken forward to support the system during the crisis will stand us in good stead to support our intentions.

- **Reinvigorating leadership development and succession planning across health and social care (SO6)**

This included:

- HEIW attendance at the UK Collective leadership conference in January 2020 and HEIW support for the Swansea Bay Compassionate Leadership summit, headlined by Professor Michael West.
- The launch of the Compassionate Leadership Principles for H&SC in Wales at the H&SC Leadership Group conference for a 6-week consultation period.
- The creation of a series of digital resources on the digital leadership portal, which proved successful at reaching and engaging large numbers of staff.
- The continued curation of resources for the digital leadership library in readiness for the launch of the Leadership Portal in May, including materials from The Kings fund and Open University.

As indicated 2 objectives had a Red Status at the end of the financial year; they were:

- **Development of a framework for expanding education and training in primary and community care (SO3c)**

Progress was stalled during the year due to delays in recruitment, which was resolved by year end but not in time for the completion of the work. This will now be picked up in 2020-21.

- **Developed a plan in conjunction with Welsh Government for the future allocation of SIFT funding (SO7b)**

This has been 'on hold' for all of 2019-20, awaiting direction from Welsh Government. This has also been incorporated into our 2020-21 plan.

The following pages contain a detailed end of year update for all of the Annual Plan objectives.

Strategic Objective 1

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

1A Implement an internal and external communication and engagement strategy

The organisation recognises how critical effective internal and external communications and engagement are to the success of HEIW and have been a top priority since the organisation was established. The HEIW Communications and Engagement Strategy (Phase 2 April 2019 – March 2020) described how we would communicate and engage effectively with staff, key stakeholders and partners to:

- create an inclusive and respectful working environment;
- build on existing and establish new partnerships understanding each other's needs, and working together to build a sustainable and flexible health and care workforce in Wales, and
- raise the profile of HEIW and awareness of HEIW's role in education, training, leadership, workforce planning and digitalisation.

Since April 2019 a considerable amount of work has been undertaken by the Communications and Engagement Team to deliver this objective. This has included:

Internal:

- Issuing regular bilingual CEO staff bulletin to all HEIW staff regarding ongoing work, future plans, operational and corporate change, and opportunities to get involved.
- Posting regular intranet bulletins providing staff with corporate, operational and social news with opportunities to get involved.
- Issuing regular off-site corporate emails for HEIW staff based across Wales (not in HQ) providing them with corporate information of relevance to them.
- Holding regular all staff away days to support collaborative working, learning and development.
- Holding monthly CEO staff open forum for staff to meet with the CEO and other executive directors to ask questions, problem solve, share ideas, discuss ongoing work and future plans.
- Holding regular lunch and learns – with video conferencing for off-site staff to take part.
- Holding regular staff inductions for colleagues new to the organisation.
- Holding meetings with Board members and off-site colleagues after board meetings at various locations across Wales.
- Issuing the staff survey to gain staff feedback, achieving a 48% response rate including sessional staff.
- Holding regular team meetings.

External:

- Issuing regular bilingual CEO stakeholder bulletins to over 1,000 stakeholders updating them on HEIW work and providing opportunities of contributing to and shaping HEIW work.

Appendix A – HEIW Performance Report

- Issuing regular bilingual social media posts information, engagement, sharing and discussion (Twitter, Facebook, You Tube and LinkedIn) specifically relating to HEIW work and sharing information from partner organisations including recruitment, new services and health and well-being messages.
- Undertaking HEIW Roadshows at Health Boards and Trusts across Wales to meet with healthcare trainees, students, educators and others responsible for education to listen to their feedback on their education experiences to help inform future provision of healthcare education in Wales.
- Holding bilingual HEIW national stakeholder events to meet partners and stakeholders to inform them about our work such as the workforce strategy for health and social care and giving them the opportunity to contribute to shaping our IMTP and future work. This has been particularly beneficial helping us to ensure our work aligns with that of partner organisations and also identifying further openings for collaborative working.
- Holding bilingual Board meetings at sites across Wales providing an opportunity for staff and stakeholders from across Wales to attend and meet the Board.
- Holding planned external communication / engagement activities such as advisory groups, peer groups, forums, learning events, reviews, meetings, ensuring regular dialogue and collaboration with partners and stakeholders to inform and shape our work.

We have included two strategic objectives within our IMTP for 2020-23 to extend and develop this work to enable a wider understanding of who we are and what we do alongside colleagues and partners as well as having a strong focus on our branding and our opportunity to influence and is described in Strategic Objective 6.1 as 'Implementing the HEIW Communications and Engagement Strategy; brand awareness and influencing for success'. It will be important to support and promote the key national programmes of work outlined in our IMTP with effective communications, engagement and marketing plans to support our role as experts, influencers and leaders. This is described in 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.

1B Developed and implemented a People and OD strategy for the new integrated organisation

During the year, the key milestones for this project were amended. By the end of the year, the revised milestones for this objective were largely achieved. The principles for the People and OD Strategy were developed during a series of HR roadshows for staff across Wales and with internal working groups. They were reviewed and refined by the Executive Team and shared with the Trade Unions and internal groups (i.e. the Culture Group, Operational Management Group and the Senior Leadership Team) for consultation and review. Following consultation, the decision was taken by the Executive Team to pause work on the strategy, and to reflect on the balance in respect of the 'psychological deal' between employer and employee, best practice elsewhere, and the potential impact of our first IMTP on capacity and ways of working. Subsequently, COVID-19 has significantly changed our view on priorities and our operating model, both of which need to read across into the draft document. Our aim for this document remains to harness the opportunities of our diverse workforce as well as to drive improvements in internal processes to facilitate working smarter and workforce flexibility to eradicate silo working, improving job satisfaction, increasing productivity and removing duplication. Whilst our values and behaviours will be clearly evident in our People and OD Strategy which will be an important step

towards becoming an exemplar employer, we have work to continue into 2020-23 including refreshing and finalising our strategy and implementing it. This ongoing action has been built into our IMTP under Strategic Objective 5.1.

1C Established a comprehensive framework of policies, processes and systems for the new organisation including Welsh Language, wellbeing and diversity requirements

A robust policy framework has been put in place, underpinned by a policy register which ensures that policies are reviewed on a regular basis and kept up to date. We have worked carefully with the Welsh Language Commissioner to ensure that the most appropriate Welsh Language Standards are applied to HEIW. The Welsh Language Services Manager has developed and implemented a Welsh Language Action Plan with an associated non-compliance risk register and a training and awareness plan. He has been heavily involved with the current Education Commissioning process, with a number of conversations and meetings held with Education providers regarding Welsh language provision over the next decade. Ongoing work to 'Improve opportunities for trainees and students to undertake education and training through the medium of Welsh' (Strategic Objective 2.8) and to 'Implement and Embed the Welsh Language Framework within HEIW' (Strategic Objective 5.3) have been rolled across into our IMTP 2020-23.

Significant progress was taken forward in embedding our approach to diversity and equality into our policies, procedures and organisation culture. We have established a group of Inclusion Champions and Time to Change Champions and established the HEIW Diversity and Inclusion Group. We have made a number of commitments during the year, for example: Time to Change (Employee Pledge), Disability Confident, Dying to Work TUC, Anti-Violence Collaboration. We are also the first organisation in Wales to make a commitment to adopting the Communication Access Symbol. We have developed an Equality Impact Assessment process (including provision of training for staff by Diverse Cymru and development of an integrated EIA proforma and guidance documents). We have also developed and delivered Unconscious Bias training for staff. We have been working as part of a collaborative partnership with a number of Public Sector Bodies to develop our first Strategic Equality Plan for 2020-23, which will be finalised and launched later in 2020.

Strategic Objective 2

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

2A Publish a transformational workforce strategy for health and social care as per 'A Healthier Wales'.

In December 2019, our Board 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 draft strategy was submitted to Welsh Government in mid-December. A number of the actions within the draft strategy are reflected within our IMTP 2020-23. As

at 31st March 2020 we have had no formal acknowledgement of the draft Strategy nor response. We have been advised verbally that it was received and is being considered by policy leads in Welsh Government.

2Bi Developed and improved the education and training available to Health Professionals and healthcare staff.

We continue to develop and improve the education and training available to Health Professionals and healthcare staff. Of note during 2019-20 has been our leadership of the Primary Care Health Care Assistant (PC HCA) Development Group and its workstreams, which are progressing the education and training agenda for non-registered and non-clinical staff. We have also been managing the existing qualification review (L3) Certificate and Diploma in Primary Care and quality assurance. This review was rescheduled by Agored Cymru due to limited capacity and will now take place in June/July 2020 in line with Agored Cymru formal qualification review requirements.

The Qualification development for 'sign posting' staff involves finalising the report of research commissioned from USW, preparing for publication in approved journals and consideration of recommendations for future actions. We have established a Task and Finish group with core members identified and an invitation issued for additional members to join the group to ensure all Wales input. We have developed the level 2/3 qualification development and published the research in the 'Perspectives in Public Health Journal (Jan 2020): Using Consensus Methods to Develop a Social Prescribing Learning Needs Framework for Practitioners in Wales'. We have also used the findings of the report used to underpin national work carried out by the All Wales Social Prescribing (Partnership) Group with respect to an agreed Action Statement: "We will develop a National Skills and competency framework for the social prescribing workforce in Wales."

As at the end of March, the Qualification development for (L4) Wellbeing Advisors is progressing satisfactorily while the Qualification development for (L2) non-clinical staff: Reception/admin is also ongoing. Work is similarly progressing to scope the availability of existing education and training opportunities and a task and finish group will be convened to develop this qualification in 2020-21.

2Bii Developed and improved the education and training available to Dental Teams

During 2019-20 we developed and implemented a range of actions to improve the education and training available to Dental Teams across Wales. One of these actions was to align the Quality Improvement Educators to LHBs, alongside the implementation of Regional Lead educators, initially in North Wales and a planned reduction in the number of dental educators in each region. Work was undertaken to consolidate the CPD topic plan in consultation with colleagues at an All Wales Dental meeting in December. The team successfully decommissioned the hands-on Facility in Ysbyty Gwynedd and work continues in other regions as part of the clinical skills strategy.

One of the most significant pieces of work to be undertaken was the implementation of the new General Dental Council standards. By the end of March 2020, a local benchmark of HEIW's position against the GDC standards was completed.

2Biii Developed and improved the education and training available to Doctors in Training

This objective has been focussed on scoping the options for a single lead employer across medicine, pharmacy and dentistry in Wales. A stakeholder task and finish group was established with meetings taking place during Q1 and Q2. The focus of their work was to conduct a detailed options appraisal for a single lead employer across Secondary Care, Medicine, Dentistry and Pharmacy in Wales. Feedback from stakeholders was obtained at the stakeholder meeting in September 2019. By the end of 2019-20, it had been agreed that single lead arrangements for dental and pharmacy trainees will be in place for August 2020. Work had also been progressed to ensure arrangements are in place for F1 trainees commencing in August 2020. Plans have been finalised to implement the single lead model for all Paediatrics training in September 2020, Anaesthetics in October 2020 and Radiology in November 2020 as a phased approach.

2Biv Developed and improved the education and training available to Pharmacists

In February 2019, HEIW submitted a business case to implement at pace a new model of Pre-Registration Pharmacist Training in Wales. This programme will deliver a one-year pre-registration pharmacist training programme with meaningful multi-sector experience delivered through quality assured training sites.

This new significant programme has seen work undertaken during the year on the introduction of a centralised recruitment process and extensive promotional activity to support recruitment, central employment of trainees, centralised training programme and enhanced quality management processes. The key milestones for this period have been largely met. In terms of the recruitment and training of staff to manage this programme, the recruitment of the four regional leads and the Programme Manager was initially delayed due to a recruitment backlog, but these posts have now been appointed. Work is progressing well to develop and implement the curriculum and the training necessary to support the multi-sector placements. The final version of curriculum and offsite training plan is to be circulated to all stakeholder post-General Pharmaceutical Council approval in April 2020.

2C Developed a single comprehensive framework encompassing advanced and consultant practice, extend skills and postgraduate career development

We established an all-Wales Steering group to oversee and guide this programme of work with membership across professions, and a partnership forum to sit alongside. We established links with Health Education England to share, align and learn from similar work/research regarding advanced practice and extended practice. We undertook an in-depth literature review of the national and international evidence/best practice and a mapping process of all the current NHS Wales and profession specific frameworks. This research has now been completed and fed back to group to inform the work of the newly created sub-groups covering the different levels of practice.

The subgroups drew up TOR and membership for task and finish groups and the workshops for an engagement event held in March to agree core competencies.

Note: During the year, the objective was reworded to ‘2C Develop a framework for advanced and consultant practice’ to reflect the Learning and Development Framework for all professions (other than Drs and Dentists) but includes General Practice Nurses as noted in the remit letter).

2D Worked with partners to scope careers activity across health and opportunities to widen access

During 2019-20, HEIW worked with Social Care Wales to promote NHS Wales and Care careers at a range of events and meetings including two Skills Cymru events reaching over 10,000 people, the majority being school age. Work to review best practice across UK and beyond was commenced to inform future strategy and to develop an on-line presence. In the latter part of the year, we worked closely with the Welsh Government Widening Access team, in readiness to take over this agenda in April 2020. We established a cross directorate HEIW internal group to pool expertise and experience in developing career opportunities and development for our own staff.

The Careers team have established a well-attended, fully bi-lingual (including agenda and action points) Careers Network with membership across health, care, education and government to take forward this agenda in a consistent manner.

Regional Advisor events were held in November and December aimed at anyone providing careers education, information, advice and guidance. A large network event was held in February with stakeholders to inform a careers strategy which establishes health (and social care) as a reputable brand and the sector of choice for our future workforce.

The Steering Group continued to meet throughout 2019-20 and its work has included looking at the plan for talent management in NHS Wales.

2E Developed and implemented the 2020/21 Education and Training Commissioning Plan for health professionals

2019-20 was the first year HEIW has developed a national education and training plan for the health workforce. The plan was for one year (2020/21) and looked at future education and training needs for the medical and wider health professional workforce. This is an annual requirement, previously undertaken by the Workforce, Education and Development Service (WEDS), one of the predecessor organisations. The recommendations were based on an assessment of service and workforce need, as identified by HEIW having considered a wide range of available evidence including: NHS organisation's IMTPs, specific workforce supply modelling, changes in employment with increasing numbers of staff working less than full time and increasing use of agency staff. The plan proposed increases in a number of student positions for the wider healthcare workforce, this includes: adult and mental health nursing, midwifery, radiography, physiotherapy and healthcare science. Across the medical workforce is the plan proposed to increase the number of trainees across a range of service areas including; emergency medicine, intensive care medicine, clinical radiology and old age psychiatry. The plan which represented significant additional investment in training was supported by Welsh Government and decisions announced in late 2019.

HEIW commissions a wide range of health professional education programmes the contracts for which currently expire at the end of July 2021. The renewal of these has provided us with the opportunity to review, and consider, the configuration of education provision in Wales.

During 2019, KPMG consultants were engaged to independently advise us on future education provision and configuration. As part of their work they met with stakeholders across Wales to gather views and information. They received a positive response and reviewed the information they

gathered and have built on this with additional meetings. We established a project board and appointed a project manager to lead on this work and support the SRO.

Also, during 2019, the Welsh Government announced the extension of the current NHS bursary scheme for a further year (2021/22) while it considered the longer-term funding arrangements. Given this, HEIW took the decision to realign the procurement process and to provide an extended period of engagement with key stakeholders. As at 31 March this engagement is continuing in line with the revised project plan

Strategic Objective 3

With Social Care Wales shaping the workforce to deliver care closer to home

3A Implemented an increase in the number of GP Training places offered in Wales

In line with this objective we undertook a significant piece of work to develop and finesse a business case for an increase in GP training places in Wales. Welsh Government supported our request to increase the number to a minimum of 160 (and more if recruitment was successful) alongside implementing a change in the model of how training is delivered. The new model of GP training was introduced in a phased manner with Gwent, Cardiff, Wrexham, Dyffryn Clwyd and Bangor being the first GP Training Schemes to adopt this model. Roll out of the revised model across Wales was derived for the recruitment round for posts commencing in August 2020 and February 2021. In parallel with this, the educational infrastructure in terms of the number of GP practices and associated staffing requirements have been gradually increased during the year. This outcome will see an increase in the number of GPs working in NHS Wales who will be able to contribute to the delivery of a sustainable and flexible primary care service.

By the final quarter of the year 99 new GP Trainers were undertaking HEIW's modular Prospective Trainers Course (PTC) during 2020. This will enable 30 new training practices to come on stream by the end of 2020. To meet this demand HEIW had to run significantly more PTCs than originally planned.

3B Developed a workforce plan for the new primary care model based on enhanced and extended multidisciplinary teams

The HEIW Primary Care workstream was established in 2019-20 to support matrix working within the organisation. It will underpin delivery of key components of the Primary Care Workforce and Organisational Development (PC WOD) workstream whose objectives centre on improving education and training, workforce development, and leadership to improve the safety and quality of patient care that is closer to home.

We have contributed to the development of the Primary Care Workforce Model - its purpose, to facilitate thinking that will underpin workforce related solutions to improved service delivery and to inform workforce planning.

Appendix A – HEIW Performance Report

In response to the need for more GP trainees, foundation doctors, pre-registration-pharmacists, foundation pharmacists as well as many more undergraduates from various professions HEIW has continued to accelerate its recruitment and preparation of GP Training practices and GP Trainers over the last year or so. The intent is to accommodate many more trainees from multiple professions in quality assured learning environments. Discussions on how to best approach the setting up of a co-ordinating mechanism and framework for the training of multiple professions in Primary Care have been initiated.

With Clusters now required to develop IMTPs it is critical that they are supported to develop workforce plans. A number of actions have been commenced to roll out a consistent approach, supported with training. We put a contract in place with Skills for Health and they have supported us to develop the existing workforce planning training into a package that can be more flexibly delivered to meet the needs of Primary Care.

We have undertaken an analysis of the community pharmacy workforce which has led to a realisation within the profession of the benefits of undertaking this workforce analysis and a desire to be involved with workforce analysis on a wider, more formal and recurring basis i.e. as part of the National Workforce Reporting Service (NWFRS). On this basis, a similar expression of interest is being noted in other areas (optometry and dental).

3C Created a framework to expand education and training in primary and community care settings across all professional groups

This work is linked with the previous objective and is a key objective for the new Head of Allied Health Professionals. This work is critical to the availability of an education infrastructure and appropriate clinical placements to meet future demand. A Head of Allied Professionals was appointed towards the end of the year and will now take this objective forward in 2020-21.

3D Worked with Social Care Wales to address priority workforce requirements including those arising from Regional partnership Boards, to deliver A Healthier Wales

We worked in partnership with Social Care Wales on the draft Workforce strategy for Health & Social Care, the joint induction framework and on a potential alliance around behavioural science, we also held joint meetings and executive to executive discussions through the year. Our work on the strategy identified opportunities for future collaboration, subject to Welsh Government decisions on publication and implementation. The workforce plans associated with RPB proposals have not been well defined to date, and HEIW's input has been limited in part due to capacity and in part due to the mechanisms for involvement in this work. This is something that has been built into our IMTP 2020-23.

Development of a joint health and social care Induction framework

An induction programme was developed in collaboration with Social Care Wales, Hywel Dda and local FE provision. The programme has been delivered in Carmarthenshire, Pembrokeshire and Ceredigion.

Social Care Improvement England (SCIE) have been secured to support us with the evaluation. A research group led via HEIW and SCW is developing targeted research to map the outcomes of the project. The main piece of work will be undertaken during May and June with the report expected at the end of November 2020.

Strategic Objective 4

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

4Ai Developed workforce solutions to support NHS Organisations in improving care in Unscheduled Care including urgent OOH Primary Care

The following developments were completed by the end of 2019-20.

Introduction and induction to urgent primary care. This development aimed to attract GPs and the wider professional team into urgent primary care service. A web-based resource and associated marketing campaign was developed and is a communication conduit and a central access point to attract staff who may not have considered working in urgent primary care services previously. The website contains national information and has the flexibility to enable providers to promote their local service opportunities. The Urgent Primary Care (OOH) website also offers a link to the Welsh Government GP Portal, a resource that was launched at the same time.

Competency framework. This resource defines the core and supplementary skills and competencies for each clinical role within urgent primary care and supports career progression and workforce flexibility. HEIW is leading work to develop the underpinning education and qualifications required for each level of practice.

Clinical Leadership programme. A two-day programme was developed and delivered in June with a follow up day in the autumn. A total of 19 representatives from urgent primary care services from across Wales attended the bespoke course with a programme focused on: key themes arising from the peer review, organisational cultures and essential skills for influencing in Healthcare. Evaluation of the course was very positive.

Maximise the role of HCSW. The pilot in Cardiff and Vale had shown that a broader role for HCSWs would be helpful in ensuring value for money within the service - i.e. combining clinical, reception/admin and driving. It is noted that this model would work well, particularly for home visit and supported by the all Wales Educational Framework for HCSW. A report on the pilot has been produced along with a recommendation that 'Development / implementation of a dual role for the HCSW working within the urgent primary care setting' – highlighting / supporting training opportunities and clarity of role definition.

Behavioural Science Approach to help empower teams in managing risk.

ABUHB piloted the 'Care Aims' training with one of their urgent primary care MDTs. The training focussed on MDT clinical decision making in the context of managing clinical risk and provided a powerful platform to facilitate team work. The participants found the course thought-provoking and helped establish improved understanding between team members. The training was received positively and evaluated well. The offer of training has been taken up by a number of Health Boards and Trusts including 3 sessions in emergency care in BCU.

Training on Verification of Death (VOD). An All Wales group of clinicians completed the development of an eLearning resource to support clinicians in undertaking VOD in any circumstances. This resource is available via ESR and aims to support a change in clinical practice by reducing the need for medical staff to carry out this clinical function. The resource has been issued to NHS Wales and has the endorsement of WG Professional Policy Leads. Delivering more timely and compassionate care at the end of life for patients and their families is anticipated from this development.

Increasing the role of Community Pharmacy. A pilot of a community pharmacy enhanced service for UTI treatment has commenced in Hywel Dda and Swansea Bay utilising the skills of community pharmacist independent prescribers. In addition, the community pharmacist independent prescribers across Wales are offering the Common Ailments plus services. The NWIS work plan for development of Choose Pharmacy platform includes the scoping of an approved process for pharmacy technicians to access the platform and provide enhanced services as appropriate.

4Aii Developed workforce solutions to support NHS Organisations in improving care in Cancer/Diagnostics

Following discussion with colleagues across NHS Wales and Welsh Government the scope of this work was expanded to identify how HEIW could support the introduction of the Single Cancer Pathway (SCP). During 2019-20, HEIW has undertaken work in three key areas:

- Imaging
- Pathology
- Endoscopy

Key deliverables included developing a clear workforce plan for these service areas including the identification and implementation of appropriate education and training programmes.

In regard to the National Endoscopy Programme, an education and training sub-group has been established which is chaired by HEIW Director of Nursing. A training framework has been scoped for a colonoscopy education programme which was considered by the group. Welsh Government has confirmed funding for WIMAT, and the endoscopy sub-group is now working with the demand and capacity group to identify how the training programme can be delivered. Additional resource to support this work is currently being secured.

4Aiii Developed workforce solutions to support NHS Organisations in improving care in Access (Eye Care)

This project is aimed to improve education available to optometrists to increase the scope of work undertaken in the community to reduce demand in secondary care. The team have completed a piece of work mapping by cluster of practices with Medical retina, IP and Glaucoma Higher Certificate qualified optometrists in Wales to ensure coverage of future services and hospital placements. A total of 14 places were secured on for Independent Prescribing (Therapeutic Prescribing) course. Funding was agreed and all 14 places were allocated. A total of 10 places were secured on Medical retina course.

Negotiations and contract discussions have taken place (and are ongoing) with the HBs to secure NHS contracts in each Health Board for named optometrists to begin placements for the Higher Certificate in Glaucoma.

4Aiv Developed workforce solutions to support NHS Organisations in improving care in other national priority areas

We have engaged in discussions about workforce challenges in relation to the Major Trauma Network, CAMHS, critical care and mental health. We used the discussions to inform the development of our IMTP in December/January 2020 and were able to identify where we will be able to contribute to the five Ministerial Priorities of Prevention, Reducing Health Inequalities, Primary Care Model for Wales, Timely Access to Care and Mental Health in 2020-23.

4B Reshaped our professional development resources and programmes to address key priorities identified by staff, NHS organisations and key policy matters (including prevention)

Having brought three organisations together as HEIW, it is a key strategic objective for us to ensure consistency of our approach to managing our professional development resources and programmes. To achieve this, during 2019 we commissioned a single course management system and learning platform for HEIW. The intention is that this will dramatically improve the way in which we capture both qualitative and quantitative data on Education and Training for all Healthcare Professionals across Wales.

The procurement process for the purchase of the CDSM system has been undertaken and training has been given to Digital Champions who have taken on the role of super-users to cascade the training to other members of staff. Implementation will continue in 2020-21.

4C Introduced an International Recruitment system to attract a range of overseas health professionals into NHS Wales

During Q1, Recruitment Heads and Medical Staffing Leads were contacted to gain an understanding of overseas recruitment since 2008. It had been proposed that HEIW establish an International Professional Graduate recruitment team/office within HEIW and across Health Boards to coordinate activity. In October, representatives from HEIW visited India with the NHS Wales/Bapio recruitment team to observe the process and also to make connections with education establishments in the region. Following the scoping stage and the study visit, consideration was given

Appendix A – HEIW Performance Report

to how HEIW might best add value in this space. Considering the requirements under The Well-being of Future Generations Act (2015) it was proposed that any international recruitment function might be better placed in the context of a wider Global Engagement Strategy comprising three key themes: for Wales to contribute to global health by placement of NHS Wales staff internationally; to enhance the offer for education and training opportunities for overseas staff in NHS Wales and to offer systems and technical support to other countries on education, training and service models to help improve health outcomes.

An internal Expert Advisory Group was established to advise on Global Engagement and SAS support and development, and the first meeting was held in February 2020. In December 2019 the decision was taken to include this objective in our IMTP 2020-23.

Ongoing engagement has been undertaken with SAS groups to gauge the likely demand for different elements of proposed support. At the November 2019 conference a survey of all attendees showed that 75% of respondents would value support from a Training Director role. Focus groups with Clinical Fellows, MTIs and SAS were also undertaken throughout February 2020.

4D Developed a range of resources to support new ways of working

In partnership with Social Care Wales, the Delivery Unit and a 1000 Lives, HEIW developed a business case for funding to accelerate the wider adoption of a Behavioural Science approach. Work has continued to be progressed on this and discussions are being held with the Health Board and Local Authority in Gwent area to agree test sites. Two consultants have agreed to combine their programmes for delivery in test areas. Within health a total of 10 behavioural science programmes have been delivered to Multidisciplinary Teams; feedback has been extremely positive and there is demand for more. Business case updated following receipt of detailed pilot programme from trainers. In Q4 the direction of work has changed, and we are now working with Improvement Cymru and Hywel Dda around discharge/preventing admission. Work was undertaken with Hywel Dda to agree dates for delivery of programme in April.

The Physicians Associate evaluation is underway, and an application submitted to extend this from Masters to PhD in order to include the patient perspective has been successful.

Medical Associate Professions (MAPs) - work has commenced on establishing the demand for the Anaesthesia Associates in NHS Wales, links have been made with the Royal College of Anaesthetists, Faculty of AAs and with Birmingham University who run the programme. The first task and finish group meeting was held in November with membership including clinical and W&OD representatives from the service. An engagement event with service providers was held in February. Paper including recommendations of way forward completed for the Board.

In partnership with Social Care Wales, a final draft of the delegation guidelines was completed and signed off. Following a survey of staff undertaken in relation to delegation the results were used to inform future engagement events and implementation of the delegation guidelines. These were published and circulated in March 2020.

Strategic Objective 5

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

5A Developed a plan to maximise the use of e-resources in the education and training environment

HEIW have worked in conjunction with NHS Wales e-Library for Health in taking forward this work which includes:

- The development of a three-year plan outlining key areas for development and improvement to the e-Library Service. This will include exploration of new e-Library services, systems and ways of working in order to continually develop the service.
- actively engaging in supporting the future procurement of appropriate e-journals and databases to support the enhancement of resources available.

5B Scoped digital content and capacity building of current training and education programmes.

The team reviewed the implications of Topol Review for Education and Training and developed a draft HEIW's initial 'Response' statement which was considered by the Executive Team. Research was also undertaken to develop a draft briefing on digital education and training / Business Case for Consultancy services to develop role Profiles. Early identification of suppliers to develop a toolset has been undertaken and tested.

Work has commenced to develop a plan to support the digital capabilities of the NHS workforce and to secure this as a key priority in the 2020-23 IMTP.

5C Scope opportunity for integrated digital platform

Initial internal scoping has been undertaken to consider the need for an integrated digital platform. The development of the performance report has further evidenced the benefits of taking forward such a platform. Internal scoping has identified the need for dedicated support to undertake further detailed scoping and research, and this will be progressed on appointment of the Director of Digital.

5D Developed a clear plan for simulation

During 2019, a project group was established and has been working on scoping out current simulation facilities, services and gaps in the NHS. NHS Health Boards have been invited to nominate their Simulation Leads to join an all Wales Simulation Leads network. This group met for the first time in December 2019 and identified a range of opportunities to be considered in a programme of work. Agreement was made to appoint an Associate Dean (Simulation) to help lead the project with an appointment expected by the end of the financial year. Unfortunately, arrangements were paused due to the impact of COVID-19.

Future developments have been rolled over into the IMTP 2020-23.

Strategic Objective 6

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

6A Developed a health and care leadership strategy with Social Care Wales and Academi Wales for health and care

A review of leadership development across NHS Wales was undertaken in Q1 and a review was scheduled to be undertaken by Social Care Wales by the end of Q3. The NHS reviews has been used to inform the development of the 'compassionate leadership principles' following a decision to proceed with principles rather than a strategy per se. The review has also enabled us to identify gaps in senior leadership development and inform future commissioning/development of national leadership programmes designed to support existing leaders as well as create a new generation of leaders. A project plan and governance arrangements were put in place by HEIW early in the year.

To maximise stakeholder engagement, HEIW hosted a collective leadership engagement conference in Cardiff. Keynote speakers included Andrew Goodall, Professor Michael West and colleagues from England and Northern Ireland. A total of 300 delegates attended including representatives from health, Social Care Wales, Academi Wales, strategic partners and academic establishments. The conference engaged the views and ideas of stakeholders to ensure a co-productive approach to the leadership strategy and resulting delivery framework.

An overarching steering group was established including representatives from NHS, Social Care Wales, Welsh Government, Academi Wales and Local Government and has met regularly during the year.

The Programme plan remains fluid and is updated to reflect progress. Whilst the NHS Wales leadership reference group has not been established, delivery of actions have been progressed through existing infrastructures and peer groups.

6B Map leadership and management resources and identify priority programmes for health and care.

During Q1, the team researched and scoped the leadership and management resources for Health and Social Care Wales. A digital leadership portal that can cross organisational boundaries has been procured that will enable HEIW to create a 'managers resource library' by collating and standardising the vast range of management development materials already in existence across NHS Wales. This also provided an opportunity to review, refresh and host the NHS Wales Core Competence Framework for Managers and Supervisors, in partnership with Academi Wales and NHS Wales. The materials have been made available as e-learning for self-directed learning, or version controlled electronic resources for use in face to face training. Workshops were held to explore use of existing 5 nations resources and tools to support implementation of the leadership principles.

We have commenced the review of 'inherited' clinical leadership programmes and had intended to put forward proposals for a unified clinical leadership programme in early 2020 and opening for applications later in the year. However, this work has been delayed due to COVID-19. For the first time, we appointed two pharmacy leadership fellows to join the medical leadership fellow scheme run by HEIW.

6C Implemented a succession planning and talent management framework for NHS Wales.

HEIW has committed to accelerating the pace around the implementation of succession planning for Tier 1 and Tier 2 senior leadership roles in NHS Wales. A workshop was held to define the succession planning process for these roles; identification of the Executive and Director roles across NHS Wales, hot spots and priorities; reviewing and enhancing (where required), the competence, values and behaviour frameworks for senior roles in NHS Wales. A process was developed to identify aspiring talent across NHS Wales; develop/commission executive leadership development programme(s); populate talent pool. Latterly the team have reviewed and re-launched the NHS Wales Core management competence Framework and have undertaken a pilot with the OU to identify manager resources for hosting on the Leadership Portal. At the time of the escalation of the COVID crisis, arrangements were being made for NHS Wales first Talent management Summit to take place in for June 2020. This was been put on hold in the last week of March.

We identified the need to secure a digital solution to facilitate the talent management and succession planning arrangements and took the decision to use a cloud-based talent management (TM) solution. This approach will enable NHS Wales to develop intelligence and maturity with regards to the functional and user specification of the talent management solution required to manage succession planning for Tier 1 and 2 posts.

6D Implemented an alumni leadership network

Following a successful procurement exercise, digital software has been sourced and the digital leadership portal has been developed to enable the creation of Alumni networks. The following has been achieved:

- Creation of a collective leadership alumni network that will include participants from the HEIW Leadership conference on 21st October. Membership of this network will enable access to a range of collective leadership resources and videos from the event
- Creation of a clinical fellows alumni network- This opportunity was provided to the clinical Fellows but was not pursued. However, the Swansea University Leadership Academy have since pursued this opportunity and have created a virtual network using the HEIW digital leadership portal to share materials, conversation threads and access the HEIW compassionate leadership resources.
- Creation of a range of collective leadership master classes, webinars and other alumni events with push notifications to alert anyone registered with the Leadership Portal - Where leadership events are undertaken, all networks will be alerted. The compassionate leadership interview with Professor Michael West December 2019 was streamed live across NHS Wales, with the Leadership network alerted and invited to participate.

Strategic Objective 7

Demonstrating value from investment in the workforce and the organisation

7A Developed value-based methodologies to monitor and evaluate the impact of education and development

We have made limited progress in respect of this objective during the year due to other pressures and team capacity. We have looked at our approach and begun to develop our investment appraisal processes, and standardised templates for 'business cases' and projects/programmes. In December, we took the decision to prioritise this in the new year alongside further work on our structures and processes. Individual business cases, for significant investment decisions have included an assessment of value added, benefits, impacts and risks etc.

7B Developed a plan for future allocation of SIFT

This objective was not progressed during 2019-20 due to the absence of direction from Welsh Government.

7C Implemented an integrated performance framework to underpin delivery of annual plan.

We have developed an integrated performance report and dashboard and agreed with Board their expectations as regards the provision of timely information on performance. We have discussed the approach with our senior leadership team and key business area leads and clarified expectations on them to inform performance management and planning, at corporate and directorate level, as well as provided some 'training' sessions. This engagement and iterative development has contributed towards the development of our IMTP 2020-23.

Remit Letter Actions

1. Mid/West Wales Academic Fellows Scheme

In 2016, Swansea University School of Medicine launched a Rural Health Academic Fellows Programme. The programme recruits 2 fellows (qualified GPs/other specialists) a year who work as supernumerary GPs or specialists in approved, allocated rural practices and/or hospitals for 3 days a week. The other 2 days are dedicated to pursuing academic work, under the guidance of a Swansea University School of Medicine Senior Clinical Academic.

A small research group reviewed the Mid/West Wales Academic Fellows Scheme to evaluate the impact on the existing rural scheme. Interviews were undertaken with key individuals (including Swansea University staff, associated GP Practices and the Fellows currently and previously on the scheme) to check whether the current format of the scheme was fit for purpose and identify ways in which the scheme could be improved and offer value for money. The findings were reviewed, and the evaluation was drafted and shared with contributors for feedback. The evaluation report was reviewed and updated prior to submission to the Executive Team for approval and then submitted to Welsh Government as requested.

2. Career framework and supporting education framework for general practice nurses

As HEIW is developing a career framework for the health professional workforce as identified in objective 2C, it was agreed with Welsh Government that this will be incorporated into work of that group. Following the appointment of our new Head of Nursing and Midwifery Transformation during Q3 she was tasked to identify any short-term education priorities HEIW should consider.

3. Lead work with NHS organisations to determine cost effective ways to deliver the additional 80 district nurses funded through the compact between Welsh Government and Plaid

We have engaged with the Health Boards to determine who within their community workforce had begun the Specialist Practitioner Qualification (SPQ) but had not completed the course. A plan was developed to backfill staff to expedite their progress through the programme to gain the (SPQ). We evaluated the ongoing uptake against the original plan and additional work was undertaken with the Health Boards and universities to explore alternative options. A full-time programme (with backfill) has now been offered and uptake has increased to an anticipated level of 55 additional district nurses. Engagement with the Health Boards identified the full extent of training activity across the Community nursing workforce which demonstrates there is considerable training being undertaken. It has also identified that one of the main factors inhibiting additional release of staff is the capacity to maintain services whilst staff are released for study. Welsh Government have been appraised of the outcome.

4. Support Health Boards to use coding (Electronic Staff Record) in a consistent way in line with the national coding manual

The Data Controller responsibility for ESR sits within NWSSP. We met with NWSSP to share the remit letter action assigned to us with them and to agree a way forward. As a consequence of discussions, a joint plan was put in place to re-invigorate the Data Quality group within the Hire to Retire programme board led by NWSSP. During Q3 the group identified the current position in relation to district nursing, to assess the level of quality and to identify areas where ESR data naming conventions are agreed but are yet to be actioned. This has provided the foundation to develop a programme of work to update areas identified in remit letter objective 2 above. Work to develop an agreed process to empower Workforce Information Managers with the accountability, support and resource to enact changes agreed via the Data Quality control group has also commenced.

5. Offer a workforce perspective and advise on workforce implications arising from key Government documents such as the Valleys Taskforce and Dementia Action Plans

The Deputy CEO is a member of the Valleys Task Force, workforce sub-group. This objective is open ended, comments have been provided as appropriate on various key documents as they have been published.

6. Advise on arrangements to routinely collect NHS vacancy information for all staff groups, and work with WG policy and statistical officials to produce an accurate statistical statement via WG’s Knowledge and Analytical services.

As noted at 4 above, the Data Controller responsibility for NHS Wales sits with NWSSP. Discussions have taken place between NWSSP and HEIW to agree a way forward on this action. During Q3, we scoped current practice in collecting vacancy information from all NHS Wales organisations. This feedback was analysed to identify areas of commonality and good practice. Working in partnership with NWSSP we developed an agreement for the collection of data within clear and robust parameters for the purposes of the statistical statement for 2019-20. We worked with Welsh Government’s Knowledge and Analytical services to agree parameters for an accurate statistical statement for 2019-20 and to agree the data for the collection of data to inform the statistical statement. We will then be in a position to identify areas for further improvement and to develop plans to increase the accuracy of the statistical statement, including the resource implications. We have notified the Welsh Government of the achievement of this action.

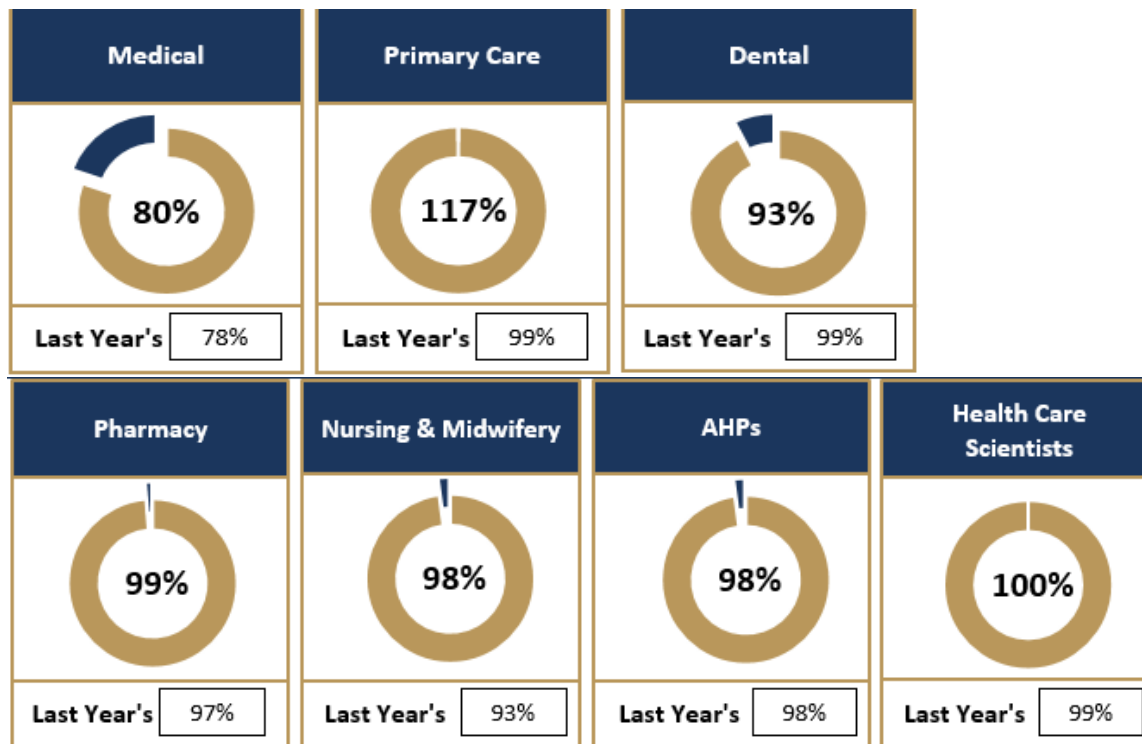
Overall across all objectives stated within the Annual Plan 2019-20 the RAG status indicated at the end of the period was:

RAG rating	Total at year end
Green	22
Amber	15
Red	2
	39

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. The position at year end remains as stated in the March 2020 report.



Notes:

1. We are working on plans for future data to be colour coded on the dashboard, to show the point at which the data was collected, i.e. at 'initial' recruitment or as an 'actual' figure (trainees/students having taken up posts/places in training/learning).
2. It is important to note that the complexity of slight, but important, differences in how the professions define stages in their recruitment processes does make it challenging to develop an overarching metric and to secure agreement of the definition and associated terminology. However, we are continuing to make progress, and the definition and the associated elements will be tested, reviewed and amended as appropriate over time.

Continuing Professional Development (CPD) Course Activity

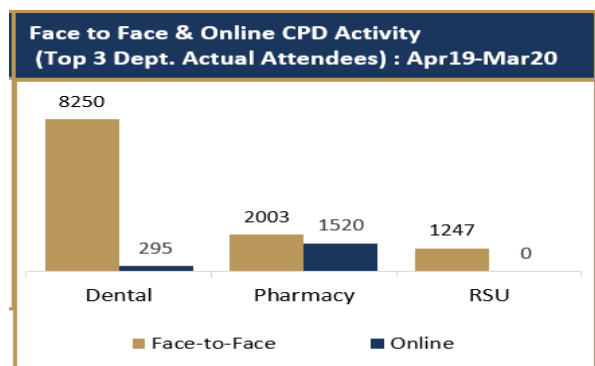
CPD activity is delivered and commissioned in a number of ways across HEIW and is a key focus in our IMTP.

Data on CPD activities is still being collected manually, which has made it challenging to monitor and report. In 2020-21, we are planning for the implementation of the Centralised Course Management system, which will generate and monitor a far more robust set of data to support performance monitoring.

The chart shows the number of attendees at face-to-face and online CPD events for the period 1 April 2019 to 31 March 2020. This is broadly in line with the previous year.

For the RSU online modules, the number of views is also shown.

The vast majority of CPD provision stems from the Pharmacy and Dental Deaneries, and RSU.



Dental

The dental section provides a variety of courses covering all areas of dentistry, for registrants who live or work in Wales. These include dental simulation (hands-on), traditional study days, conference and online CPD. All courses meet the General Dental Council requirements for verifiable CPD.

In 2019-20, 760 dental courses were organised across Wales. Only 9% of these courses were cancelled; 5% due to low numbers or study days being re-arranged and 4% due to COVID-19 (in March 2020).

During the year, we introduced the course 'Making Prevention Work in Practice'. This is a one-day 'train the trainer' course, to enable dentists to go back into practice and train their Dental Nurses on the application of topical fluoride varnish. We ran 11 courses in 2019-20, training 346 dental professionals. The course received excellent feedback and directly supports the Welsh Government GDS reform programme. In addition to this, a number of courses were offered to extend skills for DCPs also supporting WG whole system reforms by developing the workforce and effectively utilising skill mix.

We worked in collaboration with the National Exam Board for Dental Nurses (NEBDN) to provide training in Dental Radiography, Dental Sedation and Special Care. The table below gives a summary of the training in 2019-20 and the excellent pass rates that were achieved in the period.

NEBDN Course	Pass rate
Dental Radiography	78%
Special Care	100%
Dental Sedation	100%

We also organised our 10th DCP Symposium in May 2019 with 131 delegates in attendance.

The dental section provides a suite of Quality Improvement (QI) tools to support dental practices and their teams. These tools directly support the whole system reform to the NHS General Dental Services in Wales. The table below provides a summary of the number of dental practices and dental professionals engaged in this activity in 2019-20.

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QI Tool	Number of Practices	Number of Dental Professionals
WHTM 01-05 Audit	41	292
Antimicrobial	45	126
Smoking Cessation	32	145
SOSET	13	137
MMD	25	157
Design to Smile	42	109
PDP	4	33

The number of courses being delivered in 2020-21 is anticipated to be slightly less than the previous year, due to the number that have been postponed due to COVID-19. It is hoped that some can be re-organised for the profession to enable full return to practice.

RSU

The Revalidation Support Unit (RSU) provides CPD events and online modules designed to support the needs of the NHS Wales workforce. These educational events provide opportunities to update clinical knowledge and to support ongoing learning.

Study days are designed specifically for GPs, but are also appropriate for other primary care allied health care providers. We seek opportunities to collaborate with both internal and external agencies, including charities, allowing us to provide multi-disciplinary events.

Priorities for 2019-20 were to consolidate and expand on the delivery of events. The current delivery model via 3 regional CPD Leads was initially piloted in April 2015 and formalised in 2019. This aim was achieved and, in fact, exceeded.

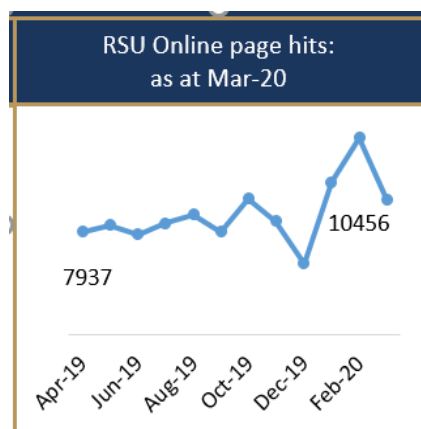
The data provides a summary of the total number of events delivered across Wales for the period 1 April 19 – 31 March 2020: 32 events and 1247 attendees.

This is a significant increase on the same period last year (1 April 2018 – 31 March 2019: 16 events with 868 delegates) and demonstrates the high demand for our events. This improvement is attributed to the following:

- The ability to provide CPD events was reduced by approximately 15% last year following the resignation of the North Wales CPD Lead. This post was filled in April 2019.
- The number of attendees has increased as the direct result of adding an events page to the GP CPD e-modules website, which has eased the booking process and enabled GPs to view and select from all the events taking place across Wales.

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- The provision of study days on key/‘hot’ topics, such as Gender Diversity, in response to national developments led by the Health Minister, were popular and were over-subscribed. When planning CPD activity for the coming year we will consider how to provide further support for national initiatives and campaigns.



In addition, visits to the GP CPD e-modules website increased throughout the year from 7937 to 10456 at the end of March 2020. The top viewed module from April 2019 to March 2020 was ‘Motivate to Move’ with 2630 views, followed by Acute Kidney Injury with 2141 views. Our aim is to deliver a minimum of 4 modules a year on key topics. This has been achieved, including the launch of HEIW’s first training module on Trans and non-binary for health professionals, with support from LGBT charity, Stonewall Cymru.

This demonstrates the continuing and improving engagement of the medical profession with the organisation, specialised CPD events and online resources.

The Unit also delivers the Developing Doctors to Deliver (3D) Programme, which is designed to address the educational requirements of clinicians in all parts of the NHS in Wales who wish to extend their abilities in engaging with and influencing the service improvement agenda. One of the strengths of the programme is that it is inter-disciplinary. There are 34 participants on the 2019-20 programme, of which 8 are GPs, 20 are hospital doctors, 3 are dentists and 3 are pharmacists.

Pharmacy

During 2019-20, the format of webinars to deliver CPD requirements continued to attract more learners, both within pharmacy and within other healthcare professions due to the ability to access remotely, reduce travel and require a reduced time commitment after work.

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Registrations for webinars continued to increase, e.g. Emergency contraception – 172 registrants and the HRT webinar, which was multi professional – 139 registrants. This represents a 5-fold increase since pharmacy commenced webinar delivery three years ago.

The live webinars are also recorded and made available to all professions on the HEIW pharmacy website to allow learners to access at their convenience. In order to increase awareness and uptake, however, we are working with the HEIW Communications and Digital teams to undertake more effective promotion of CPD programme and e-resources via social media and directly to end users.

Face-to-face events still provide an excellent opportunity to network, albeit the number of these events have decreased over the last few years. The availability of technology (live streaming) does facilitate remote attendance. The inter-professional optometry/pharmacy events in September/October 2019 were very well received and have helped support improved networking and patient referrals for specific services from each profession. The existing referral form, further to feedback from delegates, will be updated to improve information available and provide a more efficient patient referral process. 168 professionals attended the events across Wales.

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.

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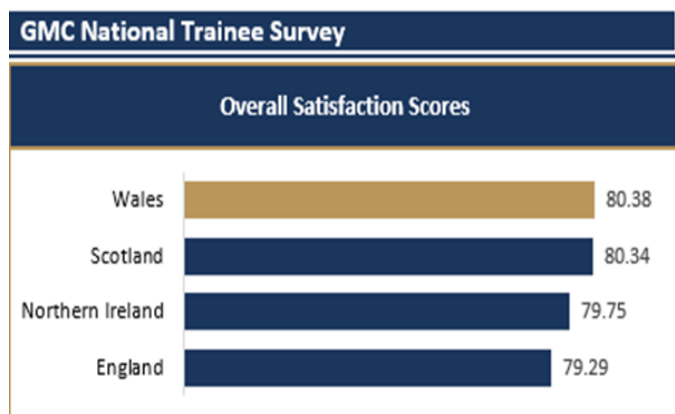


The data shows targeted visit information for the full year, 1 April 2019 to 31 March 2020.

At 31 March, there were two issues where the Quality Unit had concerns over progress and these were escalated to the GMC for Enhanced Monitoring. These concerns were Medicine in Wrexham Maelor Hospital and Emergency Medicine at Morriston Hospital. Action plans for these issues are being implemented and monitored by the Quality Unit in the new year.

At the start of 2020-21, 11 other quality concerns also continue to be monitored and 5 have been de-escalated. Three further visits were planned before 31 March but, given the need to implement social distancing and reduce any pressure on NHS Wales following the COVID-19 pandemic, these visits were postponed and arrangements have been made to monitor these with the local teams.

GMC Trainee Survey Results



For full details on results, please see *Performance Report 2 (January 2020)*.

As highlighted in Performance Report 2, the Quality Management team reviewed the results from the 2019 survey to determine measures for consideration and implementation;

- Lower rates of trainee engagement across the home nations (although the rate in Wales was 97.5%, compared to the UK average of 94.6%);
- Lowest overall percentage score in the UK for clinical supervision out of hours and lowest reported by Wales since 2015 and this will require review (although the areas have already been identified by the Quality Unit as areas that require support and Targeted Visits are underway)
- Workload issues impacting on the ability of trainees to access study leave
- Lowest score in the UK for the 'reporting systems' indicator (Wales has had gradual erosion in the score over the last 4 years)

Obstetrics & Gynaecology, Surgery and some areas of Medicine are likely to remain target areas for the next survey in 2020 and this relates directly to work that the Quality Unit are already undertaking.

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.

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.

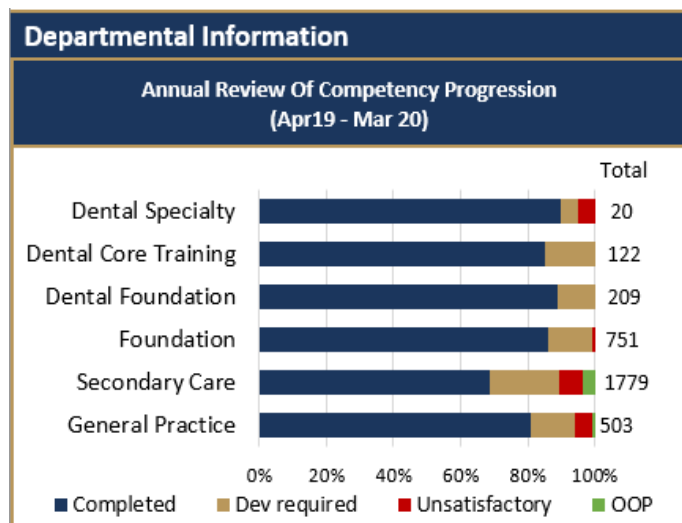
Outcome 8: Outcome for trainees who are out of programme (OOP) unless Out of Programme for Training (OOPT) in which case an outcome 1-5 should be awarded.

In late 2019-20 (and early 2020-21), for upcoming annual reviews, guidance has been issued (on a four-nation basis) about new Outcomes to be used should progression be impacted as a result of trainees supporting COVID-19.

The data below is for the full budget year, 1 April 2019 to 31 March 2020. The data 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)

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As we continue to review the data and discuss potential new metrics and changes to existing metrics with respective areas, further work is being undertaken to analyse these outcomes further, and to reflect on how these can align to measure our performance. Where possible, this will be incorporated in future reports.

Nevertheless, figures for Foundation, GP and Secondary Care (in the chart above) show that all outcomes are broadly in line with the previous year.

Data for Dental Foundation Training and Dental Speciality Training has been updated in line with Interim RCPs, which take place in February and March each year.

Across all areas, indications are positive with regards to the outcomes being generated. Work is progressing to consider further the reasons and support required where unsatisfactory outcomes have been reported.

For more background information and detail about processes in individual areas, please see *Performance Report 2*.

Professional Support Unit (PSU)

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. In late 2019, the PSU extended the service to include pre-registration pharmacy trainees (on a case-by-case basis).

On average, 10-12% of doctors in Wales are receiving support at any one time, which equates to more than 300 active cases. At 31 March, approximately 30% of these had been referred to a specialist psychological service (Hammet Street Consultants Ltd).

There were 369 active cases at 31 March (compared to 377 at 29 February). 90 of these (compared to 188 at 29 February) were receiving psychological support from Hammet Street.

Professional Support Unit (Mar-20)		
Reason for Visits		Active Cases
Health	191	369
ARCP outcome	81	
Passing Exam	69	Referrals to Hammet Street
Training Progression	23	
Professionalism	5	
		90

The PSU service typically experiences higher demand in line with Annual Reviews of Competency Progression (ARCP). The service contacts every trainee with an Outcome other than 1 or 6 (Satisfactory progress/Completion of Training). About 40% of trainees with Outcome 2s (Development of specific competences – additional time not required) and Outcome 3s (Inadequate progress – additional training time required) have proactively accessed PSU and have commenced their support plan at the time of their ARCP. A further 20% of Outcome 2s & 3s access support post PSU contact (in a ratio of 1:3).

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Evidence from 2018 showed that engagement with the PSU resulted in 62.7% of trainees returning to Outcome 1. If a trainee engaged with the PSU they had an 11% higher chance of Outcome 1 or 6 as opposed to those who did not engage¹.

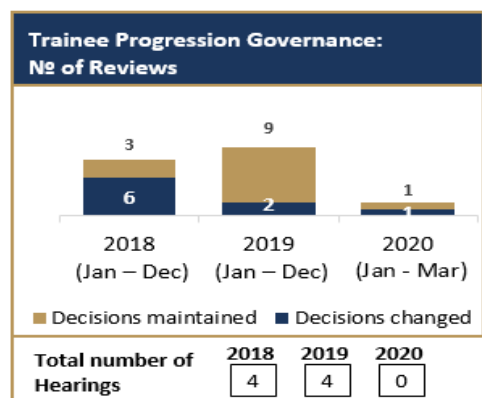
As was the case at 29 February, the breakdown of reasons for accessing PSU support shows that over half of cases are due to health reasons. However, the breakdown is only indicative as, in many cases, this is merely a first presentation and often underlined with other challenges affecting an individual's progress or performance.

The PSU had no new referrals in March from trainees requesting specific support around COVID-19. Some trainees already being supported were in touch with worries around the pandemic and the impact on their training, but there were no new cases. This is mirrored across the UK, as reported by other PSU services at the COPMED PSU meeting in April 20. The impact of COVID-19 is likely to be a long-term one and we expect to see support needs related to COVID-19 arising for the next 3-7 years.

Trainee Professional Governance (TPG)

The main role of TPG is to coordinate Reviews and Appeals of Annual Reviews of Competence Progression (ARCP) Outcomes (and more recently Appeals from Foundation Dentists and Appeals following removal of National Training Number, NTN).

Approximately 2,500 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.



¹ 'The role of the Professional Support Unit in specialty training' Hardway M, Kevelighan E, Gasson J, Walsh L 2018.

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The data for 2019-20 shows the number of decisions at the Review stage of Appeals that have been maintained and changed.

An Appeal has two parts: a Review by the original people who gave the Outcome and, if the Outcome is not changed, the trainee can ask for a full Independent Hearing. Currently, 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 limited number of Appeals allows opportunity for analysis and learning to improve practice. Whilst Appeals will never be eradicated, by a process of continual learning and dissemination of errors or good practice, the numbers that are received and subsequently changed (as a percentage of the total number) should diminish over time.

To this end, in 2019, TPG commenced improvement and collaborative work across all medical specialties and with Dental colleagues to promote better reporting of individual progression, objective setting and decision making at ARCP panels. This work was showcased at an ARCP National Learning Event in London in March 2020, attended by HEIW Secondary Care and GP representatives. There will be further collaborative work undertaken across the nations as a result.

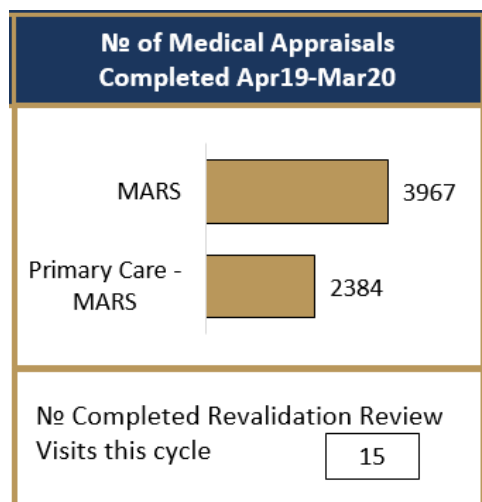
Also during 2019, TPG introduced more challenge at the Review stage to ensure that if the Outcome is maintained, and the case goes to a full Independent Hearing, HEIW processes and procedures are robust and capable of challenge.

Medical Appraisal and Revalidation

Note: In response to COVID-19 and the GMC's decision to suspend Revalidation until September 2020 in the first instance, the CMO paused medical appraisal on 27 March. Plans are in place to respond to any future changes to national appraisal and revalidation decisions and guidelines as they arise.

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.

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This data provides a summary of the number of appraisals completed on both MARS and the Primary Care instance of MARS, for the period 1 April 2019 – March 2020 (6351).

This data is consistent with the same period last year (6064 from 1 April 18 to 31 March 2019) and, therefore, demonstrates the continuing high engagement of the medical profession 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 completed in March 2020, acts as a proof of concept regarding the use and transferability of MARS to other professional settings. As at March 2020, there were 128 registered on the system, which is approximately 91% of all Community Dentists. The final pilot evaluation was discussed at a joint HEIW/WG meeting with the Chief Dental Officer on 5 March 2020. The outcome was an endorsement of the system as being fit for purpose and of value, and it was agreed that the DAS system would now be used as the single appraisal system for Community Dentists.

On 2 March 2020, HEIW launched the **Orbit360™** system, a multi-source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and colleague feedback. At 31 March, 484 users had registered on the system and 143 surveys had been initiated.

Appendix A – HEIW Performance Report

4 doctors had completed this exercise and received their feedback report. This system replaces the previous 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.

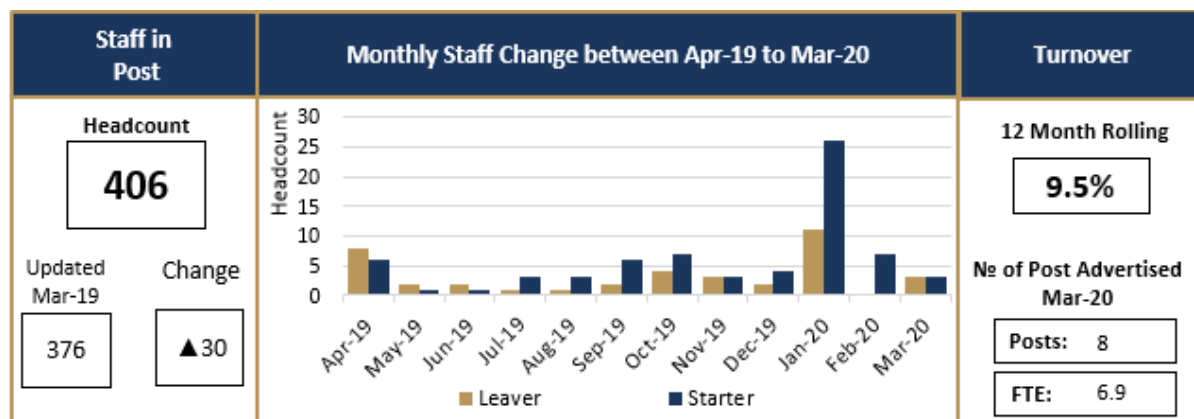
At 31 March 2020, there had been a cumulative total of 15 Review Visits. All Designated Bodies (DB) within Wales were visited over a two-year period, January 18-December 19. See *Performance Report 2* for more detail.

As a result of the review visits, the Chief Medical Officer was assured the appraisal and revalidation processes in Wales are robust and fit for purpose. In order to implement the revalidation action plan effectively and enable DBs to implement their local action plans there will be no further review visits taking place until April 2021. A new two-year review visit cycle to all DBs in Wales will take place April 2021 – March 2023.

SECTION 4 – Corporate Performance

HEIW Performance Metrics

This section outlines how HEIW is performing as an organisation as at the end of March 2020.



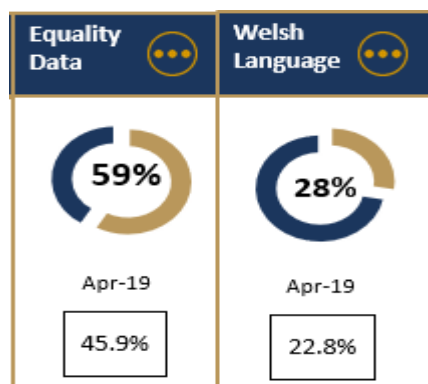
Workforce Movement

In March 2020, the headcount for HEIW was 406, which represents an increase of 30 staff since 31 March 2019. The staff changes report shows that over that 12-month period a total of 75 new starters joined, and 44 people left. Whilst the picture has involved a steady increase in staff during the year, consistent with the development of services within HEIW, it was January 2020 that saw the largest movement of the workforce with 11 people leaving and 26 new starters across a range of functional areas.

Turnover

The 12-month rolling turnover rate for HEIW for the period March 19 to March 20 is 9.5%. The turnover rate for HEIW can be variable because of the small size of the workforce. However, HEIW continues to have one of the lowest turnover rates in NHS Wales, which supports business continuity and organisational memory.

Appendix A – HEIW Performance Report



Equality Data

HEIW staff have a responsibility to complete the various equality measures using Employee Self Service in ESR and the year ended with the data indicating that 59% of records have now been completed. This highlights as a result of positive engagement, an upward trend in terms of compliance with an increase of 13.1%.

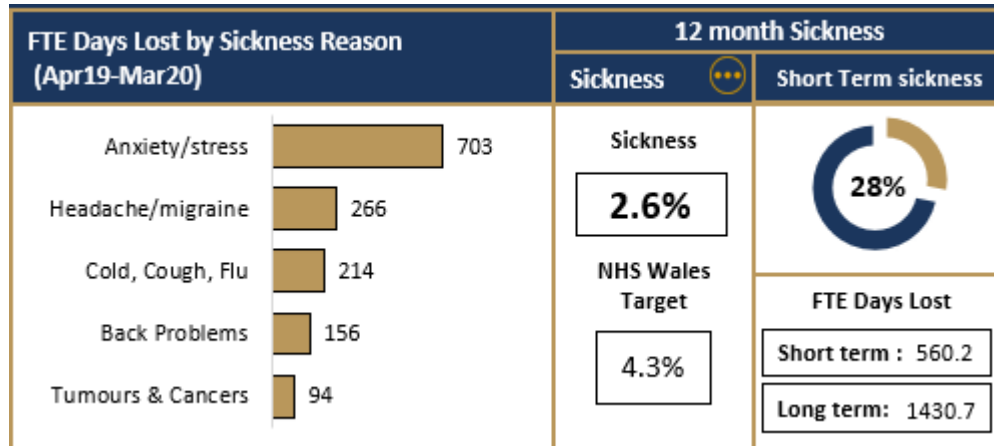
HEIW will continue to work with colleagues to ensure gaps are addressed and to encourage a continued upward trend. The organisation, in partnership with the Equality team, will be undertaking a series of actions as part of its Strategic Equality Plan (SEP). The Strategic Equality Plan has been signed off by the Executive Team. Due to the COVID-19 pandemic, however, the SEP was not presented to the HEIW Board on 26 March and will be presented to Board later in 2020.

Welsh Language

Individuals are able to update their ESR record to log their Welsh competencies in Reading, Writing and Listening/Speaking in Welsh. Over the period of 12 months to March 2020, there has been a 5.2% increase to 28% of individuals who have updated their record.

As with PADR completion rates, every opportunity is being taken to remind staff and managers to complete statutory and compliance training and to update Welsh Language data.

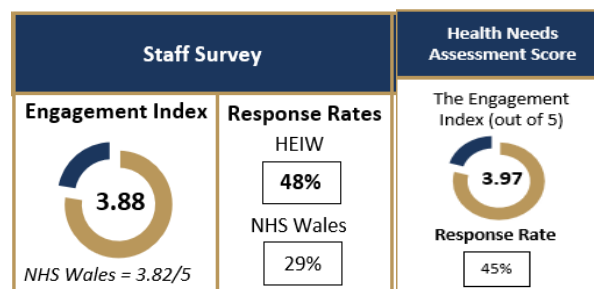
Sickness



HEIW has maintained the lowest sickness rate of all the 11 NHS Wales organisations, with a rolling 12-month sickness rate of 2.6% (April 19 – March 20). This sickness rate has remained significantly below the NHS Wales sickness target of 4.3%. During this 12-month period, HEIW staff have experienced significant organisational change but the fact that there has been no concurrent increase in sickness is a positive indicator of the general health of the organisation in terms of positivity and wellbeing.

Where there has been some sickness, 72% has related to long-term sickness (periods over 28 days) and this then correlates with the breakdown of reasons for absence where, over the 12-month period, the most common reason has been for Anxiety/Stress/Depression. This reflects a very small number of individual cases of staff on long-term sickness and that, due to the generally very low levels of sickness absence, makes a significant impact on the overall picture within the organisation. These cases, along with other cases of long-term sickness absence for other serious health issues, have been managed sensitively and appropriately with involvement from the People Team.

Staff Survey & Health Needs Assessment



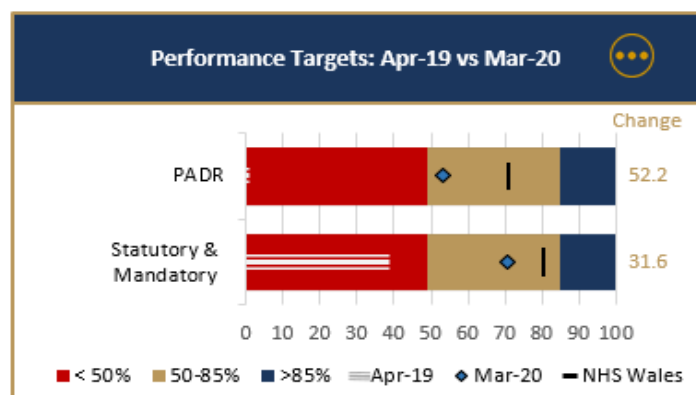
HEIW undertook a staff survey in January 2019. The response rate was 48%, which was higher than the NHS Wales response rate of 29%. The overall staff Engagement Index for HEIW was 3.88 out of a possible 5. This score can be seen positively because the survey was taken 4 months after the creation of HEIW. The Health Needs Assessment survey was conducted 9 months later in October 2019 and contained the same questions that make up the Engagement Index. The questions in the Staff Survey had a 5-part answer, whilst the questions in the HNA had a 3-part answer, so to allow for comparison, the figures were considered in percentages, with a calculated Engagement Index score of 3.97.

HEIW's success in the area of staff engagement was recognised in 2019-20 by being shortlisted in three categories at the 2019 Healthcare People Management Association (HPMA) Wales Excellence Awards. The awards recognise and reward the outstanding work of healthcare and people managers across Wales.

HEIW won in the category 'Colleague Engagement and Experience' for its contribution to empowering staff to create a new culture. The organisation was also 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).

Following a very successful and well attended all staff away day in March 2020, we instigated our first homeworking survey to enable us to generate a greater level of insight, understanding and challenges for staff in working and having the ability to work from home. This is an approach we will continue into the new reporting period.

Personal Appraisal Development Review (PADR)



Personal Appraisal Development Review (PADR) forms part of contractual arrangements for all staff. HEIW PADR takes a values-based approach, with the outcome being an agreed personal development plan for ongoing improvement. PADR gives the individual staff member the opportunity to discuss their performance against agreed objectives.

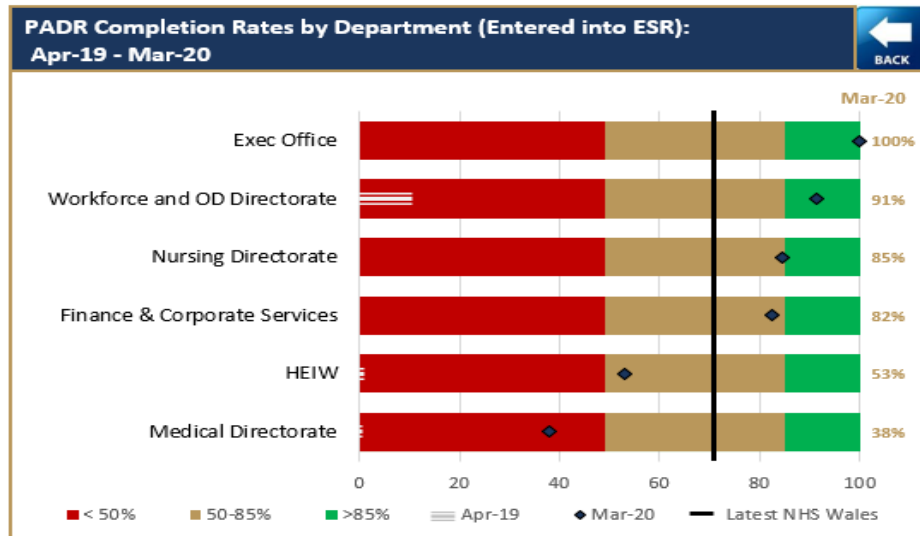
Note: There are currently 406 HEIW Staff. However, for the purpose of this report the narrative refers to the 272 core staff and excludes those staff occupying the roles of GP Appraisers and Pharmacy Assessors/Facilitators who are predominantly also employed by other healthcare organisations. The expectation is that the mandatory training and PADR compliance relating to these staff would be registered with their primary employing organisations.

The Welsh Government Compliance target for PADR/Appraisal is 85%, with the data being compiled from the ESR system. This is an agreed measure, which recognises that factors such as long-term sickness, maternity leave, career breaks would mean that 100% compliance is difficult to achieve. Therefore 85% is considered full compliance. In accordance with WG performance guidelines, new starters are excluded from PADR compliance figures for the first 3 months in post.

The overall compliance level for HEIW core staff was 53% at 31 March 2020. This reflects a steadily improving trend particularly in the second half of the year. In the first part of the year, compliance levels were very low and this was primarily attributable to introducing ESR to a large group of staff that were unfamiliar with it, specifically those staff who had transferred from Cardiff University.

Appendix A – HEIW Performance Report

Compliance levels are broken down by Directorate as follows:



The lowest performing Directorate at the end of the 12-month period was Medical, which shows compliance at 38%.

The compliance levels for core HEIW staff in the last four months of the year demonstrate a generally improving trend as follows:

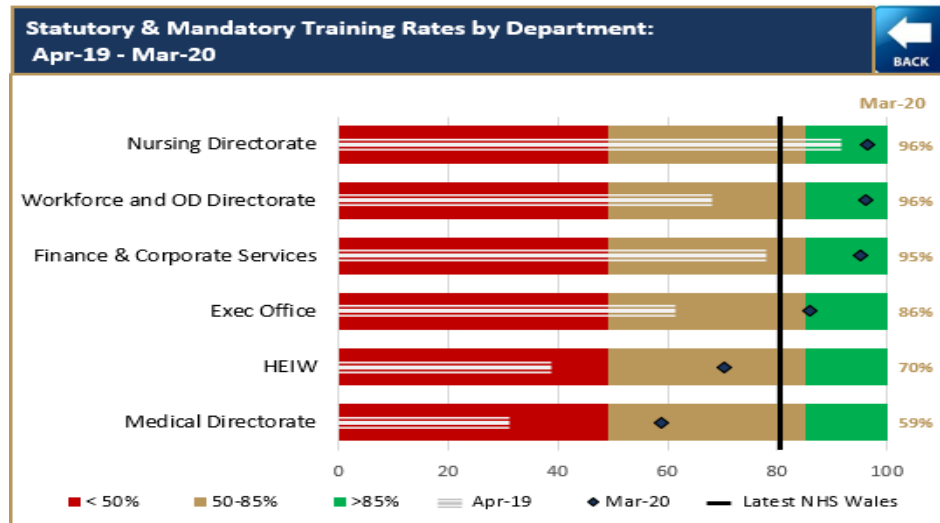
December – 44%
January – 48%
February – 53%
March – 53%

For the same period, the compliance levels for the Medical Directorate also demonstrate an improving trend as follows:

December – 30%
January – 31%
February – 36%
March – 38%

Statutory & Mandatory Compliance

Note: 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
- Prevention and Management of Violence and Aggression
- Resuscitation
- Safeguarding Adults
- Safeguarding Children

Appendix A – HEIW Performance Report

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.

The figure for Statutory and Mandatory Training compliance at HEIW for all core staff (excluding GP Appraisers/Pharmacy Assessors/Facilitators) as at 31 March 2020 is 70%. This demonstrates a considerable improvement since the beginning of the year when it stood at just under 40%.

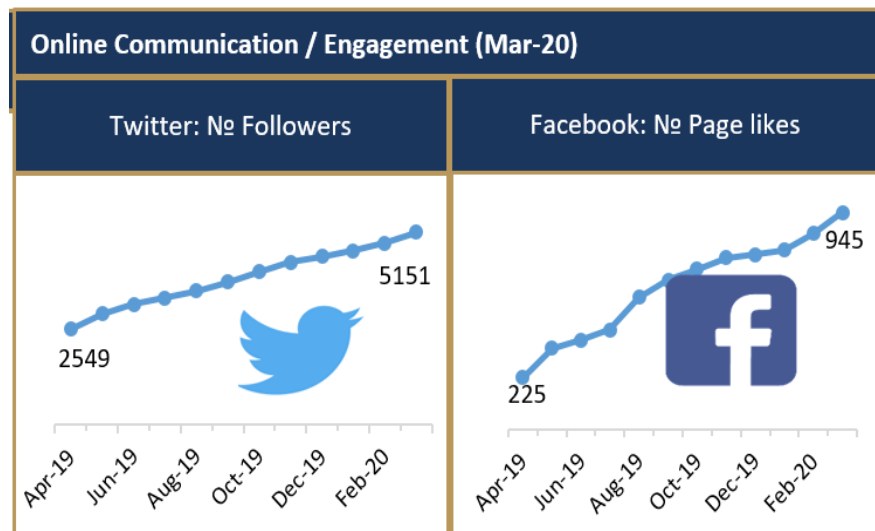
While the People team and the wider Workforce & OD teams are able to support staff in this process, it remains the responsibility of individual staff and managers to ensure that they achieve a minimum 85% compliance in statutory/mandatory training requirements.

In respect of both PADR and Statutory and Mandatory Training there has been a steady and continuing improvement in compliance levels specifically in the second half of the financial year, both at organisational level, and at Directorate level for the Medical Directorate, which has been the main outlier. This is the result of proactive engagement and encouragement by the People Team, work undertaken in supporting managers and staff with PADR training and training and support on ESR. In addition, there was a concerted effort to further encourage, train and support managers on a group and individual basis in the last quarter and the expectation was that there would be a consequent radical shift in PADR compliance levels reflected in the April figures. However, it should be noted that the impact of this work will have been negatively affected by the COVID-19 pandemic specifically, where much effort has been diverted to managing the educational impact of the crisis and the provision of support across NHS Wales. The change to home working for core staff will also have had an initial impact.

Training to Support Managers with ESR

The Workforce Analytics Team provide guidance and support to managers on the use of ESR as required. Staff who transferred from Cardiff University were able to book annual leave on ESR from October 2019. To support this, additional training (both classroom and one to one support) was provided, including additional sessions in March 2020 prior to the announcement of the lockdown.

Online Communication/Engagement



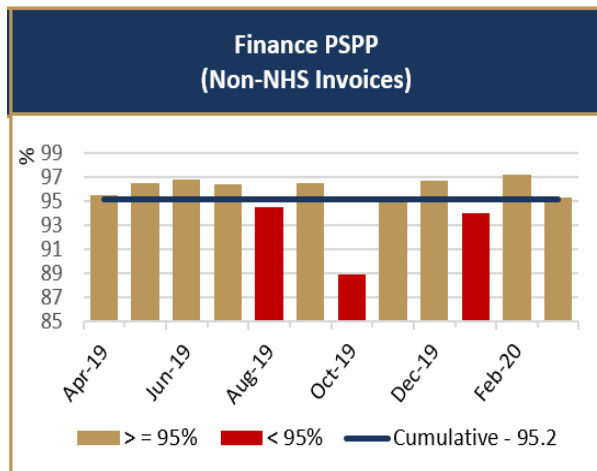
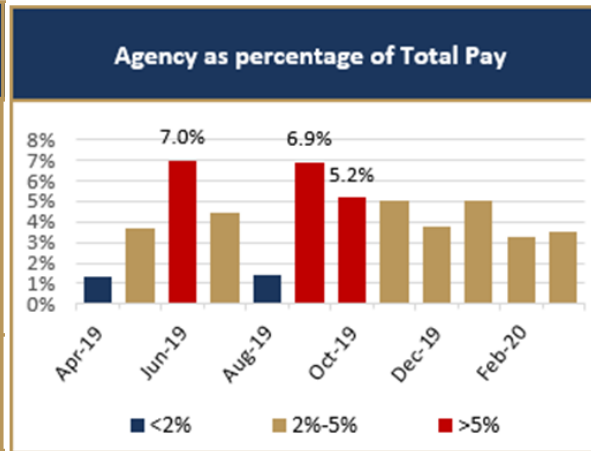
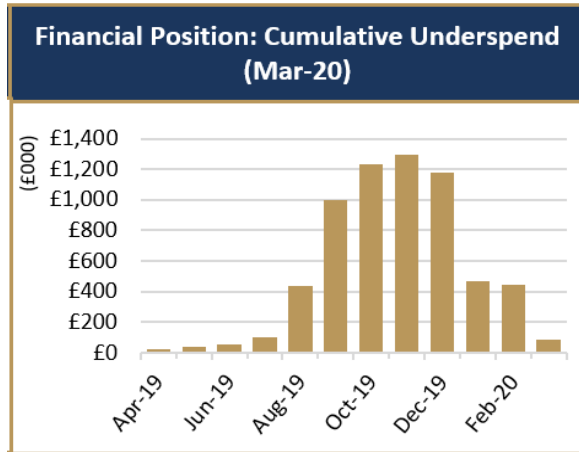
As indicated by the data, awareness of and engagement with HEIW has grown considerably over the past year.

In the financial year 2019-2020, we have increased our Twitter following by 96% going from 2549 to 4989. Our Facebook following has grown even more with an increase of 315% rising from 225 followers to 935 in the year. This is a positive indicator of communications and engagement work and reflects the importance placed on it by HEIW.

Our work on social media forms part of the wider HEIW communications and engagement strategy, which in turn forms part of our annual plan and going forwards our IMTP 2020-23. A progress update on the communications and engagement strategy is presented to the Board every six months – the most recent can be found in the [November 2019 Board papers](#).

Appendix A – HEIW Performance Report

Finance



Appendix A – HEIW Performance Report

The reported position for March (Month 12) for HEIW is a cumulative surplus of £84k. This position is largely due to staff vacancies and underspends on contracts with education providers due to recruitment, retention and take up of bursary. These are offset by cost pressures associated with medical trainee relocation expenses and changes in the GP specialty training total cohort as a result of delays in completion of training and expansion in numbers.

Expenditure on Agency staff reflects the number of vacancies within the organisation.

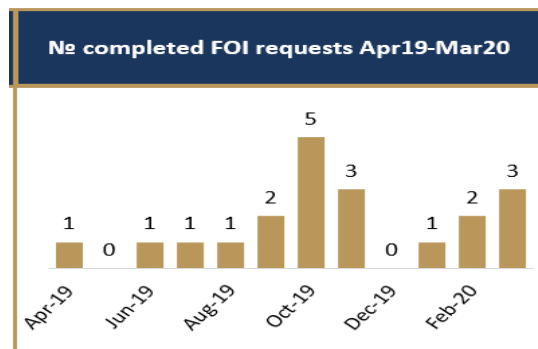
HEIW has met its Public Sector Payment Performance target for 2019-20 having paid 95.2% of non-NHS invoices within 30 days (against a target of 95%). Work will continue to refine the payment processes in 2020-21.

Disciplinary & Grievance

People Team (Mar-20)
Disciplinary & Grievance
0
No Complaints
0

There are have not been any disciplinary or grievance cases in the period.

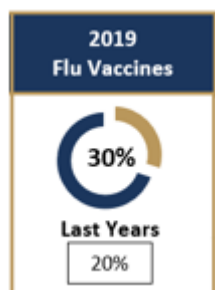
Freedom of Information Requests



Appendix A – HEIW Performance Report

HEIW received 22 FOI requests between 1 April 2019 and 31 March 2020 (an additional 5 since the last report). The compliance rate (response within the 20 working days) was 95%. Of the 22 requests, 2 were withdrawn by the requesters and 1 was responded to 22 days following receipt of the request. It is HEIW's policy to respond to all FOI requests, regardless of their complexity, even where this may mean that the information is delayed. (Where there is likely to be a delay in providing a response to requests, the Corporate Governance Manager liaises with the requester to ensure they are aware of the possibility of a delay and to agree a revised timescale for response. Where there are complex requests, and where the information is required from multiple disciplines, it is not always possible to provide the information within the 20 day timescale.) There have been no requests for review.

Flu Vaccines



20% of all HEIW staff had flu vaccines in the winter of 2018-19; in 2019-20, 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.

Health & Safety

Health and Safety	
Mandatory Training (Mar-20)	
Fire Safety	54.9%
Health & Safety	59.8%
No of Incidents Apr19-Mar20	6

Accidents & Incidents

During 2019-20, there were 6 health and safety accidents reported/recorded, but 0 incidents applicable for reporting to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

Statutory and mandatory training

The data shows the compliance rate of staff completion of statutory and mandatory training related to health and safety on ESR. Overall compliance is reported under 'Statutory & Mandatory Compliance'.

Volunteer Training

At 31 March, the voluntary roles of Fire Marshal, First Aider, DSE Assessor and PAT tester were all filled to the required capacity and all role holders had been trained to the level required to undertake the roles. The table shows the total number of health and safety training courses attended in 2019-20 and volunteers for each role.

Role	Number of courses attended	Total number of volunteers
First Aider	7	15
Fire Marshal	10	10
Display Screen Equipment Assessor	8	8
Portable Appliance Tester	1	2

One member of the Planning & Performance team also successfully completed the IOSH Managing Safely training.

Policies, Procedures and Guidance

A Health and Safety policy, including documents for procedures, processes and guidance was established and communicated to staff via the Health & Safety pages on the Intranet.

Policies, Procedures and Guidance documents published in 2019-20:

- H&S Policy
- Homeworking
- Car Parking
- New & Expectant Mothers
- Temperature
- Manual Handling

Appendix A – HEIW Performance Report

- Risk Assessment
- Control of Contractors
- Young Persons
- Incident Reporting
- Electrical Equipment & PAT testing
- Travelling for Work

Risk Assessments

A risk assessment procedure was implemented during the year.

There were 2 internal assessments recorded (Risk Assessments completed by HEIW Staff): Ty Dysgu Building, Litter Picking Event.

There were 2 external risk assessments recorded (Risk assessments required by law and completed by external subcontractors with actions for remedial works.) The fire risk assessment resulted in 13 actions required for compliance, of which all have subsequently been completed. The Water Hygiene risk assessment resulted in 8 actions for compliance, of which all have subsequently been completed.

END

Health Education and Improvement Wales Performance Dash Board (2019/20)



**GIG
CYMRU
NHS
WALES**

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

HEIW Strategic Objectives as at Mar-20

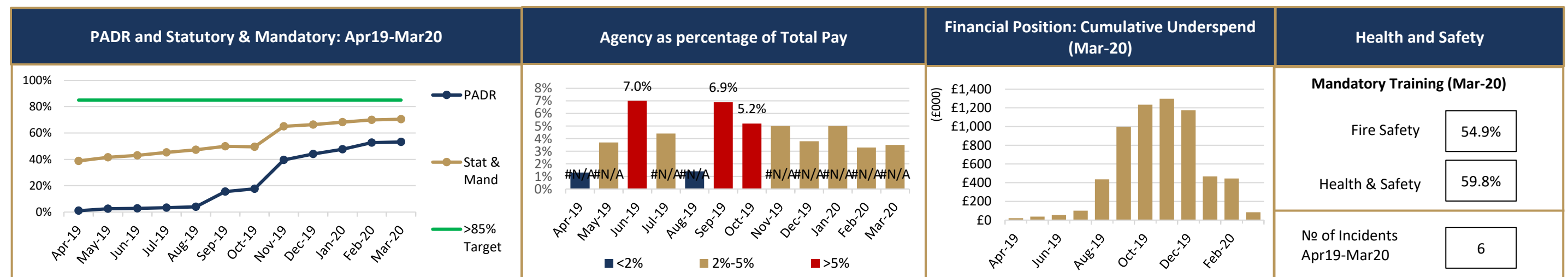
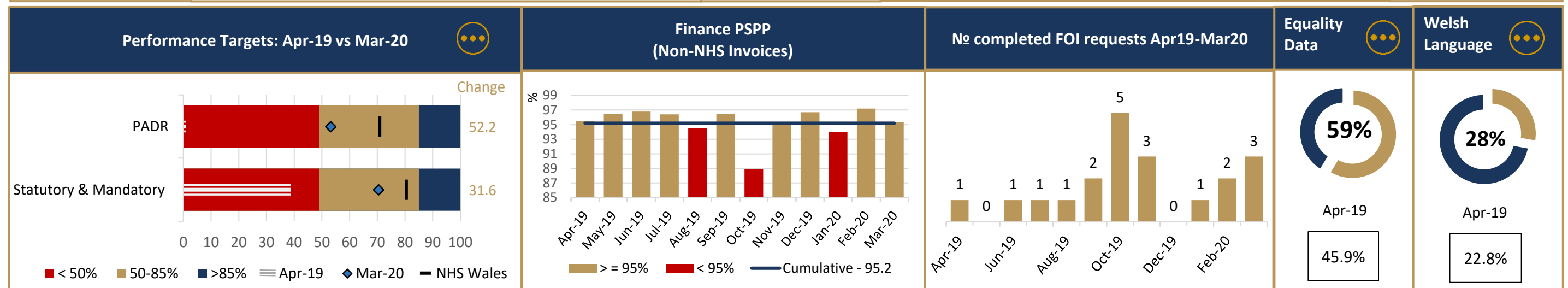
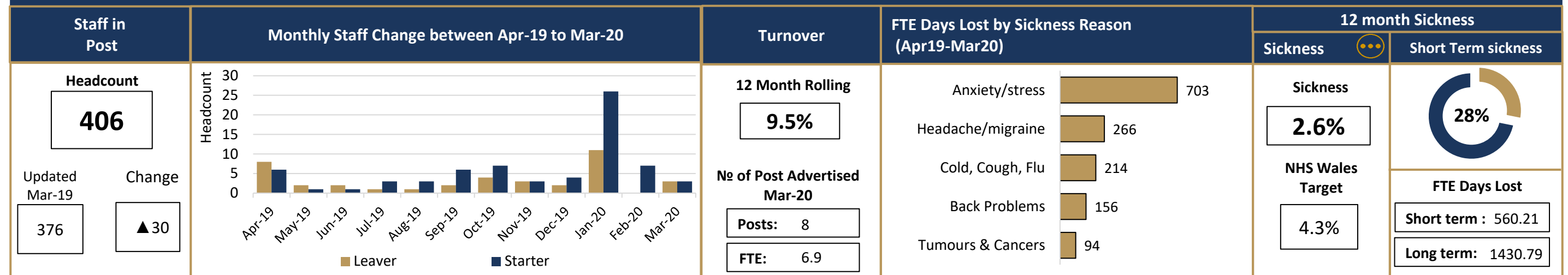
Health Education and Improvement Wales - Remit Letter 2019-20	Obj1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Obj2: Building a sustainable and flexible health and care workforce for the future	Obj3: With Social Care 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	RED 0	RED 0	RED 1	RED 0	RED 0	RED 0	RED 1
AMBER 0	AMBER 0	AMBER 3	AMBER 0	AMBER 6	AMBER 3	AMBER 3	AMBER 0
GREEN 6	GREEN 2	GREEN 3	GREEN 2	GREEN 0	GREEN 0	GREEN 0	GREEN 0

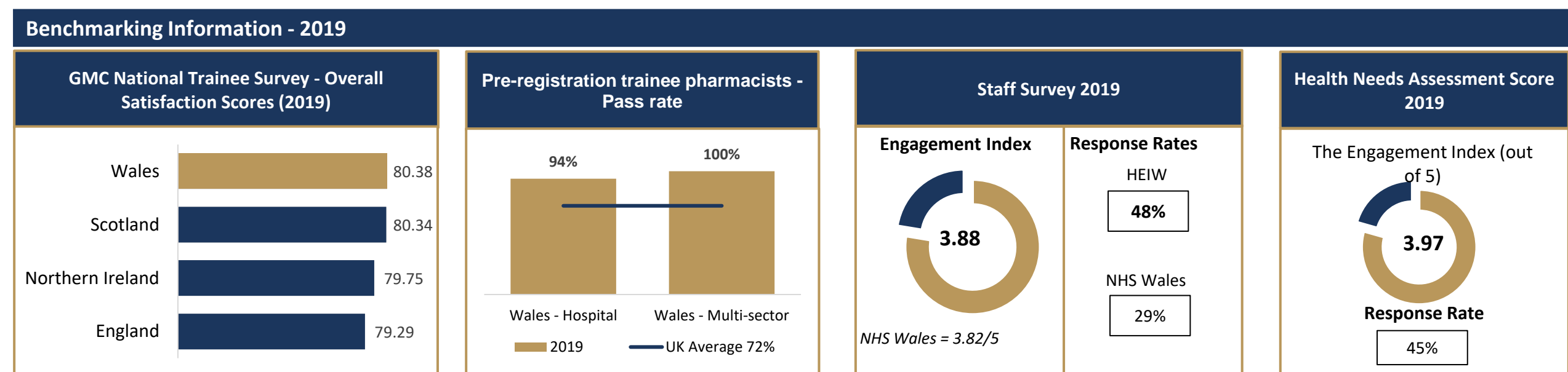
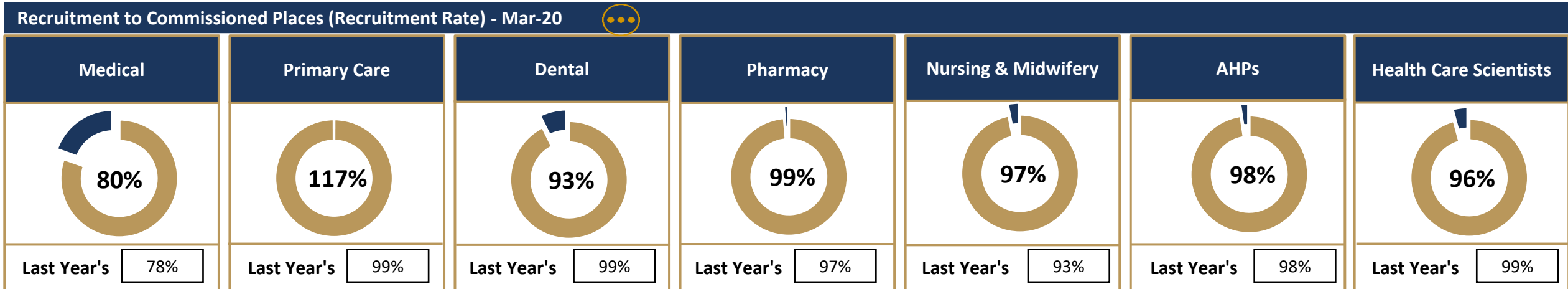
Departmental Information

Annual Review Of Competency Progression (Apr19 - Mar 20)	No of Medical Appraisals Completed Apr19-Mar20	Quality Management: Targeted Visits - Mar-20	Professional Support Unit (Mar-20)	People Team (Mar-20)
<p>Dental Specialty</p> <p>Dental Core Training</p> <p>Dental Foundation</p> <p>Foundation</p> <p>Secondary Care</p> <p>General Practice</p> <p>0% 20% 40% 60% 80% 100%</p> <p>Completed Dev required Unsatisfactory OOP</p> <p>Total</p> <p>Dental Specialty 20</p> <p>Dental Core Training 122</p> <p>Dental Foundation 209</p> <p>Foundation 751</p> <p>Secondary Care 1779</p> <p>General Practice 503</p>	<p>MARS 3967</p> <p>Primary Care - MARS 2384</p> <p>No Completed Revalidation Review Visits this cycle 15</p>	<p>Monitoring Progress 11</p> <p>De-escalated 5</p> <p>Planned 3</p> <p>Concerns 2</p>	<p>Reason for Visits</p> <p>Health 191</p> <p>ARCP outcome 81</p> <p>Passing Exam 69</p> <p>Training Progression 23</p> <p>Professionalism 5</p> <p>Active Cases 369</p> <p>Referrals to Hammet Street 90</p>	<p>Disciplinary & Grievance 0</p> <p>No Complaints 0</p>

Trainee Progression Governance: No of Reviews	Face to Face & Online CPD Activity (Top 3 Dept. Actual Attendees) : Apr19-Mar20	Online Communication / Engagement (Mar-20)		
<p>2018 (Jan - Dec) 3</p> <p>2019 (Jan - Dec) 9</p> <p>2020 (Jan - Mar) 1</p> <p>Decisions changed Decisions maintained</p> <p>Total number of Hearings 2018 4 2019 4 2020 0</p>	<p>8250</p> <p>295</p> <p>2003</p> <p>1520</p> <p>1247</p> <p>0</p> <p>Dental Pharmacy RSU</p> <p>Face-to-Face Online</p>	<p>Twitter: No Followers</p> <p>2549</p> <p>5151</p>	<p>Facebook: No Page likes</p> <p>225</p> <p>945</p>	<p>RSU Online page hits: as at Mar-20</p> <p>7937</p> <p>10456</p>

HEIW Workforce Performance Metrics - March 2020







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

Meeting Date	28 May 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 adoption of a Welsh Language Scheme (WLS) and to seek Board approval of the public consultation process in respect of the same.			
Key Issues	<ul style="list-style-type: none"> • Update on where we stand in relation to introducing our WLS. • The creation of a narrative and timeline to accompany the WLP. • Public consultation of HEIW's WLS is proposed in line with the Welsh Language Act 1993. 			
Specific Action Required <i>(please one only)</i>	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • approve the draft WLS (appendix 1), the draft Action Plan (Appendix 2) , and the public consultation process for HEIW's Welsh Language Scheme. 			

WELSH LANGUAGE UPDATE

1. INTRODUCTION

The purpose of this report is to inform the Board on where we stand in relation to developing a Welsh Language Scheme (WLS), as reported in the January Board meeting, and to seek Board approval of the public consultation process in respect of the same.

2. BACKGROUND

2.1 Welsh Language Scheme (WLS)

Towards the end of last year, the Welsh Language Commissioner's Office advised us that the Welsh Government will not confirm the applicable Welsh Language Standards for HEIW in the foreseeable future. Given this the Welsh Language Commissioner has asked HEIW to prepare a Statutory Welsh Language Scheme as prescribed under the original (1993) Welsh Language Act (WLA).

2.2 Public consultation papers for the WLS

We have now prepared the following documents to commence the public consultation process outlined by the WLA.

1. Welsh Language Scheme (Appendix 1). The WLS is, with some minor amendments, based on HEIW's Welsh Language Policy (WLP) which was passed by the Board in May 2019. HEIW's WLP is itself based on the Welsh Language Standards. The minor differences between the WLS and the WLP are as follows: taking out three Standards (23, 23a and 24) which refer specifically to patients.
2. An Action Plan (Appendix 2). This is a detailed plan, showing who will be responsible for ensuring how and when the WLS is carried out.

2.3 Narrative

The narrative is attached at appendix 3. The narrative is for internal controls and guidance – and NOT to be part of the Public Consultation. The narrative, will accompany the implementation of the WLS internally. It will explain how HEIW intends to implement the WLS (Appendix 3). This is a far more intuitive document than the scheme itself. It is a summary of actions around specific business disciplines such as how we will use the phone, how we will correspond with people and how we will run meetings.

2.4 Public consultation process

A timeline for the public consultation process and the implementation of the Scheme (detailed below).

The process/timeline for implementing is as follows:

- draft WLS to be considered by May Board. (and supporting documentation), Subject to Board approval, WLS to be sent to the Commissioner for comment;
- following receipt and consideration of the Commissioner's comments, we will put our revised WLS out to Public Consultation; (June – August)
- the Statutory Period for this consultation is 8-12 weeks. In light of the current public health situation, the Welsh Language Commissioner has agreed that HEIW can undertake the consultation entirely digitally.
- further revisions in light of this consultation are made before sending a final draft of the WLS 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 is to be repeated in the light of any proposed refinements from the Commissioner. (We anticipate obtaining final Board approval in the September Board meeting. It is then incumbent on the Commissioner to approve the Scheme before we can publish).

3. GOVERNANCE AND RISK ISSUES

Non-compliance with the WLS can result in (considerable) Management time being taken up with answering an Investigation by the Welsh Language Commissioner, 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 approve the draft WLS (appendix 1), the draft Action Plan (Appendix 2) , and the public consultation process for HEIW's Welsh Language Scheme.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓		
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
		✓	
Quality, Safety and Patient Experience			
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 Scheme 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 2019 Board meeting.		
Appendices	1. Draft Welsh Language Scheme 2. Draft Plan 3. Narrative to accompany Welsh Language Scheme		

LANGUAGE SCHEME –BOARD DRAFT MAY 2020

This says, in the language of the legislators, precisely what we will do in detail. It is a direct copy of a selection of Statutory Standards from Set 6 (pertaining to Education) and Set 7 (pertaining to Health).

Standard 1:

If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.

Standard 4:

When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version.

Standard 5:

If you don't know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person you must provide a Welsh language version of the correspondence.

Standard 6:

If you produce a Welsh language version and a corresponding English language version of correspondence, you must not treat the Welsh language version less favourably than the English language version (for example, if the English version is signed, or if contact details are provided on the English version, then the Welsh version must be treated in the same way).

Standard 7:

You must state— (a) in correspondence, and (b) in publications and notices that invite persons to respond to you or to correspond with you,

that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.

Standard 8:

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.

Standard 9:

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.

Standard 10:

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish

until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and

(b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.

Standard 11:

When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less favourably than the English language.

Standard 12:

If you offer a Welsh language service on your main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service must be the same as for the corresponding English language service

Standard 13:

When you publish your main telephone number, or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.

Standard 14:

If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.

Standard 15:

Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.

Standard 16:

When there is no Welsh language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.

Standard 17:

If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and

(b) no Welsh speaking member of staff is available to provide a service on that specific subject matter.

Standard 18:

When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.

Standard 19:

When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh.

Standard 20:

Any automated telephone systems that you have must provide the complete automated service in Welsh.

Standard 21:

If you invite one person only ("P") to a meeting— (a) you must ask P whether P wishes to use the Welsh language at the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose, and

(b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Standard 22:

If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh language at the meeting

Standard 22A:

If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Standard 22B:

If you have invited more than one person to a meeting, and at least 20% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Standard 22C:

If you have invited more than one person to a meeting, and at least 30% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. (b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Standard 22CH:

If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in

Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting

Standard 25:

If you invite an individual (“A”), to a case conference which will be held 5 or more working days after the invitation is sent—

(a) you must ask A whether A wishes to use the Welsh language at the case conference, and inform A that, you will conduct the conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh for that purpose, and

(b) if A has informed you that A wishes to use the Welsh language at the case conference, you must conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh.

Standard 26:

If you arrange a meeting that is open to the public and at which public participation is allowed you must state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh language at the meeting.

Standard 27:

When you send invitations to a meeting that you arrange which is open to the public and at which public participation is allowed, you must send the invitations in Welsh.

Standard 28:

If you invite persons to speak at a meeting that you arrange which is open to the public and at which public participation is allowed, you must—

(a) ask each person invited to speak whether he or she wishes to use the Welsh language, and

(b) if that person (or at least one of those persons) has informed you that he or she wishes to use the Welsh language at the meeting, provide a simultaneous or consecutive translation service from Welsh to English for that purpose (unless you conduct the meeting in Welsh without a translation service).

Standard 29:

If you arrange a meeting that is open to the public and at which public participation is allowed, you must ensure that a simultaneous translation service from Welsh to English is available at the meeting, and you must orally inform those present in Welsh—

(a) that they are welcome to use the Welsh language, and

(b) that a simultaneous translation service is available.

Standard 30:

If you produce and display any written material at a meeting that you arrange which is open to the public, you must ensure that the material is displayed in Welsh, and you must not treat any Welsh language text less favourably than the English language text.

Standard 31:

If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language (for example, in the way the event is advertised or publicised).

Standard 32:

If you organise a public event, or fund at least 50% of a public event, you must ensure that the Welsh language is treated no less favourably than the English language at the event (for example, in relation to services offered to persons attending the event, in relation to signs you produce and display at the event and in relation to audio announcements made at the event).

Standard 33:

Any publicity or advertising material that you produce must be produced in Welsh, and if you produce the material in Welsh and in English, you must not treat the Welsh language version less favourably than you treat the English language version.

Standard 34:

Any material that you produce and display in public must be displayed in Welsh, and you must not treat any Welsh language version of the material less favourably than the English language version

Standard 36:

If you produce a form that is to be completed by an individual, you must produce it in Welsh.

Standard 37:

If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh— (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Standard 38:

If you produce a document or a form in Welsh and in English you must—

- (a) not treat any Welsh language version less favourably than you treat the English language version (whether separate versions or not);
- (b) not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and
- (c) ensure that the English language version clearly states that the document or form is also available in Welsh

Standard 39:

You must ensure that— (a) the text of each page of your website is available in Welsh, (b) every Welsh language page on your website is fully functional, and (c) the Welsh language is not treated less favourably than the English language on your website.

Standard 40:

You must ensure that— (a) the text of the homepage of your website is available in Welsh, (b) any Welsh language text on your homepage (or, where relevant, your Welsh language homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your website.

Standard 41:

You must ensure that when you publish a new page on your website or amend a page—

- (a) the text of that page is available in Welsh,
- (b) any Welsh language version of that page is fully functional, and
- (c) the Welsh language is treated no less favourably than the English language in relation to that page.

Standard 42:

If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.

Standard 43:

You must provide the interface and menus on every page of your website in Welsh.

Standard 44:

All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.

Standard 45:

When you use social media you must not treat the Welsh language less favourably than the English language.

Standard 46:

If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).

Standard 47:

When you— (a) erect a new sign or renew a sign (including temporary signs); or

- (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.

Standard 48:

When you— (a) erect a new sign or renew a sign (including temporary signs); or

- (b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.

Standard 49:

You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.

Standard 50:

Any reception service you make available in English at your reception must also be available in Welsh, and any person who requires a Welsh language reception service at your reception must not be treated less favourably than a person who requires an English language reception service.

Standard 52:

You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.

Standard 53:

You must ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that.

Standard 54:

Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English language version.

Standard 55:

When you invite applications for a grant, you must— (a) state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English; and

(b) not treat applications for a grant submitted in Welsh less favourably than applications submitted in English (including, amongst other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).

Standard 56:

When you inform an applicant of your decision in relation to an application for a grant, you must do so in Welsh if the application was submitted in Welsh.

Standard 57:

Any invitations to tender for a contract that you publish must be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and you must not treat a Welsh language version of any invitation less favourably than an English language version.

Standard 58:

When you publish invitations to tender for a contract, you must—

- (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and
- (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions).

Standard 59:

When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.

Standard 60:

You must promote any Welsh language service that you provide, and advertise that service in Welsh.

Standard 61:

If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.

Standard 62:

When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English language.

Standard 63:

If you offer an education course to one or more individuals, you must— (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.

Standard 64:

When you announce a recorded message over a public address system, you must make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.

Standard 69:

When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 70:

When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 71:

When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on—

(a) opportunities for persons to use the Welsh language, and

(b) treating the Welsh language no less favourably than the English language.

Standard 72:

When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 73:

When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 74:

When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 75:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 76:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 77:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on—

- (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 79:

You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet.

Standard 80:

When you offer a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.

Standard 81:

You must ask each employee ("A") whether A wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh—

(a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives;

(ch) any documents that outline or record A's career plan;

(d) any forms that record and authorise annual leave;

(dd) any forms that record and authorise absences from work; (e) any forms that record and authorise flexible working hours.

Standard 82:

If you publish any of the following, you must publish it in Welsh—

(a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; (c) a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work; (dd) a policy relating to working conditions; (e) a policy relating to work patterns.

Standard 83:

You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may— (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; and you must also inform each member of staff of that right.

Standard 84:

If you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, you must— (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and

Standard 85:

When you inform a member of staff ("A") of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A—

(a) made the complaint in Welsh, (b) responded in Welsh to a complaint about A, (c) asked for a meeting about the complaint to be conducted in Welsh, or (ch) asked to use the Welsh language at a meeting about the complaint.

Standard 86:

You must— (a) allow and state in any document that you have which sets out your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.

Standard 87:

If you organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must—

(a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and

(b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.

Standard 88:

When you inform a member of staff (“A”) of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A— (a) responded to allegations made against A in Welsh, (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure.

Standard 89:

You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).

Standard 90:

You must ensure that— (a) the text of each page of your intranet is available in Welsh, (b) every Welsh language page on your intranet is fully functional, and (c) the Welsh language is treated no less favourably than the English language on your intranet.

Standard 91:

You must ensure that— (a) the text of the homepage of your intranet is available in Welsh, (b) any Welsh language text on your intranet’s homepage (or, where relevant, your Welsh language intranet homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your intranet.

Standard 93:

If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page.

Standard 94:

You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh language and to assist your staff to use the Welsh language.

Standard 95:

You must provide the interface and menus on your intranet pages in Welsh.

Standard 96:

You must assess the Welsh language skills of your employees.

Standard 97:

You must provide opportunities for training in Welsh in the following areas, if you provide such training in English—

(a) recruitment and interviewing; (b) performance management; (c) complaints and disciplinary procedures; (ch) induction; (d) dealing with the public; and (dd) health and safety.

Standard 98:

You must provide opportunities for training in Welsh on using Welsh effectively in—

(a) meetings; (b) interviews; and (c) complaints and disciplinary procedures

Standard 99:

You must provide opportunities during working hours— (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers.

Standard 100:

You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.

Standard 101:

You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.

Standard 102:

You must provide training courses so that your 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.

Standard 103:

When you provide information to new employees (for example by means of an induction process), you must provide information for the purpose of raising their awareness of the Welsh language.

Standard 104:

You must provide— (a) wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the

language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages.

Standard 105:

You must— (a) make available to members of staff who are able to speak Welsh a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff.

Standard 106:

When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, 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.

Standard 106A:

If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must—

(a) specify that when advertising the post, and (b) advertise the post in Welsh.

Standard 107:

When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.

Standard 107A:

If you publish— (a) application forms for posts; (b) material that explains your procedure for applying for posts;

(c) information about your interview process, or about other assessment methods when applying for posts; or

(ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.

Standard 107B:

You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).

Standard 108:

You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.

Standard 109:

When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.

Standard 110:

You must publish a plan for each 5 year period setting out—

(a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;

(c) a timetable for the actions that you have detailed in (b).

Standard 110A:

Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5 year period you must— (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.

Standard 111:

When you— (a) erect a new sign or renew a sign in your workplace (including temporary signs), or
(b) publish or display a notice in your workplace;

any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.

Standard 112:

When you— (a) erect a new sign or renew a sign in your workplace (including temporary signs); or
(b) publish or display a notice in your workplace; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.

Standard 113:

You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression. 9 Standard relating to audio announcements and messages in a body's workplace

Standard 114: When you make a recorded announcement in the workplace using audio equipment, that announcement must be made in Welsh, and if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.

Standard 115:

You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards.

Standard 116:

You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.

Standard 117:

You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (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.

Standard 118:

You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.

Standard 119:

You must— (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and

(b) publish a document that records that procedure on your website.

Standard 120:

(1) You must produce a report (an “annual report”), in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year.

(2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to)—

(a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115);

(b) the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116); (c) the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where— (i) Welsh language skills were essential;

(ii) Welsh language skills needed to be learnt when appointed to the post; (iii) Welsh language skills were desirable; or

(iv) Welsh language skills were not necessary.

(3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates.

(4) You must ensure that a current copy of your annual report is available on your website.

Standard 121:

You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making standards or the operational standards with which you are under a duty to comply.

From Standards Regulations no 6, pertaining to Education

Standard 40:

If you arrange a public lecture you must ensure that a simultaneous translation service from Welsh to English is available for the purpose of any questions asked by the audience during or after the lecture where— (a) the subject matter of the public lecture suggests that such a service should be provided, or (b) the anticipated audience and their expectation suggests that such a service should be provided.

Standard 40A:

If you arrange a public lecture and you provide a simultaneous translation service you must orally inform those present in Welsh that they are welcome to use the Welsh language

Standard 49:

When you issue any statement to the press you must issue it in Welsh and, if there is a Welsh language version and an English language version of a statement, you must issue both versions at the same time.

Standard 50:

If you produce a document which is available to the public or to students, and no other standard has required you to produce the document in Welsh, you must produce it in Welsh — (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Standard 88:

If you offer a learning opportunity that is open to the public, you must offer it in Welsh.

Standard 89:

If you develop a learning opportunity that is to be offered to the public, you must assess the need for that opportunity to be offered in Welsh; and you must ensure that the assessment is published on your website.

Explanatory note;

For the purposes of standards 88 and 89 (learning opportunities) and paragraph 31, —learning opportunities|| means any seminar, training, workshop, taster session, or similar provision which is provided in order to educate or to improve the skills of members of the public; but does not include—

(a) any seminar, training, workshop, taster session or similar provision provided as part of a course; or

(b) seminars or oral presentations relating to a performance or production.

Standard 90:

You must inform your students that any written work submitted to you as part of an assessment or examination may be submitted in Welsh, and that work submitted to you in Welsh will be treated no less favourably than written work submitted to you in English as part of that assessment or examination.

Standard 90A:

You must not treat any written work submitted to you in Welsh as part of an assessment or examination less favourably than written work submitted to you in English as part of that assessment or examination.

Standard 101:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 104:

When you develop or revise a course (or any component of a course) you must consider— (a) what effects, if any (and whether positive or negative), that course would have on—

(i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (b) how that course would have positive effects, or increased positive effects, on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (c) how that course would not have adverse effects, or so that it would have decreased adverse effects on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.



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

Health Education and Improvement Wales (HEIW) Welsh Language Scheme 2020-2023 – Action Plan

HEIW will be monitored by the Welsh Language Commissioner as regards compliance, in line with this Action Plan. This Action Plan outlines the main implementation details in relation to the commitments made in HEIW's Welsh Language Scheme – who will do what, and by when. It complements the Main Scheme.

Outcomes

Over the period of the Scheme, the outcome required is for the following work-streams to remain fully compliant with the Scheme.

- i. Websites
- ii. Social media content
- iii. Publications/reports/consultations
- iv. Contact with the media in Wales
- v. Recruitment campaigns
- vi. Correspondence
- vii. HEIW publicity campaigns

The HEIW's Welsh language team will provide the following services to ensure compliance:

- Written Translation service (Mainly English > Welsh, and sometimes Welsh > English);
- Proofreading service for Welsh language text in publications, on promotional materials etc and text checking service for staff who wish to draft correspondence in Welsh;
- Simultaneous Translation service for meetings held in Wales (Welsh > English);
- Welsh language service to the media;
- Develop and maintain Terminology Database;
- Upload Welsh language content onto HEIW websites as and when necessary and maintain Welsh language content daily;
- Manage the HEIW's Welsh language social media content;
- Provide advice on the HEIW's Welsh Language Scheme;
- Maintain working relationship with Welsh Language Commissioner;
- Audit of all work undertaken on behalf of the HEIW by third parties;

1) Service Planning and delivery

Action	Delivery Responsibility	Target Date
a) Proactively publicise and raise awareness of the commitments set out in HEIW's Welsh Language Scheme 2020 by: <ul style="list-style-type: none"> • Developing an internal communications plan for refreshed Welsh Language Scheme • Planning and conducting face to face awareness raising campaign across HEIW 	Welsh Language Services	Start within 1 month of Board Agreement - ongoing

<ul style="list-style-type: none"> • Planning and conducting digital awareness raising campaign across HEIW • Publish the refreshed Welsh Language Scheme on HEIW's external public facing website, heiw.nhs.wales 		
b) HEIW policy officials and Communications Team to liaise with HEIW Welsh Language Services to ensure that the Welsh language is given due consideration when working on new resources and/or services (e.g. web content, correspondence to stakeholders, consultations).	All relevant HEIW Teams / HEIW Communications Team / HEIW Welsh Language Services	Within 1 month of Board Agreement
c) Actively promote the HEIW's Welsh language resources	Welsh Language Services	Already started - ongoing
d) Monitor services provided by third parties on behalf of HEIW in relation to the Welsh language	HEIW Policy Officials / Welsh Language Services	Already started - ongoing
e) Liaison with other public bodies to ensure that good practice is being shared.	Welsh Language Services	Already started - ongoing

2) Provision of services to the public

Action	Delivery Responsibility	Target Date
(a) Correspondence		

(i)	Remind HEIW departments of the need to communicate with the public bilingually.	All relevant HEIW/ Welsh Language Services	Already started - ongoing
(ii)	Ensure Welsh and English correspondence are treated equally and published simultaneously.	All relevant HEIW/ Welsh Language Services	Already started - ongoing
(iii)	Provide templates/essential terminology on shared platforms for HEIW staff in Wales. Provide translation of auto-signatures/out of office replies etc.	Welsh Language Services	Already started - ongoing
(b) Telephone communications			
(i)	Provide a full bilingual service on the main public telephone line. Divert calls as appropriate, according to language choice and nature of query.	Business Support Team	Already started – needs more refinement. Within 3 months of return to office.
(ii)	Ensure that staff answer their phones with a bilingual greeting (bore da/prynhawn da) and are familiar with the procedure for offering a Welsh language service. Ensure voicemail messages are recorded bilingually (landline and mobile)	HEIW Staff/ Welsh Language Services	Already started - ongoing
(c) Meetings			

(i)	Provide a simultaneous translation service at meetings open to the public	Welsh Language Services	Already started - ongoing
(d) Public Events			
(i)	The HEIW must not treat Welsh any less favourably than English in relation to publicity, signage, information, staffing and assistance they provide for persons at a public event arranged in Wales, whether verbally or in writing.	Communications Team whom are responsible for organising events / Welsh Language Services (to advise on and translate all relevant material and to oversee bilingual staffing)	Already started - ongoing
(e) Publications			
(i)	Raise staff awareness on when to consider issuing bilingual or both Welsh and English language documents, publications and publicity material	Welsh Language Services	Within 1 month of Board Agreement
(f) Digital services			
(i)	Ensure any new content on HEIW's main public website is flagged for translation to ensure an equal service in both languages by creating a flagging function within the Content Management System.	Welsh Language Services/ Digital Team	Functionality to be added to any new website developments
(ii)	Assess Welsh language requirements when	Welsh Language Services/ Digital Team	Already started - ongoing

developing and updating IT systems for services provided to the public in Wales.		
(g) Social Media		
(i) Establish an agreed internal procedure for ensuring relevant social messaging is posted both in Welsh and English in Wales.	Communications Team / Welsh Language Services	Already started - ongoing
(ii) When creating new social channels, or developing existing channels, consider the requirements outlined in the Welsh Language Scheme to ensure an equal service in both Welsh and English.	Communications Team / Welsh Language Services	Already started - ongoing

(3) Recruitment

(i) Monitor recruitment processes to ensure compliance with the requirements outlined in the Welsh Language Scheme.	Welsh Language Services/Relevant Team Leaders	Establish within 3 months of Board Agreement
(ii) Develop a framework for assessing and determining the level of Welsh language skills necessary for posts in HEIW.	Welsh Language Services	Within 1 month of Board Agreement
(iii) If Welsh is determined as 'Essential' to a post following consultation, advise on level required using said framework.	Welsh Language Services	Within 1 month of establishing 3. ii. above

(iv) Ensure recruitment adverts/notices and application packs for posts are provided bilingually and all adverts/notices placed in the media appear in both Welsh and English.	Welsh Language Services/Recruiting Team Leader/HEIW HR	Within 1 month of establishing 3. iii. above
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(4) Implementing, monitoring and reporting

(i) In line with our commitments in the Welsh Language Scheme, identify and facilitate appropriate Welsh Language Training as and when necessary.	Welsh Language Services/ Business Support Team	Already started - ongoing
(ii) Provide Iaith Gwaith badges/lanyards and other associated materials to members of staff who wish to offer a Welsh language service.	Welsh Language Services	Already started - ongoing
(iii) Where HEIW enters into arrangements with third parties/partnership working, monitor the arrangements concerning use of the Welsh language alongside other monitoring requirements.	Welsh Language Services	Already started - ongoing
(iv) Monitor HEIW's progress in meeting the commitments made in the Scheme against the measurable outlined in this action plan. Record the demand for Welsh language services, including any demand for	Welsh Language Services	Every 3 months after Scheme adopted

services that go beyond the commitments made in our Welsh Language Scheme.		
(v) Provide the Welsh Language Commissioner with a completed self-assessment report (Annual Monitoring Report) evaluating our progress in implementing the Scheme.	Welsh Language Manager	Annually, after Scheme adopted
(vi) Publish HEIW's Annual Monitoring Report on HEIW's public facing website, heiw.nhs.wales	Welsh Language Services/Digital Team	Annually, after Scheme adopted
(vii) Review HEIW's Welsh Language Scheme within three years of it coming to effect and discuss any changes with Welsh language Commissioner.	Welsh Language Services	3 years after adoption of Scheme



Board narrative for the Welsh Language Scheme 2020- 2023

Purpose

This narrative is for internal controls and guidance and will accompany the implementation of the WLS internally. It will explain how HEIW intends to implement the WLS (Appendix 3). This is a far more intuitive document than the scheme itself. It is a summary of actions around specific business disciplines such as how we will use the phone, how we will correspond with people and how we will run meetings.

Introduction

Our Organisation

HEIW was established on 1 October 2018, as the eleventh member of the NHS Wales following the combination of three legacy organisations; Wales Deanery, Wales Centre for Professional Pharmacy Education (WCPPE) and Workforce and Education Development Service (WEDS)

We have a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, supporting high-quality care for the people of Wales.

Our key functions include:

- Working closely with partners and key stakeholders, and planning ahead to ensure the health and care workforce meets the needs of the NHS and people of Wales, now and in the future;
- Being a reputable source of information and intelligence on the Welsh health and care workforce;
- Commissioning, designing, and delivering high-quality, value for money education and training, in line with standards;
- Using education, training, and development to encourage and facilitate career progression;
- Supporting education, training, and service regulation by playing a key role in representing Wales, and working closely with regulators;
- Developing the healthcare leaders of today and the future;

- Providing opportunities for the health and care workforce to develop new skills;
- Promoting health and care careers in Wales, and Wales as a place to live;
- Supporting the professional workforce and organisation development profession within Wales;
- Continuously improving what we do and how we do it.

As an organisation, we are based at Ty Dysgu, Nantgarw, which provides the managerial and administrative hub for over 200 staff and a selection of meeting spaces to undertake business. We also have a small office space in North Wales.

Our Scheme

HEIW Welsh Language Scheme commits us to support fully the principle behind the Welsh Language Act 1993, of treating those in Wales who wish to use Welsh, in the same way as those who wish to use English. This narrative sets out how we will give effect to that principle when providing services to the public in Wales and how we intend to become a more bilingual organisation during the period of this Scheme.

It is to be read in conjunction with our Welsh Language Scheme and the detailed Action Plan for implementing that scheme.

Our Welsh Language Provision

Correspondence Written – Letters, e-mails and correspondence via our social media channels

We will ensure that:

- We welcome communications in Welsh or English, including supplementary material such as forms, information leaflets and so forth.
- Reply to any communications received in Welsh will be issued in Welsh, and our target time for replying is the same in both Welsh and English.
- When we initiate correspondence with an individual, group or organisation in Wales, the correspondence is bilingual (unless we are aware of their language choice).
- Any follow up correspondence will be issued according to the individual/organisation's initial language choice.
- Standard or circular correspondence is sent bilingually.
- Correspondence will be available simultaneously in both languages.
- E-mail signatures, disclaimers, 'out of office' messages and any other standard information supplied by HEIW staff will be bilingual (wording will be supplied to help staff to an agreed standard and format).
- If we produce corresponding Welsh and English versions of a communication, we will treat the Welsh version equally to the English (for example, inclusion of

electronic signature, logos, social media information). This will include using Welsh language postal addresses when sending letters in Welsh.

Telephone

We provide a language choice for those contacting HEIW via telephone, as follows:

- The main public phone line that is on reception is manned by a bilingual receptionist who answers with a bilingual greeting.
- Calls by members of the public to this number in Welsh for specific teams will be passed to Welsh speaking members of those teams.
- If there is no Welsh speaker qualified to deal with the enquiry available, the caller will be given the choice of a Welsh speaker phoning back as soon as possible, continuing the call in English, or submitting a written query in Welsh.
- With all other phone lines in HEIW, staff will answer the telephone with a simple bilingual greeting (mainly 'Bore da' or 'Prynhawn da') and if the call is not for them personally, will offer a language choice by following the steps noted above.
- When we initiate contact over the phone with an individual, group or organisation in Wales, this will be done bilingually (unless we are aware of their language choice).
- All telephone messages are bilingual.

Internal Meetings

- If one or more people are invited to a meeting, we ask each person whether they would like to use Welsh or English and are able to provide simultaneous translation for the meeting. We have equipment available in house.

Public Meetings, Events & Publicity

- We provide simultaneous translation from Welsh into English at all meetings in Wales that are open to the public. Invitations and advertisements for public meetings in Wales are bilingual noting that translation facilities will be available.
- We encourage contributions in Welsh by informing those present that:
 - they are welcome to contribute in Welsh
 - there's a simultaneous translation service available which allows them to do this
 - provide agendas, papers and other information bilingually
 - provide a simultaneous translation service (Welsh to English)
 - publish minutes or papers produced following these meetings bilingually

Documents and forms

- Any new forms, which is to be completed by an individual, will also be produce it in Welsh.
- When HEIW produce a document (but not a form) which is available to one or more individuals, it will be produced it in Welsh -

- (a) if the subject matter of the document suggests that it should be produced in Welsh, or
- (b) If the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Website & online resources

- The HEIW main website, heiw.nhs.wales/ has been developed bilingually with the ability to toggle directly between languages.
- Any future content or developments to HEIW's main website, and current microsites, should be implemented bilingually.
- We will ensure that any online service for the public will be available bilingually.
- When designing new websites, or developing our existing websites, we will take into account the Welsh Language Commissioner's guidance Technology, Websites and Software: Welsh Language Considerations and Welsh Government's Welsh Language Technology Action Plan.

Apps & Social Media

- Any apps we produce will appear bilingually, with the quality of the Welsh language version as good as the English version.
- When using social media on corporate and departmental accounts the Welsh language is not treated less favourably than the English language.

Signage

HEIW will ensure that all new and replacement information signs within HEIW will be bilingual. This will include bilingual signs in reception areas informing the public of their right to use Welsh or English.

- Will ensure that both languages are treated equally in terms of size, quality, legibility and prominence.
- Although bilingual signs are the preferred option, separate Welsh and English signs will, if issued, be equal in terms of size, quality, legibility and prominence.
- An approved translator will proofread all bilingual and separate Welsh version signage in order to ensure consistency in the standard of Welsh.
- These measures are applicable to both permanent and temporary signage.

Reception Service

- Our reception is manned by a bilingual receptionist. Who wears a badge and lanyard to convey they are able to provide Welsh language reception service.
- There is a clear sign in, which states (in Welsh) that persons are welcome to use the Welsh language at the reception.

Promoting Welsh language services

- HEIW will promote through website and staff emails any Welsh language services that we provide and will advertise those services in Welsh.
- When a service that is provided in Welsh corresponds to a service provided in English, any publicity or document that is produced, or website that is published, which refers to the English service will also state that a corresponding service is available in Welsh.

Corporate Identity

- HEIW will adopt a fully bilingual corporate identity.
- This includes HEIW's name, its address, logo, visual identity, corporate slogan and any other standard information that is to be used on:
 - Letter headed paper, fax paper, compliment slips, e-mail signatures
 - All promotional / advertising material (i.e. flyers, posters, leaflets etc.) in the public domain.

Welsh training offer

- Staff and members of the HEIW will be encouraged to learn Welsh and to improve their Welsh language ability (speaking and writing). We will support them in this, both financially and in allocating time. Courses have been arranged by the Welsh language manager and will be offered at various levels.
- All HEIW staff will have the opportunity to benefit from the following provisions:
- Welsh language online modules developed and delivered by Welsh Government's Work Welsh initiative.
- other provision offered by Welsh Government's Work Welsh initiative, as time and resources allow.
- internal Welsh learners group.
- signposting to effective channels (such as Say Something in Welsh and Duolingo).
- inform staff about opportunities to socialise in Welsh outside of work.

Policy Making

We will ensure the following:

- when developing new policies and initiatives, or revising current ones, we will consider any potential effects (whether they be positive or negative) on opportunities to use the Welsh language and ensure that the Welsh language is treated no less favourably than English.

- to assess the potential effects of any new/revised policies and initiatives, it will form part of a combined impact assessment where specific questions will be asked on opportunities to use the Welsh language and ensuring that it is treated no less favourably than English.
- that new primary and secondary legislation, policy and codes of practice supports the use of Welsh and ask staff to consider the Welsh language from the outset/start of any process.
- our consultation documents discuss the relationship between the Welsh language and the policies, initiatives and services under development.

Use of Welsh internally

- Each employee will be asked whether they wish to receive any of the following in Welsh:
 - Correspondence that relates to their employment.
 - Documents that outline any training need or requirements.
 - Documents that outline their performance objectives.
 - Documents that outline or record their career plan.
 - Forms that record and authorise annual leave.
 - Forms that record and authorise absences from work.
 - Forms that record and authorise flexible working hours.
- All the following will be published in Welsh:
 - Policy relating to behaviour in the workplace.
 - Policy relating to health and well-being at work.
 - Policy relating to salaries or workplace benefits.
 - Policy relating to performance management.
 - Policy relating to absence from work.
 - Policy relating to working conditions.
 - Policy relating to work patterns.

Staff Complaints and disciplinary

- If staff want to have any complaints or disciplinary issues heard through the medium of Welsh, we will endeavour to ensure that this can be done.

Computer Software

- All staff computers are provided with computer software for checking spelling and grammar in Welsh, and Welsh language interfaces for software (where an interface exists) is provided.

Intranet

- Where appropriate and practical, we will ensure that staff can receive and respond to content on our intranet bilingually.

Staff Welsh Language skills

- Through ESR and the recruitment process the Welsh language skills of employees is assessed.

HEIW will provide opportunities during working hours -

- (a) for employees to receive basic Welsh language lessons, and
- (b) for employees who manage others to receive training on using the Welsh language in their role as managers.

HEIW will -

- (a) make available to members of staff who are able to speak Welsh badges for them to wear to convey that; and
- (b) promote the wearing of the badge to members of staff.

Recruitment and workforce planning

When HEIW assess the requirements for a new or vacant post, must assess the need for Welsh language skills, 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
- (d) Welsh language skills are not necessary.

Workplace signage

- All workplace signage at Ty Dysgu will be placed bilingually.

Workplace recorded announcements

- Any recorded workplace announcements will be bilingual.

Public Lectures

When public lectures are held, we will ensure that a simultaneous standards translation service from Welsh to English is available for the purpose of any questions asked by the audience during or after the lecture where—

- (a) The subject matter of the public lecture suggests that such a service should be provided, or
- (b) The anticipated audience and their expectation suggests that such a service should be provided.

Communications

When you issue any statement to the press, you must issue it in Welsh and English at the same time

Course Provision

When HEIW develop a learning opportunity that is to be offered, the need for that opportunity to be offered in Welsh will be assessed; and the assessment is published on our website.

Submission of written work

Students will be supported and encouraged to submit assignments in Welsh. When requested assignment briefs will be translated and students will be able to be assessed through the medium of Welsh. If the course team/school do not have the services of a Welsh speaking lecturer the HEIW will consider translating the assignment from Welsh to English.



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Meeting Date	28 May, 2020	Agenda Item	4.5
Report Title	Amendment to the Delegated Financial Limits/Standing Orders		
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	This report seeks Board approval for the proposed amendment to the Delegated Financial Limits which form a part of HEIW's Standing Orders.		
Key Issues	<p>Any amendment to HEIW's Standing Orders requires Board approval.</p> <p>The proposed amendment is a response to the imminent retirement of the Director of Nursing (DoN).</p> <p>The amendment is to take effect for the period where the (DON) role will be vacant (Temporary Period).</p> <p>During the Temporary Period the financial limits for the Head of Education, Commissioning and Quality role shall be increased to the same level as the DoN.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Approve the amended Delegated Financial Limits at Appendix 1 (which form a part of HEIW's Standing Orders) for the period where the Director of Nursing role is expected to be vacant following his retirement . 		

AMENDMENT TO THE DELEGATED FINANCIAL LIMITS/STANDING ORDERS

1. Introduction

The purpose of this report is to seek Board approval for the proposed amendment to the Delegated Financial Limits.

2. Background

The Delegated Financial Limits form a part of HEIW's Standing Orders. An amendment to HEIW's Standing Orders requires Board approval.

The proposed amendment will enable the Nursing Directorate (DON) to continue to approve spending for period where the Director of Nursing role will be temporarily vacant.

3. Proposal

The amendment is to take effect for the period where the DON role will be vacant following his retirement (Temporary Period).

During the Temporary Period the financial limits for the Head of Education, Commissioning and Quality role shall be increased to the same level as the DON.

4. Governance and risk issues

The proposed amendment will enable the Nursing Directorate to continue to approve spending for period where the Director of Nursing role will be temporarily vacant.

5. Financial Implications

There are no financial implications for the Board to consider.

6. Recommendation

Members are asked to:

- **Approve** the amended Delegated Financial Limits at Appendix 1 (which form a part of HEIW's Standing Orders) for the period where the Director of Nursing role is expected to be vacant following his retirement.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
The proposed amendment will enable the Nursing Directorate to continue to approve spending for period where the Director of Nursing role will be temporarily vacant. This will ultimately have a favourable impact on the quality, safety and experience of patients and staff.			
Financial Implications			
No financial implications for the Board to be aware of.			
Legal Implications (including equality and diversity assessment)			
It is essential that HEIW complies with its Standing Orders.			
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)			
N/A			
Report History	N/A		
Appendices	Appendix 1 – Amended Delegated Financial Limits (with track changes)		

Appendix 1 - Delegated Financial Limits

Post	Education and Training Contracts	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)
Board	Above £5m		No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Director of Finance & Corporate Services	up to £2m	£2m	£100,000
Director of Nursing & Medical Director <u>and Head of Education, Commissioning and Quality *</u> within delegated budget area		£500,000	£50,000
Executive Directors within delegated directorate budget area			£50,000
Deputy Director of Finance		£50,000	£50,000
Delegated Budget Managers (within delegated budget area)			£25,000
Delegated Budget Managers (within delegated budget area)			£10,000
Delegated Budget Managers (within delegated budget area)			£5,000

Delegated Budget Managers (within delegated budget area)			£1,000
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** - The delegated financial limit for the Head of Education, Commissioning and Quality role will take effect for the period where the Director of Nursing role will be vacant following the retirement of the current incumbent in May 2020.*



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Meeting Date	28 May 2020	Agenda Item	4.6.1a
Report Title	Committee Chair's Report – Audit and Assurance Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
Key Issues	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 1 April 2020.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> • Note the content of the report for assurance. • Review the performance of the Committee as set out in the Committee Annual Report for 2019-2020 (this is a separate item for the May Board at agenda item 4.7) 		

Committee Chair's Report – Audit and Assurance Committee

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee. The Board is asked to note the summary report from the Chair.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders. Each committee will present reports to the Board during the 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 Audit and Assurance Committee Chair's summary of the meeting held on 1 April 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.
- **Review** the performance of the Committee as set out in the Committee Annual Report for 2019-2020 (this is a separate item for the May Board at agenda item 4.7)

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in 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 review the short term performance and finance of HEIW as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.			
Report History	This report shall be a standing item on the Board's agenda.		
Appendices	Chair's summary - Audit and Assurance Committee (Appendix 1).		

Appendix 1

Meeting Date	28 May 2020	Agenda Item	4.6.1a
Freedom of Information Status	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Chaired by	Gill Lewis, Independent Member		
Lead Executive Director	Eifion Williams, Director of Finance		
Date of last meeting	1 April 2020		
Summary of key matters considered by the committee and any related decisions made:			
<p>Due to the restrictions imposed by the Welsh Government as a result of the COVID-19 Pandemic, HEIW was unable to hold its Audit and Assurance Committee on 1 April 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.</p> <p>The Committee received an update in relation to the completion of the HEIW Counter Fraud Work Plan for 2019-2020. A brief overview of the thematic assessment of counter-fraud, bribery and corruption prevention measures was provided which had taken place with NHS Wales Shared Services Partnership and across the Health Bodies. A number of weaknesses had been highlighted in some control process associated with agency staff and procurement. A number of actions are in place to address the identified weaknesses.</p> <p>The Committee considered and approved the Counter Fraud Annual Plan for 2020-2021. The Committee recognised that the fraud threat posed during emergency situations was higher than at other times and was reassured that the Counter Fraud service was raising awareness of the threat. .</p> <p>Internal Audit presented a number of reports at the meeting:</p> <ul style="list-style-type: none">• The Committee noted the progress and challenges with the completion of the 2019-2020 Audit Plan. The following Internal Audit Reports were considered:<ul style="list-style-type: none">○ Risk Management Report – Reasonable Assurance○ Strategic Planning: IMTP Report – Substantial Assurance○ Performance Management Report – Reasonable Assurance○ Core Financial Management Report – Reasonable Assurance• The Committee received the Internal Audit Plan 2020-2021 noting that as a result of restrictions due to the COVID 19 Pandemic all audit fieldwork had been suspended. Given this, a review of the delivery of the Audit Plan was anticipated to take place in Q2. <p>The Wales Audit Office (WAO) confirmed that the reduction to the proposed 2020 Audit Fee had been agreed by the Audit General. However, in terms of the 2020 Audit Plan, all on-site audit work had ceased although the performance audit work and the financial auditing of the accounts would continue as far as practicably possible.</p>			

The Committee received the revisions to the timetable for the submission of the accounts issued by Welsh Government. Draft accounts submission deadline – 22 May 2020 and final accounts submission deadline – 30 June 2020, although Welsh Government would continue to keep these dates under review. The WAO will continue to work with the HEIW Finance Team to ensure the continuation of the financial auditing of the accounts. The Committee discussed the new timetable and was content for the HEIW Finance Team to work to the original submission timetable.

The Committee received and noted the management response to the WAO **2019 Structured Assessment** and agreed that the deadlines dates be revisited in light of the current restrictions and amended as required.

The Committee considered and approved the draft response to the **WAO Audit Enquiries to those Charged with Governance and Management**, which was required as part of the annual audit of the statutory accounts.

The Committee noted the update in relation to the delay with the **Review of the Standing Financial Instructions** which was aligned to the All Wales review. It was expected that the revised Standing Financial Instructions will be issued for NHS Wales Organisations to adopt in July 2020.

The Committee reviewed the **Draft Annual Governance Statement for 2019-2020** and requested that amendments be made to present a more balanced picture in relation to the risks and issues faced by HEIW and areas where improvement was needed.

The **Committee Annual Report for 2019-2020** was approved and is included as a separate item on the Board agenda in order for the Board to review the performance of the Committee during 2019-2020.

The **Procurement Compliance** Report was received. The Committee noted that a review of the current procurement procedure to check against an organisation's Declaration of Interest Register was not as robust as it could be. Potential areas of weakness in the operation of the designed system/control within procurement as also highlighted in the Counter Fraud Thematic Assessment within NHS Wales Shared Services Partnership. HEIW would be working with the Procurement Team to strengthen the process going forward.

The Committee received the **Audit Recommendations Tracker** which had been revised to reflect the Best Practice highlighted within the Welsh Ambulance NHS Trust Audit Tracking Tool and were adopted by HEIW.

The Committee considered the 8 recommendations contained within the Tracker and agreed that actions assessed as 'Green' and fully completed could be removed.

The Committee received an update in relation to the **Welsh Government Grip and Control Expectations** and noted that HEIW would be reviewing its existing

control arrangements in order to provide the required assurance to Welsh Government.

Governance Update for COVID 19: The Committee was updated in relation to the key governance changes that had been undertaken by the Board at its March meeting following the advice and guidance received from the Welsh Government letter in response to the COVID 19 Pandemic.

COVID 19 – Decision Making & Financial Guidance: The Committee received assurance that the Finance Department had a number of measures in place to ensure that work matters were conducted to the appropriate standards.

Key risks and issues/matters of concern of which the Board needs to be made aware:

The Committee is concerned regarding the impact of COVID 19 on the delivery of the Internal and External Audit Plans for 2020-2021 and the ability of both auditing bodies to provide the required assurances to the Board. The Board should also be made aware of the increase risk of fraud during the current crisis period.

Delegated action by the Committee

The Committee approved its Annual Report for 2019-2020 and is recommending that the Board review the Committee's performance for 2019-2020 (this is a separate item for the May Board at agenda item **XX**)

Main sources of information received

- Counter Fraud:
 - Progress Report
 - Counter Fraud Annual Plan
- Internal Audit:
 - Progress Report:
 - Risk Management Internal Audit Report
 - IMTP Planning Internal Audit Report
 - Performance Management Internal Audit Report
 - Core Financial Management Internal Audit Report
 - Internal Audit Plan 2020/21
- Wales Audit Office:
 - Progress Report including an update on 2020 Audit Plan and Fee
 - Structured Assessment Management Response
- Wales Audit Office Audit Enquiries to those Charged with Governance and Management
- Update on Review of Standing Financial Instructions
- Draft Annual Governance Statement 2019/20
- Draft Committee Annual Report 2019/20
- Procurement Compliance Report
- Audit Recommendations Tracker
- Welsh Government Grip and Control Expectations
- Governance Update for COVID 19
- COVID-19 – Decision Making & Financial Guidance

Highlights from sub-groups reporting into this committee

n/a

Matters referred to other Committees

None identified.



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Meeting Date	28 May 2020	Agenda Item	4.6.1b
Report Title	Committee Chair's Report – Audit and Assurance Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
Key Issues	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 6 May 2020.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members of the Board are asked to note the content of the report for assurance.		

Committee Chair's Report – Audit and Assurance Committee

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee. The Board is asked to note the summary report from the Chair.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders. Each committee will present reports to the Board during the 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 Audit and Assurance Committee Chair's summary of the meeting held on 6 May 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 IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in 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 review the short-term performance and finance of HEIW as well as focussing on the longer-term sustainability. The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.			
Report History	This report shall be a standing item on the Board's agenda.		
Appendices	Chair's summary - Audit and Assurance Committee (Appendix 1).		

Appendix 1

Meeting Date	28 May 2020	Agenda Item	4.6.1b
Freedom of Information Status	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Chaired by	Gill Lewis, Independent Member		
Lead Executive Director	Eifion Williams, Director of Finance		
Date of last meeting	6 May 2020		
Summary of key matters considered by the committee and any related decisions made:			
Due to the restrictions imposed by the Welsh Government as a result of the COVID-19 Pandemic, HEIW was unable to hold its Audit and Assurance Committee on 6 May 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.			
The Committee received the Information Governance: General Data Protection (GDPR) Internal Audit Report that had received an overall assessment of 'reasonable' assurance. Whilst the Committee was pleased with the reasonable assurance rating, it was recognised that there was more work to be undertaken to address the areas of weakness identified in the report. In particular regarding improving compliance with the mandatory online and face-to-face Information Governance training and the completion of the Information Asset Register.			
The Committee was pleased to note the assessment of 'reasonable' assurance for the IT Review Internal Audit Report , which had also included a follow-up of the IT Baseline Review undertaken during April 2019. Whilst there was evidence of good practice, concerns were raised in relation to the pausing on the development of the Digital Strategy awaiting the recruitment of the new post of Director of Digital. The Committee noted that recruitment into the roles would be progressed as soon as practicably possible.			
The Draft Head of Internal Audit Opinion and Annual Report for 2019-2020 was presented to the Committee. The overall draft assessment was that of reasonable assurance and this was based on the completion of 11 out of the 12 audits within the Plan. It was noted that as a result of the COVID 19 Pandemic the medical training commissioning review had not been completed but the work already undertaken was used to inform the overall opinion. The Committee was content with the draft Head of Internal Opinion subject to the final report being updated to reflect the amendments discussed by the Committee.			
The Committee considered the Procurement Compliance Annual Report for 2019-2020 noting that the numbers of 'not endorsed' items were reducing. This was mainly due to the roll out of a programme of procurement training to raise awareness of the correct process to be followed within HEIW. Despite this, two departments had been identified as repeating offenders and would be contacted by the Head of Procurement in order to enable a better understanding of the reasons for not following the prescribed processes.			

The Committee approved the **Senior Information Risk Owner (SIRO) Annual Report 2019-2020** that provides an overview of the legislative and regulatory requirements relating to the handling, quality, availability and management of information, including compliance with the General Data Protection Regulations (GDPR) and the Freedom of Information Act (2000).

Draft Accounts 2019-2020: The Committee reviewed the Draft Accounts for the accounting period 1 April 2019 to 31 March 2020. It was noted that the draft accounts had been submitted to Welsh Government on 28 April 2020, which was in keeping with the original submission deadline. The Committee was content with the draft accounts and expressed their thanks to the Finance Team for their hard work in delivering the draft accounts despite working remotely.

Annual Report and Annual Accounts Timetable Revisions: The Committee was informed by WAO that the Welsh Government was to defer the laying of all Health Accounts until early July 2020. It was confirmed that whilst HEIW was scheduled to meet the initial annual accounts submission deadline of the end of May 2020, the remainder of NHS Wales were not due to submit their final accounts until the revised deadline submission date of 30 June 2020. The Committee noted that HEIW should not submit their accounts at the end of May 2020 in case other NHS organisations find accounting issues that could impact on HEIW's reported position and requirement amendment.

The Committee also noted that further guidance had been received from Welsh Government that required additional reporting of COVID 19 related matters in the Annual Governance Statement.

The Committee agreed that the Final Accounts Committee Meeting scheduled for 26 May 2020 would be used to review the final accounts and to consider the draft Annual Governance Statement, Statement of Directors Responsibilities and the Staff and Remuneration Report. A further meeting of the Committee would be held on 23 June 2020 to approve the Final Accounts, Annual Governance Statement, Statement of Directors Responsibilities, and Staff and Remuneration Report and recommend for submission to the Board on 25 June 2020.

Key risks and issues/matters of concern of which the Board needs to be made aware:

The Committee is concerned that without the Director of Digital and an agreed Digital Strategy, caution is required in relation to decision-making around new technologies that may not suit the longer term Information and Communications Technology (ICT) objectives.

Delegated action by the Committee

Due to the revisions to the Annual Report and Annual Accounts submission timetable, the Board will need to hold a meeting of the Board on 25 June 2020 to approve the Final accounts, Annual Governance Statement, Statement of Directors Responsibilities and Remuneration Report to meet the revised submission deadline of 30 June 2020.

Main sources of information received

- Information Governance: General Data Protection (GDPR) Internal Audit Report
- IT Review Internal Audit Report
- Draft Head of Internal Audit Opinion and Annual Report for 2019-2020

- Procurement Compliance Annual Report for 2019-2020
- Senior Information Risk Owner (SIRO) Annual Report 2019-2020
- Draft Accounts 2019-2020
- Annual Report and Annual Accounts Timetable Revisions

Highlights from sub-groups reporting into this committee

n/a

Matters referred to other Committees

None identified.



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

Meeting Date	28 May 2020	Agenda Item	4.6.2
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 9 April 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 9 April 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 IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in enabling the quality, safety and experience of patients receiving care.			
Financial Implications			
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	28 May 2020	Agenda Item	4.6.2
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	9 April 2020		
Summary of key matters considered by the committee and any related decisions made:			
Due to the restrictions imposed by the Welsh Government as a result of the COVID-19 Pandemic, HEIW was unable to hold its Education, Commissioning & Quality Committee on 9 April 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.			
The Committee received an update on COVID 19 and its Impact on Impending Tender of the Health Professional Education Contracts . Due to the impact of the Pandemic, a revised timescale for the tender process was considered by the Committee. Recognising the significance of the procurement exercise, it was felt that universities should be given as much time as possible during this period to give due consideration to the tendering process without compromising the quality of the bids being submitted. The Committee considered the revised timescales and acknowledged that the decision had not been taken lightly and that appropriate consideration had been given in light of the current situation. The Committee was supportive of the revised timetable which currently retains the original September 2022 student start date.			
The Committee received an update on the impact of COVID 19 on Nursing and Midwifery Education Provision and the Role of Students in Helping During the Crisis . The ‘opt in’ for students to assist the health and social care system in response to the current crisis was a voluntary scheme for those who met the specific criteria. ‘Opt in’ students would not have supernumerary status but remain students during their clinical placement. For those not able to, their university would provide support to consider other options available. Student choice was being collated and recorded onto a database to monitor placements. Students are able to raise any concerns in relation to appropriate supervision and support during their temporary clinical placement with their university.			
The Committee noted that national guidance was being finalised and due to be issued for Allied Health Professionals and Health Care Science students for a similar ‘opt in’ scheme to that being offered for nursing and midwifery students. The Committee was pleased to see how the students and universities had responded to the crisis, and also the changes that had been embraced to ensure the continuation and delivery of student training and education.			
Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis: The Committee received			

an overview of the national changes agreed and affecting university students and postgraduate trainees in Medicine, Dentistry and Pharmacy, in response to the COVID 19 Pandemic and to allow them to support the NHS Workforce.

The Committee discussed the financial implications of deferring final exams and medical trainees taking up placement early. This matter had been raised with Welsh Government. The costs relating to the impact of COVID 19 were being tracked and captured.

The Committee noted that all private and NHS Dentistry was on hold due to the high risk involved in undertaking dental procedures at this time. It was highlighted that the guidance issued by the General Dental Council for the redeployment into the temporary NHS workforce for all dental registrants was being reviewed.

In terms of Pharmacy, the Committee noted that national guidance was awaited for the redeployment of pharmacy student and trainees.

Quality Report of Health Education Contracts: The Committee received the first All Wales quality report summary on the quality measures in place to ensure the delivery of health professional contracts in Wales. The Committee received assurance that, in general, there were no areas of concern, however there were areas that could be improved upon to enhance the student experience. It was recognised that the content and format of the report would be further developed over the next year.

The Committee received the **Quality Assurance Review of Post Graduate Medical Education (PGME)** and noted that many of the planned visits had been deferred in response to the COVID 19 Pandemic. Since the previous report, the only area of material change was the addition of Emergency Medicine in Morrison which was now in enhanced monitoring. However, an action plan was in place to address the areas of concern.

It was clarified, in response to concerns raised on the risk of deferring that not all quality assurance processes had been postponed. The Faculty Leads and Teams were continuing to monitor areas of concern and feedback received. Where changes to clinical teams and structures had changed in response to the current crisis, the mapping of redeployments and staff affected by COVID 19 was being undertaken in order to maintain a balance and supervisory overview.

The Committee received the **General Medical Council (GMC) Annual Quality Assurance Summary** and was pleased with the very positive outcome.

Key risks and issues/matters of concern of which the Board needs to be made aware:

Following the consideration of the **Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis**, the Committee wishes to highlight to the Board the potential financial implications of deferring final exams and medical trainees taking up placement early. Whilst the cost of these measures has not been fully quantified, it was estimated that for the 340 FY1 posts in Wales, the anticipated cost for 2.5 months was likely to be circa £2m. This matter has been raised with Welsh Government

During the Committee's consideration of the Action Log, it was noted that the launch of the **Major Trauma Network** has been deferred due to the COVID 19 Pandemic. As such the discussion in relation to the Training Needs has been deferred and will be rescheduled into the Board Forward Work Programme when possible.

The Committee wishes to draw the Board's attention to the suspension of all **Post Graduate Medical Education** quality visits by the Quality Team as a result of the COVID 19 Pandemic. Clarification has been received that some members of the Quality Team have been reallocated to support Scheduled Care however, the Quality Team are continuing to undertake basic core activities virtually which include the quality management processes. Those areas within Health Boards that are in enhanced monitoring and/or where targeted visits were planned, are being reminded that they are still being observed.

Delegated action by the Committee

N/A

Main sources of information received

- Update on COVID 19 and its Impact on Impending Tender of the Health Professional Education Contracts
- Impact of COVID 19 on Nursing and Midwifery Education Provision and the Role of Students in Helping During the Crisis
- Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis
- Quality Report of Health Education Contracts
- Quality Assurance Review of Post Graduate Medical Education (PGME)
- General Medical Council (GMC) Annual Quality Assurance Summary

Highlights from sub-groups reporting into this committee

N/A

Matters referred to other Committees

N/A



GIG
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WALES

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

Meeting Date	28 May 2020	Agenda Item	4.7
Report Title	Audit and Assurance Committee Annual Report 2019/2020		
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	The main purpose of the Audit and Assurance Committee Annual Report is to assure the Board that the system of assurance is fit for purpose and operating effectively. The report summarises the key areas of business activity undertaken by the Committee during 2019/2020.		
Key Issues	This report summarises the key areas of business activity undertaken by the Committee during 2019/2020 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	The Board is asked to: <ul style="list-style-type: none"> • Note the Annual Report 2019/2020 for assurance purposes. 		

Audit and Assurance Committee Annual Report 2019/2020

1. INTRODUCTION

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

2. BACKGROUND

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

3. ASSESSMENT

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

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

The Board is asked to:

- **Note** the Annual Report 2019/2020 for assurance purposes.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in 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 review the short term performance and finance of HEIW as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.			
Report History	Considered by the Executive Team and Audit and Assurance Committee		
Appendices	Appendix 1 – Audit and Assurance Committee Annual Report 2019/2020.		

Audit and Assurance Committee Annual Report 2019/2020

Committee Chair's Reflection

The engagement and attendance of all parties has been one aspect of the Audit and Assurance Committee that has improved this year. The agenda setting has improved considerably as have the minutes and action log. The support for the meeting is now much more streamlined and advance notice of agenda items and meeting dates now runs very smoothly.

The continuing challenges as a new organisation will be to pursue and challenge areas of risk and ensure that these are closed down appropriately. The other area of focus going forward is to make sure that there are clear lines of responsibility between the Audit and Assurance Committee, the Education, Commissioning and Quality Committee and the Board.

The Audit and Assurance Committee will receive regular performance reports from the Wales Audit Office and Internal Audit, indicating areas that could merit examination that is more detailed. Similarly, the financial report could indicate areas for more detailed work. The digital agenda is also a potential area where detailed examination could add value to the Integrated Medium Term Plan (IMTP).

In order to facilitate a better understanding of the Audit and Assurance Committee and its business across the organisation, I think that key links to the minutes of the Committee are important, and making the Annual Report widely available.

1 Introduction and Background

The purpose of the Audit and Assurance Committee is to **advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place, regarding the design and operation of Health Education and Improvement Wales's (HEIW) system of governance and assurance. This supports the Board in its decision taking and in discharging its accountabilities for securing the achievement of HEIW's objectives in accordance with the standards of good governance determined for the NHS in Wales.

Membership of the Audit and Assurance Committee:

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

Chair:	Gill Lewis, Independent Member
Members:	John Hill-Tout, Independent Member
	Dr Ruth Hall, Independent Member

Other officers of HEIW attend to support key matters.

The Committee also has regular attendance from representatives of:

- Wales Audit Office;
- Audit and Assurance, NHS Wales Shared Services Partnership (HEIW's Internal Auditors);
- NHS Counter Fraud

The Committee met on 5 occasions between April 2019 and March 2020.

The Committee wishes to thank all those who have contributed to the Committee discharging its business over the last year.

2 Key Issues and Achievements

2.1 Planning and Review

During 2019/20, the Audit and Assurance Committee has undertaken work to further promote key governance principles and the need for explicit assurance about risk, quality, control and governance within NHS organisations as part of their individual systems of governance and assurance.

The Audit and Assurance Committee has led further work on governance and assurance objectives to ensure good practice is maintained, further improved and embed HEIW's approaches. It has also responded to feedback from Internal Audit reports and the Wales Audit Office Structured Assessment Baseline Review and Structured Assessment for 2019.

In line with good practice, the Audit and Assurance Committee reviewed its own Terms of Reference and carried out a self-assessment and Committee Evaluation process. As a maturing Committee, it was identified there was a need to focus on the areas of significant organisational risk, control and sound governance.

2.2 Governance and Assurance Development

Policies, Procedures and Plans

The Committee considered the Risk Management Policy and Revisions to the HEIW's Standing Orders and Scheme of Delegation and recommended approval to the Board.

The Committee received and approved:

- Revised Financial Control Procedures for the following areas:
 - Non-Current Assets;
 - Month End Process;
 - General Ledger;
 - Banking.
- Annual Reports for:
 - Wales Audit Office;
 - Internal Audit;
 - Counter Fraud.

- Annual Work Plans for:
 - Internal Audit;
 - External Audit; and
 - Counter Fraud

Following the establishment of the Education, Commissioning and Quality Committee, a review was undertaken of HEIW's standing orders. The review entitled 'Future Ways of Working' focussed on the roles of the Board and its committees to ensure that decision-making was taken at the appropriate level and to avoid any gaps in the governance structure. The paper on Future Ways of Working was approved at the Board in September 2019 and the Committee Terms of Reference and Standing Orders were updated to reflect the findings of the paper in November 2019.

Risk Management

The Committee maintained a focus on further developing and embedding risk management processes and work currently in progress to align the Corporate Risk Register to the Integrated Medium Term Plan for 2020/2023. The Risk Management Policy was approved by the Board, and mandatory risk management training has been rolled out to Senior Managers. The Committee recommended that the Board consider its position in relation to Risk Appetite and how it treats risks, and informs wider decision making and provide guidance to staff. In response, HEIW's draft Risk Appetite was considered at the Board Development Session in December and the final version of the Risk Appetite was approved at the Board in January 2020.

The Committee considered the draft Board Assurance Framework that outlines HEIW's framework for supporting good governance and ensuring this is supported by robust systems and processes. The Board approved the Board Assurance Framework at its meeting in September 2019.

A risk management internal audit was undertaken between October and December 2019. The overall objective of the audit was to evaluate and determine the adequacy of the systems and controls in place in relation to the organisation's risk management arrangements. The review sought to provide assurance to the Audit and Assurance Committee that risks material to the system's objectives be managed appropriately. The review concluded that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with established controls over risk management was reasonable assurance.

Monitoring Progress

The Committee has also monitored continuing improvement in the arrangements for:

- Reducing the backlog of **Job Evaluations** and the **Recruitment** into those posts.
- **Compliance with Mandatory Training and PADR** recorded on ESR for core staff. The Committee was assured that focussed work with the Medical Directorate would be undertaken in order to drive improvement in compliance.
- **Information Governance** reporting and the progress against the Work Plan.

- **Procurement Compliance Activity and Declarations of Interest Register:** An area of further concern by the Committee generated by this reporting was that further work would need to be undertaken to clarify the process when declarations of interest conflicts arise within the procurement process for cases reported as 'not endorsed'.
- **Audit Recommendation Tracker (the Tracker):** The Committee approved the mechanism for reporting the progress arising from recommendations from internal and external audit reports. The Tracker contains the current agreed actions in response to the recommendations within Audit reports received from Internal Audit and the Wales Audit Office. The reporting provides the Committee with assurance that those recommendations contained within the Tracker are being progressed, monitored and completed.

3.3 Financial Management Control and Systems Monitoring

The Committee has continued to seek improvements in the financial systems and has approved revised Financial Control Procedures in respect of Non-Current Assets; Month End Process; General Ledger and Banking.

The Committee received the Contracts and Agreements Register and noted the further work to be undertaken to ensure all elements of contract management were being captured.

An update on the current position of the **Strategic Review of Healthcare Education in Wales** was received. The Committee noted that the current contracts were to be extended for 2020/21 and that HEIW was working closely with Legal and Procurement colleagues to finalise the process for the extension with the issuing of a modification notice. The new contracts were to be developed by May 2020 in preparation for the tendering exercise and contract award.

In January 2019, the Committee received a request from the Education, Commissioning and Quality Committee, to scrutinise the remuneration arrangements of the business case for the **Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role**. The Committee considered the remuneration package to support the case to implement a tariff arrangement.

3.4 Annual Accounts

In May 2019, the Committee reviewed the draft and audited accounts for 2018-19 and considered reports on the Accounts received from the WAO. The Committee was able to recommend to the Board that the Accounts be adopted and signed by the Chairman and Chief Executive this was done in June 2019.

In January 2019, the Committee received the **Annual Accounts Plan and Draft Annual Report Timetable for 2019/20** and noted the changes to the submission deadline dates.

3.5 Wales Audit Office (WAO)

In July 2019 the Committee noted that the WAO was to revisit the preparedness of Wales for a 'no deal' Brexit over the summer, and the increased interest of the Public Accounts Committee (PAC) regarding Counter Fraud arrangements in the Welsh public sector following the Landscape Review undertaken by WAO on behalf of the PAC.

Structure Assessment Baseline Review and Structured Assessment 2019: The report findings highlighted that HEIW had established the necessary arrangements to support good governance. There was more that the organisation needed to do in relation to risk management arrangements: the mapping of key sources of assurance to strengthen the Board Assurance Framework (BAF), and the further development of internal controls to support the Performance Management Framework and Information Governance. The Committee welcomed the report, which was positive and recognised the strong leadership and the progress being made in relation to the strategic vision with the development of the first Integrated Medium Term Plan.

3.6 Internal Audit

During the year, the Committee considered the following Internal Audit matters:

The **Board and Committee Governance Arrangements Internal Audit Report** had been assessed as Substantial Assurance.

The Committee was pleased to receive a number of internal audit reports that had received an overall assessment of **reasonable assurance**. These included:

- Transitional Management
- Risk Management
- Performance Management
- Values and Behaviours Framework
- Health and Safety
- Freedom of Information

Limited Assurance Report: Workforce Review – Casual Workers: In order to raise compliance levels, a number of actions were being implemented to address the recommendations. Internal Audit undertook a follow up review during September and October 2019 to provide assurance regarding the implementation of the agreed management actions. The follow-up review was assessed with reasonable assurance.

Internal Audit IT Baseline Review: The Committee received the report, noting that this was a review of HEIW's ICT and Information Governance arrangements and was a work in progress. The Committee confirmed that Information Governance was part of its role and remit and was receiving regular Information Governance reports.

The Internal Audit Plan for 2019/2020 has been delivered substantially in accordance with the agreed schedule, as approved by the Committee, with regular audit progress reports submitted to the Committee by Internal Audit 2019/20. As a result of the COVID-19 pandemic and the response to it from HEIW, Internal Audit was not able to complete the audit programme in full. However, Internal Audit has confirmed that they have undertaken sufficient audit work during the year to be able to give an overall

opinion in line with the requirements of the Public Sector Internal Audit Standards. The original audit plan agreed with the Committee was to produce 12 outputs at the year-end. However, due to the impact of COVID-19 the final position at HEIW was 11 final reports and one area where fieldwork was ongoing, this related to the Internal Audit review of medical training commissioning. The Head of Internal Audit has considered the work completed in this area to date, and does not consider there to be any matters identified that would affect the annual opinion.

3.7 Counter Fraud

The Committee agreed the Counter Fraud Strategy and Work Plan.

The Committee received quarterly Counter Fraud Newsletters; the Counter Fraud Report on Sharing Lessons Learnt and the completed Annual Declaration against the Counter Fraud Self Review Tool 2018/19 that had been undertaken as part of the national quality assurance process. The level of assurance and performance rating was an overall score of amber. Further focussed work would be undertaken to raise awareness of fraud, bribery and corruption.

4 Key Risks

The Committee had identified a number of risk areas, which have been highlighted in this report; these will be the focus of attention during the coming year:

5 Key Areas of Focus for the Coming Year

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

- Compliance with Mandatory Training and PADR;
- Risk Management;
- Board Assurance Framework;
- Performance Management Framework;
- Information Management and Information Governance, particularly cyber security and digital agenda;
- Asset and Contract Management.

Sponsored by: Gill Lewis
Chair of Audit and Assurance Committee

Date: April 2020



GIG
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WALES

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

Meeting Date	28 May 2020	Agenda Item	4.8
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 Meetings held on 26 March 2020 and 30 April 2020.		
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 20 March 2020 and 30 April 2020.		
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 MEETINGS HELD ON 26 MARCH 2020 AND 30 APRIL 2020

1. INTRODUCTION

The purpose of the report is to report on items considered by the in-committee Board meetings held on 26 March 2020 and 30 April 2020.

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 items were discussed in the **in-committee meeting of the HEIW Board on 26 March 2020**:

- **Chair’s Report** – The Board received and noted a verbal update from the Chair.
- **Chief Executive’s Report** – The Board received a verbal update from the Chief Executive and the following action was agreed:
 - That the Chair be given delegated authority to approve any necessary action or actions relating to the retire and return of Stephen Griffiths in relation to his role as Director of Nursing.
- **Key Issue Report from the Chair of the Audit & Assurance Committee Closed Session** – The Board noted and ratified the Chair’s key issue report on the Audit & Assurance Committee Closed Session held on 27 January 2020 for assurance purposes.
- **Key Issue Report from the Chair of the Remuneration & Terms of Service Committee** – The Board ratified two Chair’s Actions and approved the three recommendations made from the meeting held on 19 February 2020.

The following item was discussed in the **in-committee meeting of the HEIW Board on 30 April 2020**:

- **Key Issue Report from the Chair of the Remuneration & Terms of Service Committee** – The Board approved the three recommendations made from the meeting held on 30 April 2020.

The Board reflected on undertaking its Board meetings ‘virtually’ utilising Skype/Teleconference facilities. Whilst there were a low number of technical difficulties during each of the meetings that were resolved with IT colleagues, a quorum was present throughout each of the meetings.

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 IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
Ensuring 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.		