

## Bundle HEIW Board (Open) 30 July 2020

### AGENDA

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- 4.7        Education, Commissioning & Quality Committee Annual Report 2019/2020  
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5.1      Any Other Urgent Business

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5.3      Dates of Next Meetings:

- 5.3.1      • HEIW Board Development Session to be held on 27 August 2020 to be confirmed either via Microsoft Teams/Teleconference or to be held in Ty Dysgu, Nantgarw
- 5.3.2      • HEIW Board to be held on 24 September 2020 to be confirmed either via Zoom/Teleconference or to be held in Ty Dysgu, Nantgarw

## HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

**Board Meeting – 10.00am-12.30pm**

**to be held on Thursday, 30 July 2020  
Via Zoom/Teleconference**

### AGENDA

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>10:00-10:10</b>
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 25 June 2020	Chair/ Attachment
1.5	Action Log	Chair/ Attachment
1.6	Matters Arising: <ul style="list-style-type: none"> <li>Review the Requirement to Extend the Term for Holding Electronic Conference Meetings</li> </ul>	Chair/ Oral
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	<b>10:10-10:30</b>
2.1	Chair's Report	Chair/ Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
<b>PART 3</b>	<b>STRATEGIC ITEMS</b>	<b>10:30-11:20</b>
3.1	HEIW Quarter 2 Operational Plan and Response to COVID 19	Director of Workforce & OD/ Attachment
3.2	Annual Education and Training Plan 2021/22	Interim Director of Nursing/ Attachment
<b>PART 4</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	<b>11:20-12:20</b>
4.1	Director of Finance Report	Director of Finance/ Attachment
4.2	Performance Report	Director of Workforce & OD/ Attachment
4.3	Risk Management Policy	Board Secretary/ Attachment
4.4	Temporary Amendments to the Standing Orders	Board Secretary/ Attachment
4.5	Health and Social Care (Quality and Engagement) (Wales) Act	Board Secretary/ Attachment

4.6	To receive key issue report from the: <ul style="list-style-type: none"> <li>Audit &amp; Assurance Committees held on 23 June 2020 and 16 July 2020</li> <li>Education, Commissioning &amp; Quality Committee held on 2 July 2020</li> </ul>	Chair of the Committee/ Attachments Chair of the Committee/ Attachments
4.7	Education, Commissioning & Quality Committee Annual Report 2019/2020	Chair of the Committee/ Attachment
4.8	Procurement Compliance Annual Report 2019/2020	Director of Finance/ Attachment
4.9	In-Committee Decisions	Board Secretary/ Attachment
4.10	Forward Work Programme 2020/2021	Board Secretary/ Attachment
<b>PART 5</b>	<b>OTHER MATTERS</b>	<b>12:20-12:30</b>
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"> <li>HEIW <b>Board Development Session</b> to be held on <b>27 August 2020</b> to be confirmed either via Microsoft Teams/Teleconference or to be held in Ty Dysgu, Nantgarw</li> <li>HEIW <b>Board</b> to be held on <b>24 September 2020</b> to be confirmed either via Zoom/Teleconference or to be held in Ty Dysgu, Nantgarw</li> </ul>	

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



**Unconfirmed Minutes of the HEIW Board Meeting**  
**held on 26 June 2020 at 09:00 am**  
**via Skype/Teleconference**

**Present:**

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

**In attendance:**

Dafydd Bebb	Board Secretary
Kay Barrow	Corporate Governance Manager (Secretariat)

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>Action</b>
<b>2606/1.1</b>	<b>Welcome and Introductions</b>	
	The Chair welcomed everybody to the meeting of the HEIW Board. He formally welcomed Angela Parry to her first meeting as the Interim Director of Nursing. A quorum was confirmed present.	
<b>2606/1.2</b>	<b>Apologies for Absence</b>	
	Apologies were received from Tina Donnelly.	
<b>2606/1.3</b>	<b>Declarations of Interest</b>	
	There were no declarations of interest.	
<b>2606/1.4</b>	<b>Minutes of the Board meeting held on 28 May 2020</b>	
	The minutes of the meeting held on 28 May 2020 were <b>received</b> and <b>approved</b> as an accurate record of the meeting.	
<b>2606/1.5</b>	<b>Action Log</b>	
	The Board <b>received</b> the Action Log from the meeting held on 28 May 2020 and <b>noted</b> that all actions either were in progress, had been added to the forward work programme or had been completed.	
<b>2606/1.6</b>	<b>Matters Arising</b>	
	There were not matters arising.	
	Ceri Phillips joined the meeting.	

<b>2606/2</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	
<b>2606/2.1</b>	<b>Accountability Report 2019/2020</b>	
<b>2606/2.1.1</b>	<b>Annual Governance Statement</b>	
	<p>The Board <b>received</b> the Annual Governance Statement (AGS).</p> <p>In presenting the AGS, Dafydd Bebb highlighted that this was one part of the three elements of the Accountability Report for the reporting period 1 April 2019 to 31 March 2020. The Audit &amp; Assurance Committee had considered the AGS at its meeting on 23 June 2020. The comments received from the Committee, Welsh Government and the Auditors had been incorporated into the final version presented.</p> <p>It was highlighted that, whilst the reporting period was for the financial year 2019/2020, the guidance received from Welsh Government required HEIW to document any material governance changes up to the time of Board approval. This therefore included the amendments made to the governance arrangements for Board and Committees in relation to the restrictions as a result of the COVID 19 Pandemic.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the AGS for signature by the Accountable Officer;</li> <li>• <b>approved</b> the signed AGS for submission to Welsh Government as part of the Accountability Report by 30 June 2020.</li> </ul>	<b>DB</b> <b>DB</b>
<b>2606/2.1.2</b>	<b>Remuneration and Staff Report</b>	
	<p>The Board <b>received</b> the Remuneration and Staff Report.</p> <p>In presenting the report, Dafydd Bebb advised that it had been considered by the Audit &amp; Assurance Committee at its meeting on 23 June 2020. The comments received from the Committee had been incorporated into the final version presented.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the Remuneration and Staff Report for signature by the Accountable Officer;</li> <li>• <b>approved</b> the signed Remuneration and Staff Report for submission to Welsh Government as part of the Accountability Report by 30 June 2020.</li> </ul>	<b>DB</b>
<b>2606/2.1.3</b>	<b>The Welsh Parliament Accountability and Audit Report</b>	
	<p>The Board received the Welsh Parliament Accountability and Audit Report.</p> <p>In presenting the Report, Dafydd Bebb confirmed that it had been considered by the Audit &amp; Assurance Committee at its meeting on 23 June 2020. It was clarified that the wording in the document had been amended from the 'National Assembly for Wales' to read 'The Welsh Parliament' following confirmation by Audit Wales.</p>	

<b>Resolved</b>	The Board <b>approved</b> the Welsh Parliament Accountability and Audit Report for submission to Welsh Government as part of the Accountability Report by 30 June 2020.	
<b>2606/2.2</b>	<b>Audit &amp; Assurance Committee Review of Accounts and Public Disclosure Statements</b>	
	Gill Lewis, Chair of the Audit & Assurance Committee, explained that the Committee had met on three occasions and carried out a full and robust review of the accounts and public disclosure statements. Any questions regarding the accounts had been addressed and the Audit & Assurance Committee was therefore able to recommend the accounts to the Board for approval.	
<b>Resolved</b>	The Board <b>noted</b> the recommendation of the Audit and Assurance Committee.	
<b>2606/2.3</b>	<b>Final Accounts 2019/2020</b>	
	<p>The Board <b>received</b> the Final Accounts for 2019/2020.</p> <p>In presenting the final accounts, Eifion Williams advised that since the last meeting of the Board, the figures within the accounts had not changed although there had been some changes to the disclosure statements accompanying the accounts and these were reflected in the accounts presented. It was confirmed that HEIW had met its obligations to break-even against the Revenue Resource and Capital Resource Limits and had also met the Public Sector Payment Policy.</p> <p>The Board commended the work of the HEIW staff, particularly in relation to the delivery of the final outturn position, despite the initial challenges faced at the start of the financial year. It was highlighted that 2019/2020 had provided HEIW with a good understanding of the expenditure of a commissioning organisation.</p> <p>The Board thanked the Finance Team and Audit Wales for the completion of the final accounts and audit process.</p>	
<b>Resolved</b>	The Board <b>noted</b> the final accounts.	
<b>2606/2.4</b>	<b>Audit Wales – Audit of Financial Statements Report (ISA 260)</b>	
	<p>The Board <b>received</b> the Audit Wales Audit of Financial Statements Report (ISA 260) which included the Letter of Representation.</p> <p>In presenting the ISA 260, Eifion Williams provided an overview of the key points within the report and confirmed that all outstanding matters had been satisfactorily concluded. Audit Wales was issuing an unqualified audit opinion on the HEIW accounts for 2019/2020.</p> <p>The Board noted that there:</p> <ul style="list-style-type: none"> <li>• were no non-trivial misstatements identified in the accounts that remain uncorrected;</li> <li>• was no need for the correction of any misstatements as a result of the audit work;</li> <li>• were no significant issues arising from the audit;</li> </ul>	

	<p>The Board noted that the recommendation of medium term priority relating to the delegated limits and that this had been discussed at the Audit &amp; Assurance Committee on 23 June 2020. It was acknowledged that Audit Wales would be issuing a Management Letter later in the year, which would provide recommendations to improve practice.</p>	
<b>Resolved</b>	The Board <b>noted</b> the content of the ISA 260.	
<b>2606/2.5</b>	<b>Formal Approval of the Accounts and Public Disclosure Statements 2019/2020</b>	
	<p>The Board <b>considered</b> the Accounts and Public Disclosure Statements for 2019/2020 and the recommendation from the Audit &amp; Assurance Committee.</p> <p>The Board congratulated the Director of Finance and the Finance Team for delivering an excellent set of final accounts during a challenging time.</p> <p>The Board acknowledged the excellent working relationship between the Finance Team and Audit Wales that had assisted in delivering to the agreed Welsh Government timetable.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>formally <b>approved</b> the Accounts and Public Disclosure Statements for 2019/2020;</li> <li><b>approved</b> the use of electronic signatures for the signing of the Accounts, Public Disclosure Statements and the various elements of the Accountability Report prior to their submission to Welsh Government by 30 June 2020.</li> </ul>	<b>EW/DB</b>
<b>2606/2.6</b>	<b>Month 2 Finance Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Eifion Williams provided a brief summary of the month 2 financial position for 2020/21, which was an overall underspend of £691k. This was largely due to the impact of the COVID-19 pandemic and the lockdown position affecting pay and non-pay budgets by limiting opportunities for recruitment, training and education activity.</p> <p>It was highlighted that the Finance Team would be working through the implications of COVID 19 on budgets with Directorates as HEIW moves into the 'new normal' and budgets would be reprofiled to reflect any changes.</p> <p>The £15k variance in relation to 'other income' was clarified and it was noted that this was because of the reduction in income generating activities as a result of the lockdown restrictions.</p>	

	The Board noted that Eifion Williams would be meeting with Welsh Government to discuss the underspend position resulting from the COVID 19 Pandemic.	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the month 2 financial position;</li> <li>• <b>agreed</b> for feedback from the Directorate budget meetings to be reported to the July Board;</li> <li>• <b>agreed</b> for feedback from the Welsh Government finance meeting to be reported to the July Board.</li> </ul>	<p><b>EW</b></p> <p><b>EW</b></p>
<b>2606/2.7</b>	<b>In Committee Decisions</b>	
	The Board <b>received</b> and <b>noted</b> the report which provided the key issues discussed 'in committee' at the May Board meeting.	
<b>2606/3</b>	<b>OTHER MATTERS</b>	
<b>2606/3.1</b>	<b>Any Other Urgent Business:</b>	
<b>2606/3.2</b>	<b>Date of Next Meetings</b>	
	<p>The Board received the forthcoming Board dates:</p> <ul style="list-style-type: none"> <li>• HEIW <b>Board</b> to be held on <b>30 July 2020</b> via Skype/Teleconference</li> <li>• HEIW <b>Board Development Session</b> to be held on <b>27 August 2020</b> to be confirmed either via Skype/Teleconference or in Ty Dysgu, Nantgarw</li> </ul>	
<b>2606/3.3</b>	<b>Close</b>	
	There being no other urgent business for the open session the meeting moved into the closed session.	

.....  
Chris Jones (Chairman)

.....  
Date:

**HEIW Board (Open)**  
**25 June 2020**  
**Action Log**

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>2805/1.6</b>	<b>Matters Arising</b>			
	<ul style="list-style-type: none"> <li>Review the requirement to extend the term for holding electronic conference meetings.</li> </ul>	<b>Board Secretary</b>	July 2020	Item to be considered under Matters Arising on the July Board Agenda.
<b>2805/3.1.2</b>	<b>Resource Plan 2020/21</b>			
	<ul style="list-style-type: none"> <li>An update to the Resource Plan 2020/21 to be presented to the Board in July 2020.</li> </ul>	<b>Director of Finance</b>	July 2020	An update is included in the July Director of Finance Report.
<b>2805/3.2</b>	<b>Update on the Annual Education and Training Plan 2021/22</b>			
	<ul style="list-style-type: none"> <li>The final Plan to be considered at the July Board.</li> </ul>	<b>Interim Director of Nursing</b>	July 2020	Item on the July Board Agenda.
<b>2805/4.5</b>	<b>Amendment to the Delegated Financial Limits/Standing Orders</b>			
	<ul style="list-style-type: none"> <li>The agreed Amendment to the Delegated Financial Limits/Standing Orders to be reviewed by the end of August 2020.</li> </ul>	<b>Board Secretary</b>	August 2020	Added to the Board Forward Work Programme for August 2020.
<b>2606/2.1.1</b>	<b>Annual Governance Statement</b>			
	<ul style="list-style-type: none"> <li>The approved AGS to be signed by the Accountable Officer;</li> </ul>	<b>Board Secretary</b>	By 30 June 2020	Completed.
	<ul style="list-style-type: none"> <li>The approved and signed AGS to be submitted to Welsh Government as part of the Accountability Report by 30 June 2020.</li> </ul>	<b>Board Secretary</b>	By 30 June 2020	Completed.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>2606/2.1.2</b>	<b>Remuneration and Staff Report</b>			
	<ul style="list-style-type: none"> <li>The approved Remuneration and Staff Report to be signed by the Accountable Officer;</li> </ul>	<b>Board Secretary</b>	By 30 June 2020	Completed.
	<ul style="list-style-type: none"> <li>The approved and signed Remuneration and Staff Report to be submitted to Welsh Government as part of the Accountability Report by 30 June 2020.</li> </ul>	<b>Board Secretary</b>	By 30 June 2020	Completed.
<b>2606/2.1.3</b>	<b>The Welsh Parliament Accountability and Audit Report</b>			
	<ul style="list-style-type: none"> <li>The approved Welsh Parliament Accountability and Audit Report to be submitted to Welsh Government as part of the Accountability Report by 30 June 2020.</li> </ul>	<b>Board Secretary</b>	By 30 June 2020	Completed.
<b>2606/2.5</b>	<b>Formal Approval of the Accounts and Public Disclosure Statements 2019/2020</b>			
	<ul style="list-style-type: none"> <li>Electronic signatures to be used for the signing of the Accounts, Public Disclosure Statements and the various elements of the Accountability Report prior to their submission to Welsh Government by 30 June 2020.</li> </ul>	<b>Director of Finance</b>	By 30 June 2020	Completed.
<b>26/06/2.6</b>	<b>Month 2 Finance Report</b>			
	<ul style="list-style-type: none"> <li>Feedback from the Directorate budget meetings to be reported to the July Board;</li> </ul>	<b>Director of Finance</b>	July 2020	A verbal update will be given at the July board.
	<ul style="list-style-type: none"> <li>Feedback from the Welsh Government finance meeting to be reported to the July Board.</li> </ul>	<b>Director of Finance</b>	July 2020	A verbal update will be given at the July board.



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

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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Chair's Report</b>		
<b>Report Author</b>	Dr Chris Jones, Chairman		
<b>Report Sponsor</b>	Dr Chris Jones, Chairman		
<b>Presented by</b>	Dr Chris Jones, Chairman		
<b>Freedom of information</b>	Open		
<b>Specific action required</b>	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 MEETING

Today we are **Livestreaming the Board Meeting** for the first time. This enables the public to observe today's Board meeting through livestreaming technology. This is a positive development in line with developments at other NHS organisations in Wales.

In July Alex has returned full time to the organisation as Chief Executive after supporting the Director General in Welsh Government during the Pandemic crisis. I would like to thank Julie our Deputy CEO and the Executive team for their stewardship, and for the way the staff and organisation has responded during this exceptional period.

Since March there have been weekly CEO & Chair Conference calls with the Minister and Andrew Goodall to focus on the management of the response to the pandemic.

The focus has now shifted to learning the lessons and resetting the NHS as we move cautiously forward. As a result, we are now planning for the Winter and the possibility of further Covid 19 and influenza challenges. The organisation has submitted Quarter one and Quarter 2 operational plans to Welsh Government – major pieces of work.

I am immensely proud of the way the organisation has responded in support of the NHS and the ways we have worked with our partners in Wales – NHS Trusts and Health Boards, Universities, Further Education Bodies and Social Care Wales. On a UK wide basis, the organisation has worked well with the regulators and Royal Colleges and other Health Educational Bodies to ensure recruitment and training continues. We need to ensure that we harness the pace, innovation and problem solving demonstrated by all during the last 5 months in how we reset our business and focus on improvement.

Many of our students and trainees have been active in responding to the pandemic – their actions need to be recognised and deserve celebrating. In our latest newsletter there is an interesting account from two pharmacy students who have worked in service through the pandemic. In terms of recruitment, despite the challenges we are continuing our improvement trend, in particular, our success in increasing the numbers into General Practice training.

I continue to have regular twice a week video meetings with Alex and I have completed the review of Alex's professional development for 2019/2020, and together we have

agreed her objectives for 2020/2021. I meet with Julie weekly and the Executive Directors on a fortnightly basis. I have monthly discussions with the Postgraduate Deans – a really helpful and informative set of discussions enabling me to understand some of the challenges and to reflect on the ways our organisation has met the issues. I meet John Hill-Tout, Vice Chair, twice weekly and the Independent Members on a weekly basis. This has enabled good communication of ideas and I thank them all for their support and advice. I have made arrangements to complete the Independent Members appraisals by mid-August.

Emerging as a key reflection from the pandemic has been the workforce needs across Health and Social Care. In December, we submitted with Social Care Wales, to Welsh Government, a draft Health and Social Care Workforce Strategy – following substantial consultation. We have had several meetings in June and July with the Chair and Chief Executive of Social Care Wales. It is evident that the key elements within the strategy are very pertinent to the response to the present time in Wales and looking to the future. Compassionate leadership and a strong focus on the health and wellbeing of our health and social care workforce will be needed to support our health and care systems to recover and progress going forward.

I continue to join the NHS Chairs meetings on a fortnightly basis – key discussions on Public Health, health inequalities, resetting of services, partnership working, and leadership. HEIW presented an update on our Leadership plans to the CEO group and the Chairs meeting. Helen Thomas and Julie Rogers presented and there was general support and encouragement.

I have taken part in an Internal Audit Review of Governance during the crisis and I have met with Wales Audit Office for our regular quarterly meeting.

I have joined weekly video conferences arranged through the NHS Confederation on NHS Reset. I was a speaker in a session on Health and Social Care and was able to contribute in demonstrating our Welsh approach to partnership working. It is very clear that in Wales we have benefited from strong local relationships across public services – something we should build on and consolidate. I also described how as HEIW we had benefited from working collaboratively with UK wide organisations including the regulators and colleges and again we should take this positive culture forward as a building block for the future. Interesting sessions focused on inequalities, diversity and inclusion, governance lessons from Covid.

I have attended a Public Health Wales webinar on the learning from the pandemic to date with updates on genomics, screening and vaccine development. This week I participated in a public health webinar on the Covid impact on wellbeing and health inequalities.

Earlier in July we interviewed for our Director of Planning and I am pleased to welcome Nicola Johnson into HEIW. She is due to start in early Autumn and is observing today's meeting.

**In the last week**, the Health and Social Care Act became law on 1 June. I wish to draw the boards attention to the fact that The act's Duty of Quality will place an onus on HEIW to secure improvements in the quality of services provided to service users and to report to Welsh Government on the matter on an annual basis. We will need to consider what that means to us as an organisation focusing on workforce, education and training rather than patient care.

In conclusion I wish to record my thanks to all our staff and in particular our communications and IT teams for keeping us all well informed and connected in so many ways

**John Hill-Tout, Vice Chair**, has attended meetings of Vice Chairs, which have continued on a regular basis, with meetings being held remotely with the use of technology. Vice Chairs have a responsibility for Board level oversight of Primary Care, Mental Health and Community Services and at these meetings they have focused on the response of these services to Covid 19, and also on the increased or changed patterns of demand. On 25th June, Vice Chairs met with the Minister to brief him on the service response in these areas, and there was also a discussion on ways to improve integration with Social Care.

John has joined two NHS Confederation "Reset" seminars since the last Board meeting. These are organised on a UK basis for Board members and present an opportunity to share experiences of dealing with the Covid Pandemic, and the new service patterns, which have been effective, and which must now be adopted routinely. It has been encouraging to learn of much improved co-operation between Health and its Partners in Social Care, the Voluntary sector, and the Independent sector. It was also encouraging to hear echoes of HEIW's work to develop leaders who can lead across all services.

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



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

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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Chief Executive's Report – July 2020</b>		
<b>Report Author</b>	<b>Dafydd Bebb, Board Secretary</b>		
<b>Report Sponsor</b>	Alex Howells, Chief Executive		
<b>Presented by</b>	Alex Howells, Chief Executive		
<b>Freedom of Information</b>	Open		

## **Chief Executive's Report – July 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.

In overall terms although we are still actively contributing to the COVID 19 response, we have also been able to refocus on several HEIW priority areas that are critical to the longer term recovery for NHS Wales.

I have now completed my secondment to Welsh Government and am back full time in my CEO role at HEIW. I am grateful to the Board for allowing me to undertake this secondment and would once again like to pay tribute to Julie Rogers and my Executive colleagues for looking after the organisation so well in my absence.

### **2. KEY ACTIVITIES**

- **Coronavirus**

Our contribution to the Coronavirus response is summarised in our Q1 performance plan, and we continue to be actively engaged in the ongoing work associated with care homes, rehabilitation, and vaccinations. We are resetting more routine ways of working for education and training in the next few months to minimise any ongoing disruption whilst maximising the new ways of working that have been implemented at pace.

In line with developments nationally, we have decided to step down the COVID-19 Response Team to enable our staff to refocus time and attention on other priorities.

- **Quarter 2 Plan**

HEIW's Operational Plan for Q2 was submitted in draft to Welsh Government on 3 July 2020 and we have received positive feedback which has been shared with the Board. We hope that the Board will be able to give formal approval to this today.

We anticipate that the next plan will be required by the end of September and will need to include a focus on winter resilience.

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

Following our discussions at the Board Development Session in June a joint letter has been submitted from HEIW and Social Care Wales to the Minister for Health and Social Services to highlight the urgency and opportunities in progressing with the workforce strategy, to address many of the challenges that have been thrown into sharp relief during the pandemic.

- **Education Commissioning and Training plan 2021/22**

The Education Commissioning and Training Plan has been developed following a wide range of engagement with our stakeholders and partners, and was recommended for approval by the Education Commissioning and Quality Committee in June. A final version was approved by the NHS Executive Board on 21 July. This will enable us to continue to increase the number of education and training places across a number of professions, and to do this in a more flexible way.

- **Performance report**

To the credit of our teams there are no significant performance challenges to report despite the disruption to business in the first quarter of the year. From a business continuity perspective, the performance report describes the efforts made to keep our education and training functions working, with a particular shift to online and virtual arrangements across all areas.

The performance report attempts to bring together the monitoring of a number of streams of activity and demonstrates the breadth of our work during this period.

We continue to focus on developing the dashboard and the integrated performance framework.

- **Finance Report**

A paper outlining the month three position is on the agenda. Although 20/21 is proving to be more unpredictable than usual we continue to manage our finances effectively, in close collaboration with Welsh Government.

- **Risk**

There are 11 risks on the agenda of which one is red: - Cybersecurity.

- **Annual General Meeting (AGM)**

Our AGM is being held on 24 September at 1pm and will immediately follow the September Board. The AGM is later this year due to the revised deadlines for submitting the Annual Report with Welsh Government. Due to our current operating model the AGM will be live streamed and we hope this will encourage a wide range of staff and stakeholders to participate to hear about our first full year of operation.

### **3. RECOMMENDATION**

The Board is asked to note this report.

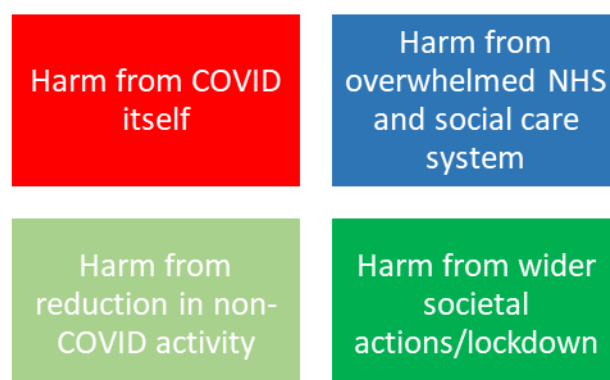
Governance and Assurance			
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The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.			
<b>Report History</b>	The CEO report is presented at each open Board session which is held once every two months.		
<b>Appendices</b>	N/A.		



# NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 2 (20/21)

## 1. PURPOSE

In line with the shorter planning cycles that we have agreed for 20/21, the purpose of this document is to provide the NHS with an Operating Framework for Q2 and a look ahead to the rest of the year. This framework will build on the themes and principles from Q1, based on a “proceed with caution” approach and will continue to focus on the four harms;



## 2. CONTEXT

There have been a number of developments since the publication of the Operating Framework Guidance for Q 1. In Wales lockdown measures are being eased in a steady and cautious approach, in line with the Welsh Government’s recovery plan, focused on maintaining and controlling the Rt value. In parallel with this, the Test, Trace, Protect Programme has been launched across Wales to improve access to testing and contact tracing to help contain and isolate the virus. Health Boards, Local Authorities, NWIS, Public Health Wales and our military colleagues have been working hard to implement this at scale and pace and this will continue to develop and evolve in Q2.

From an NHS perspective, although our understanding of the virus is improving there is still a high degree of uncertainty in the months ahead. This will continue to make planning challenging as we interpret modelling, and as evidence about the virus requires us to continually update guidance and policies in this area at pace.

Since the first COVID-19 peak in April the NHS in Wales has been developing and implementing its plans for a dual track approach to delivery of services across all care settings. The World Health Organisation describes Track 1 as remaining ready to provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 patients, and Track 2 addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks. ([https://www.euro.who.int/\\_data/assets/pdf\\_file/0018/440037/Strength-AdjustingMeasuresCOVID19-transition-phases.pdf?ua=1](https://www.euro.who.int/_data/assets/pdf_file/0018/440037/Strength-AdjustingMeasuresCOVID19-transition-phases.pdf?ua=1))

The pace of these plans has varied geographically, reflecting the fact that the curve of COVID 19 demand has affected different parts of Wales at different times. Whilst organisations prepared for the initial COVID-19 peak in March/ April, it is now

apparent that NHS Wales will have to adapt to coexisting with and addressing the challenges of covid-19 for some time to come, until a vaccine is developed.

We recognise that this dual track approach is a new challenge for our workforce, for patients and the public and for our services. It requires a continued focus on new ways of working, making it essential that we retain the agile and flexible approach used to respond to the challenge of COVID 19 itself. However this is also an opportunity to align the “new normal” with the ambition and direction set out in A Healthier Wales.

For our next iteration of plans we need to reset the capacity plans we developed to meet the first peak of COVID 19 to respond to a reduced but more sustained pressure. Updated advice will be issued alongside this guidance to inform capacity planning for the rest of the year.

The underlying approach for Quarter 2 is to continue to proceed with caution. The focus of this guidance remains on essential NHS services, with the introduction of routine services continuing to be a matter for local determination based on an assessment of safety, workforce, capacity, clinical support requirements and risks for patients.

Finally, although the guidance relates specifically to Q2 it is also important to start to set the scene for the rest of the year, recognising the additional risks associated with the winter period.

### **3. OPERATING FRAMEWORK**

#### **Test, Trace, Protect**

As referenced above NHS organisations are playing a pivotal role in delivering the NHS Wales Test, Trace, Protect service which was implemented in Q1 at great pace, and which requires ongoing focus in Q2 to ensure the appropriate capacity for the effective delivery of this service. This includes

- Sufficient antigen test sampling capacity to enable members of the public who are symptomatic to access a sampling site without delay (same day access).
- Capacity and organisational arrangements to deliver testing turnaround times (test request to lab authorisation of 24 hours) consistent with international evidence of best practice for contact tracing. This requires that samples reach PHW laboratories and that laboratory capacity and throughput is consistent with the expected turnaround time.
- In collaboration with partners to deliver regionally coordinated local contact tracing teams – a mix of clinical and non-clinical staff who can support those who have tested positive and their close contacts to stay safe.
- Provision of environmental and public health responses to local outbreaks and clusters or preventative action in areas regarded as high risk.

Testing supports purposes other than contact tracing. The NHS will need to have capacity to support these other testing purposes - diagnosing the disease to help with treatment and care; population health surveillance, so that we understand the

spread of the disease; business continuity, enabling key workers to return to work more quickly and safely; knowing who has had the infection in the past, when antibody testing is widely available.

### **New ways of working**

The Q1 guidance focused in particular on continuing to accelerate progress in implementing new digital approaches to service delivery, and this needs to be supported through a combination of both local and national investment.

However, there have been many other examples of service redesign and transformation and we need to ensure that teams continue to feel empowered and supported to do things differently. We need to nurture and develop the clinical leadership that has been demonstrated over the last few months and continue to stimulate new ideas and approaches from all of our staff. Plans for Q2 should continue to focus on this, in particular new approaches to outpatient services which have helped accelerate our vision of a modern NHS.

Equally we need to be cognisant of the fact that some changes may not work or may not have a positive impact over the longer term. It is important to evaluate the new ways of working to identify which need to be continued, adjusted or stopped. This should be also informed by the views of stakeholders, including patients, staff and Community Health Councils.

### **Managing COVID 19**

Our services will need to be able to assess, diagnose and treat patients with COVID 19 for the foreseeable future, and to support their rehabilitation. The COVID 19 secondary care pathway <https://covid-19hospitalguideline.wales.nhs.uk/> sets out the most appropriate and effective way of providing care to COVID patients and it is important that clinical staff who may be involved with COVID patients understand this pathway and have undertaken the required training. It has recently been updated to reflect the use of Dexamethasone as a treatment option for hospitalised COVID-19 patients requiring oxygen or ventilation.

New information and evidence about the virus means that updated guidance needs to be developed, issued and implemented at pace, particularly in relation to infection prevention and control. A Nosocomial Transmission Group has been established for this purpose.

We have recently published the “Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid19 response”. This is intended to ensure that healthcare settings have a visible approach to safety and infection, for the benefit of staff, patients and visitors. This should be read in conjunction with “Reducing the risk of transmission of COVID-19 in the hospital setting” which is published on a 4 nations basis. Guidance on use of masks for health and social care has also been issued. NHS organisations need to demonstrate that they have implemented this guidance in their Q2 plans.

Infection Prevention and Control services, and cleaning services have an especially critical role to play, and organisations need to ensure that they are appropriately resourced.

The Nosocomial Transmission Group will continue to provide guidance on environments, equipment, training and clinical pathways, and will be reporting Nosocomial infection surveillance data by health board (soon to be hospital). Reporting and learning from outbreaks will be important in Q2 particularly in relation to “green areas”,

Although the emergency planning and response mechanisms have been scaled back NHS organisations will continue to require effective mechanisms to cascade and operationalise new guidance.

### **Surge Capacity**

Until there is an effective vaccine the NHS must remain prepared for a potential peak in demand. The size, shape and timing of any potential peak depends upon a number of factors, but these have changed considerably since the modelling that underpinned actions for Q1. New capacity assumptions related to potential second COVID 19 peak will be issued shortly – this position is based on scenario planning not a predicted peak.

For Q2 Health Boards must demonstrate that their capacity plans reflect:

- The increased capacity requirement of recovering all essential services
- The impact of the environmental guidance on acute and field hospital beds
- Any further anticipated demand over winter
- Maintain reasonable levels of occupancy on acute sites ie 85-92%
- Capacity that could be freed up in a future cessation of non-essential activity
- Surge capacity that can be flexed to meet COVID 19 demand (based on national capacity assumptions)

Specific consideration needs to be given to cases to maintain non NHS capacity such as Field Hospitals, taking account of value for money, fitness for purpose, and suitability of clinical model.

It will be important to demonstrate a clear link between physical capacity and workforce plans – referenced later in document.

We have agreed that the remaining Independent Sector Hospital contracts that were negotiated on an All Wales basis will cease after August, to be replaced where necessary with local agreements. These should also be explained in Q2 plans.

### **Critical Care**

The new modelling provides an adjusted requirement for critical care bed numbers. We need to continue to protect and enhance critical care services to ensure that they have the capacity and resilience to deliver both essential services and COVID 19 activity. Organisations need to confirm in Q2 plans that they are able to:

- Activate surge capacity plans for critical care within 2 weeks.

- Designate areas between COVID and non COVID
- Continue a zero tolerance approach to delayed discharges
- Maintain the critical care skills of the wider workforce to support surge plans
- Undertake a readiness assessment before resuming routine surgery  
[https://www.ficm.ac.uk/sites/default/files/ficm\\_bridging\\_guidance\\_for\\_critical\\_care\\_during\\_the\\_restoration\\_of\\_nhs\\_services\\_-\\_22\\_may\\_2020.pdf](https://www.ficm.ac.uk/sites/default/files/ficm_bridging_guidance_for_critical_care_during_the_restoration_of_nhs_services_-_22_may_2020.pdf) (FCIM)

### **“Essential” services**

Essential services continue to be the focus of the operating framework for Q2 and the Essential Services technical document has been updated at **Appendix A** in light of continued guidance from WHO, professional bodies and NICE.

Organisations are requested to update their compliance with these services for Q2 and identify any risks relating to staff / facilities that have been repurposed to support COVID 19 work. Organisations should satisfy themselves that they have effective governance and assurance arrangements in place to ensure patient and staff safety and minimise harm. Consideration of regional solutions will continue to be important given the pressures on services and capacity.

To support the delivery of essential services organisations must assure themselves that they are implementing guidance contained in “A Principles Framework to assist the NHS in Wales to return urgent and planned services in hospital settings during COVID-19.” This is important given the emerging evidence about the impact of COVID 19 on surgical outcomes.

Specific areas to highlight in Q2 plans include:

- An update on Cancer services – in line with new Q2 guidance issues by the Wales Cancer Network <http://howis.wales.nhs.uk/sitesplus/407/home>
- Plans for diagnostic and imaging services, recognising the potential for these to become a bottleneck as a result of COVID 19 restrictions
- The restoration of solid organ transplant services in line with the clinical guidance developed and published by NHS Blood and Transplant,
- Implementation of plans for the South Wales Trauma Network by early autumn
- Mental Health
- Implementing a phased re-introduction of screening services – further details to follow from Public Health Wales
- Plans for rehabilitation in anticipation of an increased need for a wide range of physical, mental and emotional rehabilitation care and support for people whose planned care has been paused, people who have delayed accessing health services during the pandemic and people who have been shielding. This includes both adults and children. The Welsh Government will shortly publish guidance on the needs of each population group to supplement the Rehabilitation: A Framework for Continuity and Recovery.  
<https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021#description-block>.

Essential services clinical guidance for NHS Wales is 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>

## **Unscheduled Care Services and Winter Planning**

Q2 is an opportunity to embed new approaches to unscheduled care which will help support COVID 19 and essential services in advance of winter pressures.

The National Unscheduled Care Programme has developed six goals for urgent and emergency care which will help winter preparedness. National and local deliverables include the effective implementation of known evidence based approaches like Ambulatory Emergency Care and Discharge to Recover and Assess, alongside new innovations that have been accelerated as a result of the pandemic. Influenza vaccinations will be especially important in advance of the winter.

In addition it will be important to implement guidance on new Infection Prevention and Control approaches in Emergency Departments as part of new models of care, for example

[https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM\\_BPC\\_Guideline\\_COVID\\_IPC\\_090620.pdf](https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM_BPC_Guideline_COVID_IPC_090620.pdf)

There is no separate requirement to develop winter plans this year, but NHS organisations are asked to demonstrate how, with their partners, they are progressing winter preparedness in their Q2 plans with specific reference to the deliverables at **Appendix B**.

### **“Routine” services**

The delivery of routine services continues to be a matter for local decision based on an assessment of whether this can be done safely and without compromising our ability to respond to COVID 19 patients and deliver essential services. Professional bodies have developed tool kits to inform these decisions, for example, the Royal College of Surgeons checklist for restarting surgical services.

New ways of working should continue to be explored, particularly in relation to outpatient services, where the opportunities of digital platforms should continue to transform both new and follow up approaches, in line with the Outpatients Strategy.

One area that requires additional focus in Q2 is **Children’s Services**. Overall children have been less affected directly by the virus and more affected by other measures such as school closure, scaling back of NHS activity, delays in presentation, and isolation leading to less exercise and mental health difficulties. Some evidence suggests there is moderately less risk of transmission in children than adults.

Resumption of children’s services -albeit through new ways of working where appropriate- is likely to restore a better balance to children’s health. Otherwise, there is a risk that a sustained reduction in access to routine paediatric services could result in harm to children which more than offsets the specific COVID risk for this

group. The potential impact of seasonal pressures on this group is another driver for ensuring that access to services is resumed as quickly as possible. Support for areas such as neurodisability, Safeguarding and specialities reliant on investigations(e.g. endoscopy or MRI) will be crucial.

## **Primary care**

During May further guidance was issued to support continued recovery of primary care services across all contractor professions, and many aspects of primary care are also covered in the Essential Services Technical document at Appendix A.

In Q2 there will be a particular focus on

- the development of plans to support clusters in the safety netting of those at risk and people who are symptomatic or have tested positive to COVID-19.
- Implementation of the care homes DES

Further information will be issued regarding timescales for moving dentistry and optometry from the red alert phase to the amber phase.

The Strategic Programme for Primary Care has resumed its work and has identified the following priorities for aligning the lessons from COVID to the forward work programme:

- The 24/7 workstream to work up the required infrastructure and capacity for community services taking account of Right-Sizing the Community, Rehabilitation Guidance, and the Six goals of urgent and emergency care.
- A proactive review of service models in care homes, rehabilitation settings and community hospitals, prioritising care home focussed work in Q2 and 3 recognising the fragility of the sector and the need to respond swiftly.
- A review of enhanced services aligned to the Welsh Government guidance on restarting enhanced services.
- Implementation of an outcome measures approach.
- National tools to support embedding the rapid digital solutions implemented in quarter one into the operating model for primary and community care

Urgent Primary Care (OOHs and 111) services have taken significant steps in refining the operating model and will continue to adapt in Q2 and Q3 to align with the wider 24/7 agenda and unscheduled care through

- Ongoing refinement of the on-line symptom checker for signposting and information (both for public and staff)
- Maximising the use of non-clinical and clinical telephone triage
- Enhancement of the wider MDT clinical assessment function within the 111 support hub.
- Continue to support Video Conferencing (e.g. Attend Anywhere and Consultant Connect) to support patients in their own homes and reduce the need for base visits and /or home visiting.

## Workforce and Wellbeing

This continues to be a key priority for Q2 as many frontline and support staff will be feeling the impact of the initial crisis for months to come as well as potentially gearing up again for further peaks in demand. National and local efforts need to ensure that we continue our work in the following areas:

- Meaningful national and local social partnership arrangements in place to support engagement and involvement in the COVID 19 response. Local partnership working is key to effectively implement national policies such as social distancing.
- Appropriate rest and working patterns for staff, and annual leave.
- Effective training, equipment and supplies – including PPE and key transferable skills – updated as necessary in line with emergency guidance
- Wellbeing and psychological support accessible to all staff including through the NHS Wales Staff Wellbeing Covid -19 Resource
- Monitoring and review of key workforce indicators including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Risk assessments and actions for those staff who may be at increased risk - including BAME and older colleagues, pregnant women, returnees, and those with underlying health conditions
- Implementing and communicating the Frequently Asked Questions updated and issued regularly 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>

In addition to the above Q2 will focus on implementation of new guidance on environments and social distancing, as referenced earlier. These require ongoing cooperation and support from each individual member of staff to ensure that they take the right actions to protect themselves, therefore protecting others. Social distancing can be challenging in many environments, but as with other sectors the NHS needs to ensure that it is closely monitoring compliance as this is a critical measure to minimise transmission, alongside effective handwashing and use of PPE.

Linked to this the implications of the Test, Trace, Protect Programme require organisations to think differently about the deployment of teams, for example, using a “cohorting” approach to staffing to ensure that whole teams and services are not affected by a member of staff who tests positive for COVID 19.

Postgraduate and Undergraduate education and training activities will need to be fully restored in Q2, albeit some of this will continue to be delivered in different ways. This means that rotations and clinical placements will take place as normal to ensure that our future health professional staff can develop the appropriate skills and competences.



In terms of workforce availability NHS organisations are asked to outline workforce plans to support their adjusted surge capacity plans in their Q2 submissions. These need to take account of:

- the fact that students will now be resuming their academic programmes, or substantive posts following graduation
- a local analysis of those staff who have returned and retired on the temporary register to quantify how much resource can realistically be assumed from this source as the months go by.
- opportunities for flexible deployment of the current workforce including any training needs

If individual organisations do not believe they can staff the surge capacity, including field hospitals, this should be highlighted urgently to inform a national approach and solution.

### **Social Care Interface**

We need to continue to provide extended support to care homes in Q2 to reflect the additional needs of residents with COVID symptoms, and the additional operational consequences on staff, supplies and occupancy levels.

The key areas for NHS action include:

- Implementation of the new care homes DES to include 100% coverage of care homes
- Support with infection prevention and control
- Assistance with training and support for example in relation to basic parameters and observations, signs of the deteriorating patient, pulse oximetry, rehabilitation, advanced care planning
- Continue to support testing of residents and staff in care homes
- Additional support through local care homes escalation framework as needed, in conjunction with partners

## **4. MONITORING ARRANGEMENTS**

In Q2 we will continue a phased restart of monitoring arrangements through the Quality and Delivery Meetings, to review service delivery, workforce and quality indicators for individual organisations.

We will hold stocktake meetings with organisations who are in escalation during Q2.

## **5. FINANCE**

### **Financial context and funding**

The Q1 operating framework recognised that the decisions taken at pace to respond to anticipated demand and immediate service plans were not always able to follow normal financial governance processes, and significant resources were committed without the certainty of funding. The financial context for Q2 plans is of increasing scrutiny of the cost implications of the early decisions taken, along with a significantly

more constrained financial outlook going forward for the remainder of the financial year. As such, there is a need to ensure that affordability and financial governance considerations are given appropriate weighting in Q2 plans alongside the workforce and capacity considerations referred to elsewhere in this framework.

Welsh Government published the First Supplementary Budget for 2020-21 on 27th May, which set out the funding which has been allocated to date to the Health and Social Services budget to manage the response (<https://gov.wales/1st-supplementary-budget-2020-2021>). Funding will be allocated to NHS organisations during June to cover those areas of Q1 expenditure for which there is confirmed funding set out in the Supplementary Budget.

As the most material area of expenditure incurred during Q1, detailed reviews are currently underway on the supporting information supplied by NHS bodies for the set-up costs of field hospitals. Subject to successful scrutiny, the intention is to issue both capital and revenue funding by the end of June. This will be for set-up and equipping costs incurred to date only. Funding for local authority delivery partners will be routed via the NHS and subject to local review and approval processes prior to payment. Further infrastructure costs relating to the field hospitals, including mothballing, reactivation, decommissioning, handback and reinstatement, will be considered on an individual basis as operational plans for Q2 and beyond are developed.

### **Financial plans and forecasts**

Recognising that the timetable for submission of the Q2 plans falls between the submission dates for months 2 and 3 financial monitoring returns, organisations should use their month 2 financial position as the basis for the Q2 plan, updated for any material issues that arise during the development of Q2 plans.

With the allocation of funding during June, there is an expectation that the year-to-date and forecast cost assessments included in the month 3 financial monitoring returns will form a critical evidence base for assessing future cost and funding requirements for Q2 and beyond. These returns will form the basis of a review and assessment process during July led by Welsh Government and the Finance Delivery Unit along with the Q2 plans submitted at the end of June.

The Covid-19 cost submissions in April and at month 1 reflection highlighted a large degree of variation across the system in the areas of anticipated expenditure reduction, both the level of planned IMTP commitments/slippage in investments, and reduced expenditure due to activity reduction. There is an expectation that NHS organisations are deploying their baseline allocations as the default funding source for additional Covid-19 related expenditure, and that financial forecasts and plans going forward need to focus as much on the assessment of areas of cost avoidance and reduction to support the response as capturing increasing costs.

A number of Q1 plans outlined the scale of innovation and benefits of the changes that have been implemented to date as a positive outcome from the initial response phase. Organisations should seek to quantify those benefits as part of their Q2 plans and include in their month 3 assessment of redeployment of resources.

A robust communication and feedback process for finance was established in the early days of the response to the pandemic, including weekly finance directors call and the establishment of a Finance Cell comprising Welsh Government, Finance Delivery Unit and LHB representatives. These arrangements will continue during Q2 as the basis of ensuring that a transparent and collaborative financial operating environment is maintained.

## **Financial Governance**

Organisations should be continuing to review the effectiveness of governance and decision-making arrangements that have been put in place, ensuring these remain fit for purpose. Internal audit rapid reviews should be utilised in any areas of concern, and any material commitments have to follow the appropriate governance process in line with revised scheme of delegation arrangements.

In particular, to meet the requirements of paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006, local health boards are reminded of the requirement to seek consent to enter into contracts over £1 million and trusts are required to provide formal notification. NHS trusts and health boards are also required to follow the usual reporting arrangements for contracts between £500k and £1 million.

## **Capital**

Funding for other COVID costs (i.e. non-field hospitals) is also being progressed with reviews underway of organisational submissions. The intention is to issue funding, subject to successful scrutiny, by the end of June.

We are resuming the submission of individual scheme status reports for month 3 (i.e. to cover the first quarter). These will be completed on a monthly basis thereafter and discussed at the regular Capital Review Meetings. Status reports are due on the 12th working day of each month.

Given the current position regarding in-year affordability, we are not able to progress funding for schemes in development. At present, organisations are only able to assume funding levels as set out in the approved sections of the CRLs/ CELs (i.e. Group 1 and Group 2). Any further requirements will need to be accommodated from within discretionary allocations and subject to local risk assessment and decision-making until further notice. This will be reviewed and updates provided as soon as known.

## **6. KEY ACTIONS**

**NHS organisations to develop local operational plans for Q2 that as a minimum include:**

- Test, Trace and Protect Plans
- Progress update on compliance with Essential Services and key quality and safety issues
- [NEW] Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing

- Refreshed surge capacity plans based on updated modelling assumptions – to include NHS surge as well as ongoing requirements for field hospitals and independent sector facilities. This is a critical part of the plan and will inform funding decisions for Q2.
- [NEW] Update on unscheduled care and planning for winter preparedness
- Progress update regarding routine services, including paediatrics
- Workforce plans including use of additional temporary workforce.
- [NEW] Support plans for care homes and social care interface
- Financial implications
- Risks to delivery and mitigations
- [NEW] Mechanisms for stakeholder engagement, including staff side and Community Health Councils

Whilst the above requirements will apply to most NHS organisations in Wales it is recognised that some will need to adapt and modify these for their Q2 plans - in particular WAST, HEIW, and PHW. Plans are also requested from NWIS and NWSSP.

Draft local COVID 19 Operational Plans for Q2 are requested by 30<sup>th</sup> June recognising that they will need to be formally agreed through Board and Committee structures and in line with the agreed governance principles. Following Board approval, plans should be published on websites.

#### **Welsh Government actions for Q2 include the following**

- Publish lessons learned and good practice from COVID response to date (WG)
- Continue to ensure sufficient supplies of PPE are available (WG)
- Continue to review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support NHS organisations with surge capacity in non NHS settings for Q2, with a review of field hospitals by the end of June (WG)
- Implement 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)
- Confirm national support for care homes including a Care Homes DES, and any temporary changes to financial and sustainability support
- Continue to implement and refine 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)
- Continue to take oversight and review implementation of the TTP programme (WG/PHW)
- Confirm proposals for the reintroduction of the national screening programmes that have been temporarily paused (PHW)
- Continue to review and disseminate guidance on infection prevention and control and revised where required (WG)

- Re-establish Quality & Delivery meetings with NHS organisations, and undertake targeted intervention and special measures stocktake meetings (WG)
- Continue to work in social partnership, through regular meetings of the Wales Partnership Forum (WG)



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

# HEIW COVID-19 OPERATIONAL PLAN 2020 Quarter 2

3 July 2020

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## 1. Introduction

This high-level operational plan provides the framework for how Health Education and Improvement Wales (HEIW) will continue to respond to COVID-19 and continue/resume its activities during Quarter 2. It has been prepared in response to a request from Welsh Government on the 19<sup>th</sup> June and its structure follows the format provided in the 'NHS Wales COVID-19 Operating Framework – Quarter 2 (2020/21)'.

## 2. Context

HEIW was established to carry out a range of functions and provide system leadership in the areas of education, training and workforce. During March we reviewed our Integrated Medium-Term Plan (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 also reduced activity across our core functions which enabled us to redirect resources and capacity to support new priorities.

Our Quarter 1 plan signalled that we had reviewed our plans for the year and considered the restart or otherwise of paused activity alongside our ongoing contribution to the COVID-19 response. From this review, five key themes emerged, which were agreed at our May Board as priorities for the remainder of Quarter 1:

- 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

We recognise we need to maintain agility in our planning approach and to keep our work programme and priorities under review given the high level of uncertainty that will be present for some time to come. However, whilst COVID has had and will continue to have a significant impact on all of us, we are clear that we have a responsibility also to focus on the future and sustainability. Resuming and resetting our core activity in relation to education, training and workforce is vital to post-COVID recovery and maintaining future workforce supply. With this in mind, we will continue during Quarter 2 to focus on the priority themes identified in our Quarter 1 plan and the deliverables set out in our work programme for the year in line with the resetting and phasing of objectives agreed at Board in May.

*Figure 1 - Overview of our planning approach for 2020-21*



Within our planning and performance function, we are taking action to ensure performance management mechanisms are adjusted and aligned to our plans to ensure we are able to monitor progress and take appropriate action if we find that demands are increasing as a result of the next phase of the pandemic.

## 3. Operational Plan Activity and Focus for Quarter 2

Appendix 1 contains our objectives for 2020-21, and the phasing of delivery, as agreed by the HEIW Board in Quarter 1. In addition, we offer the following narrative and details of our plans for Quarter 2 in line with the expectations set out in the operational framework for Quarter 2.



### **3.1 Test, Trace, Protect (TTP)**

HEIW was involved in early discussions regarding training and the workforce requirements for the implementation of TTP and provided advice to Public Health Wales and NHS colleagues. We have ensured that our staff are aware of the guidance and expectations. Our communications team are also supporting the wider public dissemination of TTP via social media. We will continue to observe TTP implementation with a view to providing support if and when required.

### **3.2 New Ways of working**

HEIW has been pro-active in adopting and implementing new ways of working as part of its response to COVID-19, as well as working with partners and stakeholders to support innovative approaches and embed the learning from these moving forward. These have ranged from how we operate as an organisation to how we support/deliver education and training to how we interact with our partners.

#### *Broader Digital Opportunities:*

The digital advances during the crisis have been significant and we see substantial opportunities going forward in relation to our core functions. Prior to COVID-19 we had agreed with our Board a plan to strengthen the leadership of the digital portfolio within HEIW and to look to recruit a Director of Digital (non-executive). Following discussions with our Board in June we will be accelerating the recruitment with a view to advertising this role in late July. The successful candidate will be instrumental in developing our first digital strategy, for supporting the task of embedding new digital approaches, ways of working, into education and training and for reviewing and integrating our inherited legacy systems e.g. medical appraisal and revalidation. This appointment will also strengthen our ability to support the wider NHS in areas such as digital capabilities of the workforce, which is a key delivery objective for us this year working alongside NWIS and other partners.

One example of how we have supported, and are continuing to support, the NHS more broadly through digitally enabled solutions has been the development of the digital leadership portal, which we have re-purposed in part to support the national wellbeing resources for staff in health and latterly social care. Moving forward in to Quarter 2 we intend to manage and update digital playlists and continue to ensure easy access to an extensive range of wellbeing resources – many of which would have been held separately previously. Longer term we will be looking to host them on our new HEIW website, development of which is in its early phase (see also section 3.10).

We have also been working on a refreshed 'virtual classroom' model which has recently been piloted in some health boards and has attracted significant interest from across NHS Wales. In addition to these examples we have continued within professions to convert 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.

Finally, as noted above, we have begun scoping and progressing our digital capabilities programme for the NHS workforce – recognising the increased importance of this to new ways of working in the post COVID-19 era.

Specific examples of how we are enabling new ways of working and will continue to enable during Quarter 2 are set out below.

#### *Clinical leadership:*

We welcome the reference in the Operating Framework to the 'need to nurture and develop the clinical leadership that has been demonstrated over the last few months.'. Recognising the importance of leadership development, we have continued to progress our leadership objectives throughout the crisis, primarily those related to the build of our digital leadership portal as well as

scoping new leadership and talent programmes. From Quarter 2, in addition to continuing to prioritise this area, we will accelerate our plans in relation to clinical leadership and the development of a national offer to complement local arrangements (see also section 3.6).

### Behavioural Science:

HEIW, has supported the delivery of behavioural science training for 4 years. The demand for this training was identified by senior managers within the service; the model used is called Care Aims. The behavioural science programme challenges the way clinicians think and practice in a supportive but challenging way by examining duty of care, referrals, risk aversion and who is best placed to care for the patient at each stage of the pathway. Alongside offering one programme per HB/ Trust annually HEIW undertook work in partnership with Social Care Wales, Improvement Cymru and the Delivery Unit which investigated the possibility of joining the behavioural science programme used in health with an established programme in social care which focusses on having difficult conversations. This work was paused due to COVID-19 and a general lack of progress. We are now focussing, with NHS partners, on the sustainability of the original model and the potential for rapid transformation by:

- putting the training on an all Wales strategic level and securing executive support which is paramount to its success.
- training 4 senior clinicians seconded into HEIW to roll out the programme across Wales ensuring an equitable and consistent approach.

HEIW will be hosting a series of virtual masterclasses based on behavioural science approach using Care Aims. This work aims to reduce the risk that professionals will return to pre-COVID practice patterns by encouraging a culture shift towards positive risk taking. It is anticipated that the virtual resource will be completed by September 2020. Approximately 60 professionals will take part in the virtual workshops. The resource will then be edited into training materials for use across Wales to raise awareness of the behavioural science approach to practice and build ground swell towards adopting changes in practice.

### Remote Consultation and Clinical Decision Making:

During the pandemic lockdown services have had little alternative than to adapt to telephone and video conferencing to continue much of their service delivery. Remote conversations and consultations are already a core part of some services (i.e. OOH, WAST, 111) but a COVID-19 lesson learned is that this method of working is safe and effective across a wider range of services. Discussions are now underway with OOHs, WAST and 111 to develop and formalise a whole career pathway, from education at level 2/3, for telephone conversation and call-handling, with progression to remote consultation and clinical decision making.

This large piece of work will also be of relevance to other workforce groups, e.g. mental health, AHPs, and as such will be taken forward with a multi-professional steer, guided by established competency frameworks.

In the short term, development of one aspect of this pathway is being accelerated in time for the August 2020 cohort of GP trainees to receive training in theory and application of remote consultation skills.

### Education & Training

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.

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.

We are keen to build on the lessons learnt during the pandemic and normalise arrangements where possible to modernise our approach to education and training through greater use and acceptance of digital technologies and enhancing individual digital capabilities to support our approaches and to question the validity of previous practices such as exit exams.

There are opportunities to embed significant system change through modernising processes for training, education and skills developments and facilitating enhanced interprofessional learning opportunities to enable more efficient training and to ensure value for time committed. We have seen the acceleration of new ways of progressing education and training, some of which would have taken years to get the necessary agreement and to implement. The adoption of new technology, the changes to exam and assessment arrangements, virtual graduations, virtual consultations and opportunities to work in different or new roles in support of the pandemic have all been delivered at pace. Some examples have included within education & training:

- *General Practice* - round 1 Re-advert recruitment to GP Training in Wales continued during COVID-19 using an amended process with the Stage 2 Multi-Specialty Recruitment Assessment Score being used to determine entry to GP Training programmes thus eliminating the need for a large Selection Centre to be held.

We have been able to continue our expansion of GP Training in Wales by developing an online Prospective Trainers Course to replace the previous 3 module face to face course. In addition to the online resource, GP Associate Deans have been holding webinars with Prospective Trainers in their local areas to answer questions and clarify any issues they may have.

The Clinical Skills Assessment has been replaced with the Recorded Consultation Assessment (RCA) which enables trainees to record video, telephone and face to face consultations and upload them to a secure portal for assessment by RCGP examiners.

- *Training Events* - Multi-professionally, events have been modified to deliver training in the current environment, allowing for events to continue virtually. Moving forward we intend to harness the capability and functionality of our 'Y Ty Dysgu' education delivery system to further support and embed this innovative approach to learning and training.
- *Support available to trainees* -Our Professional Support Unit has embraced the use of technology to enable trainees where required to access support virtually during these difficult times, enhancing accessibility and timeliness of interaction. Our Medical Dean has held a virtual open forum, enabling trainees from across Wales to interact and ask questions
- *All Wales Delegation Guidelines online resource* - An on-line resource to support the adoption of the All Wales Delegation Guidelines has also been developed for health which will be housed on the national ESR system with a link on 'Y Ty Dysgu'; this resource should be used in conjunction with the guidelines.

#### Interim Foundation Year 1 trainees

Interim Foundation Year Placements – HEIW has facilitated over 130 individuals to support the COVID-19 workforce following graduation of medical studies. This is providing invaluable experience in advance of undertaking formal commencement of foundation training in August.

### Annual Review of Competency

We have applied changes alongside other UK bodies to annual reviews of competency progression to manage the disruption to training as a result of the COVID-19 pandemic which has meant that, through circumstances beyond their control, there have been difficulties for some trainees in acquiring the competencies/capabilities required to progress in, or complete, their training programme. Where the acquisition of competencies/ capabilities has been delayed due to COVID-19 and there are no serious concerns about the trainee, two new ARCP outcomes are available to be used. These have been introduced as no fault outcomes with the aim to enable trainees to progress to the next stage of their training or complete their programme where possible.

### Pre-Registration Pharmacists

HEIW is taking a collaborative approach with Royal Pharmaceutical Society (RPS) and employers to provide a suitable supportive extension for up to eight months, that allows those registrants deemed vulnerable i.e. have not secured an employed position from August 20 to March 21 to enter the provisional register and sit the registration assessment at first opportunity. Current data anticipates this will be for a cohort of 20 provisional registrants and this collaborative approach ensures patient safety, equality of access to training support, study time and practice development for this cohort of provisional registrants in Wales.

### Dental Foundation Trainees

Contingency planning for Dental Foundation recruitment has gone well. Educational Supervisors interviews have been completed and a list of approved trainers has been agreed. The new cohort of Dental Foundation trainees will be able to meet prospective trainers using virtual meetings during July. The possibility of new career development jobs (up to 12 post dental foundation) are being considered in order to retain young dentists in Wales

Arrangements have been agreed on the process that will be used to assess whether the current cohort of Foundation Dentists can satisfactorily complete their training. This process has been assured by the Chief Dental Officer (CDO) Wales. In addition, the CDO has issued further guidance on how primary dental care will be delivered over the coming months. A suite of documents has been released including two comprehensive Standard Operating Procedures detailing the clinical and professional processes that are required. All documentation relating to this is held on the HEIW website and has been disseminated to the profession via the dental section course booking system.

For Quarter 2 we will continue to plan for the return to Education and Training and the 'new normal' - see 'Essential Services' at section 3.6.

### Our organisation & our staff

We successfully transitioned to 100% homeworking in late March and have continued to deliver in the virtual environment including closing our year end accounts and completing the annual governance requirements. We have used regular pulse surveys, teams and open fora to check-in with our staff and maintain effective operations as we continue to test the new ways of working.

For Quarter 2 we will continue to operate virtually, but with the addition of allowing those staff who need it (for business or wellbeing reasons) to safely access Ty Dysgu, our headquarters in Nantgarw. Our current plan is to enable some limited access from 9<sup>th</sup> July, following a full risk assessment, review of government guidance and feedback from staff. Social distancing measures and minor modifications have been implemented to support this. Looking ahead, we would anticipate home working being the norm for all our staff for the foreseeable future. We are developing principles and guidance which will enable us to remain agile whilst recognising the need to describe our new blended operating model and embed the new ways of working.

### **3.3. Managing COVID-19**

We recognise the need to manage COVID-19 will be an inevitable feature of service delivery for some time to come. Through our networks and membership of key groups including the Nosocomial Transmission Group we will continue to look for opportunities to support health boards and trusts in their response and need for training.

#### *Infection Prevention and Control*

Hospital and care home acquired infection has been a major issue during the pandemic. This is an on-going concern when hospitals return to their routine work; also, where medically fit patients will be discharged to care homes, which is better for the patient and will create capacity in secondary care. To develop guidance on a range of infection prevention and control issues WG have established a Nosocomial Transmission group and an Infection Prevention and Control working group. HEIW is a member of both these looking at a range of areas; of particular interest to HEIW are:

- IP&C workforce planning
- Testing strategy to reduce transmissions in care homes (linked to care home working)
- IP & C training resource
- IP & C issues for the next phase

#### *Our organisation and our staff*

As noted previously, we will be providing safe limited access to the building for those staff who need it from Quarter 2. We have undertaken a full risk assessment which enabled us to identify and implement to take to mitigate transmission of the virus and infection.

### **3.4. Surge Capacity**

We have noted the new capacity assumptions related to a potential second COVID-19 peak and continue to engage with our networks and NHS colleagues to ensure that we are informed and well positioned to support surge capacity requirements if required.

During Quarter 1, we 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 surge 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. The pop-up campaign model could also be used for different groups of staff.

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 have begun to look at alternative models for expanding their workforce should this be required in the future. We have been exploring 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 and the framework developed above will provide an excellent framework to support the reservist workforce if and when this is required. Following recent interest from HBs we will be looking closely at Quarter 2 plans submitted and working with nominated leads to better understand demand and requirements.

We continue to work closely with the Workforce & OD Directors and their teams through multiple routes to ensure that we are well positioned to offer support. Our membership of the HSSG Planning Response Group provides insight, in addition to our normal networks, into emerging trends, issues and forecasts.

### 3.5 Critical care

We have continued to support workforce requirements to meet ongoing critical care bed numbers and to plan for future peaks in demand during a second wave.

We have restarted our activities to assess the critical care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their critical care workforce plans. This work will progress and take account of the contribution made during the COVID-19 crisis phase and is seen as a major focus for the remainder of 2020.

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.

Work is underway to review the critical care pathway for learning and development. We are working with Health Education England and Welsh Government to look at the work required to ensure a workforce fit for the future. Work is also being considered on capturing skills and knowledge to be enable HBs to utilise the skills of staff and redeployment where needed.

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. HEIW was instrumental in facilitating a joint statement on annual & study leave and public holiday arrangements for doctors & dentists in training during Quarter 1.

### 3.6 'Essential Services'

Whilst HEIW does not deliver essential clinical services, it does deliver essential workforce support and workforce education and training. We have a contribution to make in relation to several of the 'essential services' identified in the operating framework as well as in relation to our own 'essential activities'.

In support of essential services, we have identified the following contribution in Quarter 2:

#### Cancer services: Single Cancer Pathway and Diagnostic & Imaging services

In Quarter 2 we will look to further lead the workforce development and training requirements to support the pathway which is seen as critical to supporting recovery plans.

Specifically, our aims for the rest of the year are to:

- Establish a national training programme for clinical endoscopists.
- Complete a review of endoscopy, imaging and pathology workforce.
- Complete actions from the National Endoscopy Action Plan.
- Identify national priorities for investment in extended/advanced roles across endoscopy, imaging and pathology workforce.
- Identify best practice workforce models to be adopted locally.

We will focus on influencing progress through membership of the National Imaging Programme Board (Medical Director), National Pathology Board (Postgraduate Medical Dean) and Endoscopy Board (Medical/Nurse Director).

HEIW are working with the all Wales Cancer Nursing and AHP Workforce (CNAHPW) to support the key issues facing nurses and AHPs in Wales in delivering effective, person-centred cancer care. This work includes understanding the future cancer care workforce and the predicted future required skill mix, with preliminary implementation of a developed plan by 2023. Referring to the 2017 Macmillan Nursing census, the inclusion of the support workforce for the first time, demonstrates the changing nature of the workforce: *'More needs to be done to understand the needs of people with cancer and the appropriate skill mix in the team to support people to work at the top of their skill set. Further analysis could usefully look what posts are needed to treat and care for the growing cancer population, but also at the types of skills and level of competency needed across the cancer workforce'*.

### Major Trauma

The Trauma Network Implementation Board was reinstated in June 2020. The Medical Director of HEIW is a member of the Board, and The Deputy Director of Workforce & Organisational Development represents HEIW on the Workforce Group that reports to the TNIB. In Quarter 2 we intend to restart our contribution to the workforce planning and workforce development requirements for the Major Trauma Network (MTN) taking account of the impact of COVID-19.

### Mental Health

HEIW is involved in early discussions to develop a mental health workforce plan between the Welsh Government, HEIW and Social Care. The work will be approached in two phases, which will run in parallel:

**Phase 1:** a plan of work to respond to urgent workforce priorities. This will aim to underpin the delivery of the *Together for Mental Health Delivery Plan 2019-22* and will respond to immediate priorities, either in response to legislative changes or needs identified in assurance/inspection reports.

**Phase 2:** a longer-term plan for the mental health workforce with a focus on enhancing the role of the wider workforce, recruitment and retention in key roles and developing an agile workforce to respond to changing mental health needs.

### Rehabilitation

HEIW has been a core member of the Rehabilitation Task & Finish Group led by WG, informing the rehabilitation populations and All Wales Rehabilitation guidance. We have coordinated an All Wales, Health & Social Care, clinical reference group to identify priorities for COVID-19 rehabilitation training requirements. In the past fortnight we circulated a draft of the 'Rehabilitation is Everybody's Business' document to the reference group for comment and are anticipating sign off for distribution in Quarter 2.

HEIW is leading the conversation with the NHS around scoping the current provision of therapy-led rehabilitation services in Wales. A virtual workshop is planned for mid-July to develop guidance for the service to support a coordinated approach to implementation of the model across Wales and identify training / education needs.

## HEIW Essential activities

Figure 2: HEIW - 5 themes



In section 2 we confirmed that our 5 themes from QUARTER 1 remained valid and would underpin our priorities in QUARTER 2.

Our ongoing support for the COVID response has been embedded throughout this plan.

The remaining themes are addressed in the following pages.

### Planning for the return to Education & Training and the 'new normal'

Given the unique role of our organisation in the Welsh system, our 'essential services' would include restarting education and training in line with the new normal and embedding new ways of working across functions. We have already given some examples of activity to date and for Quarter 2 in section 3.2, further detail can be found below.

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. 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.

### Simulation

This has become of massively increased importance following the pandemic, and we will re-energise this development in Quarter 2 by recruiting additional professionals from Nursing and Allied Health Professional backgrounds. A portal is currently being developed to showcase the use of simulation across Wales to enable sharing of best practice.

### Education Strategy

We are in the process of finalising the details of our Education and Training Plan for 2021-22. This is one of our key pieces of documentation recommending the level of multi-professional workforce education and training to be supported. This has been developed through engagement and interaction across the NHS Wales system and is due to be discussed and over Quarter 2 to enable appropriate recruitment processes to be undertaken later in 2020 to facilitate numbers to meet workforce requirements in future years.

### Rotations and Recruitment

We are actively planning arrangements to reinstate rotations from August 2020 to support NHS Wales partners plan appropriate rotas when returning to an element of normality. Preparations are also being made to recruitment processes for future years given the unique situation that we are facing and the need to undertake and manage these processes virtually over the remainder of 2020.



We will also be looking at different ways for Training of Professionals in different sectors (e.g. Private Facilities and Field Hospitals).

Our approach to professionalising the secondary care trainee programme director role will be restarted which will enhance the level of support available to trainees managing the impact of COVID-19 whilst also putting strong foundations in place for longer term benefits.

During Quarter 2, we will also be actively reviewing the impact of restricted international travel on the workforce supply in Wales and aim to articulate appropriate advice and guidance.

### Health Professional Education

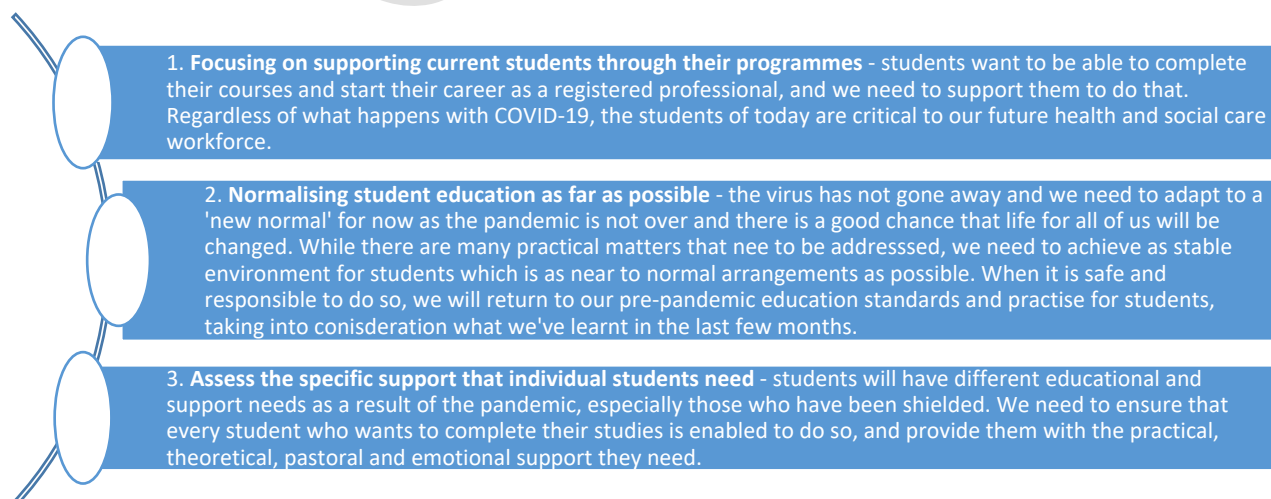
HEIW has met with all Universities individually and analysed each cohort or every course to determine whether graduation is predicted to be delayed due to the COVID-19 pandemic. Where delays were identified HEIW has worked with the Universities and the Service to develop innovative ways of restructuring education (both academic and placements) to ensure all delays are mitigated or reduced to a minimum. Flexible learning programmes will encompass:

- Use of technology
- Revision of placement hours
- Changes to programme delivery in line with regulators position
- Flexible rostering of students
- Partnership working to facilitate adequate student support and placement assessment completion
- Support to departments to enable the return of students and provision of dedicated students support to allow completion of programme

It is now expected that over 90% of students will graduate with no delays. Any outstanding delays have been reduced to three to seven weeks. These are being monitored and are under review.

Whilst we move forward living with COVID-19 the Nursing and Midwifery Council (NMC) will be phasing out the majority of the emergency standards on 30 September 2020 to support students returning to their normal studies and supernumerary placements. The NMC standards are facilitative rather than directive which means Wales can choose to return to normal ahead of that date. The NMC have identified a number of emergency programme standards which will be retained as recovery standards. HEIW are working with Regulators, WG and the Council of Deans for Health to reinstate “normal” supernumerary placements by the beginning of the new academic year.

Facilitating a return to supernumerary status as soon as possible – it has always been important that students in practice are supported to learn and practise skills safely. Students have contributed hugely during the pandemic and it was right that they were remunerated appropriately for that. However, in order to ensure that students have full access and learning opportunities are given the right support, we need to return to supernumerary status, but retaining the current life assurance benefits (or ‘death in service benefits’). The principles to underpin the ‘reset’ are:

- 
- 1. Focusing on supporting current students through their programmes** - students want to be able to complete their courses and start their career as a registered professional, and we need to support them to do that. Regardless of what happens with COVID-19, the students of today are critical to our future health and social care workforce.
  - 2. Normalising student education as far as possible** - the virus has not gone away and we need to adapt to a 'new normal' for now as the pandemic is not over and there is a good chance that life for all of us will be changed. While there are many practical matters that need to be addressed, we need to achieve as stable an environment for students which is as near to normal arrangements as possible. When it is safe and responsible to do so, we will return to our pre-pandemic education standards and practise for students, taking into consideration what we've learnt in the last few months.
  - 3. Assess the specific support that individual students need** - students will have different educational and support needs as a result of the pandemic, especially those who have been shielded. We need to ensure that every student who wants to complete their studies is enabled to do so, and provide them with the practical, theoretical, pastoral and emotional support they need.

These principles will give HEIW the levers and direction to enable us to work together to transition back to a form of supernumerary practice placements and also to look at any additional support the students may need. Wales has also been engaging with HEIs re: all cohorts in all courses about graduation, delays to graduation, mitigating actions etc throughout the student emergency standards period.

Students in their last 6 months of their programme will continue in their supervised capacity on extended placement and transition into band 5 registrant roles through the Welsh streamlining scheme at the point of registration. This therefore affects year 2 students and those that were in the first 6 months of their third year: Andrew Goodall and the CNO's joint letter was clear that students should be paid from 27<sup>th</sup> April. And where possible this is being adopted. The majority of 3-month contracts are due to end at the end of July so a move back to supernumerary placements in September (start of the new academic year) is achievable.

### ***Management of the return to normal process:***

HEIW has established processes for managing health professional education contracts in Wales. These processes will be used to gain assurances that student attrition will be managed, student numbers maintained, student education across Wales through all providers will be delivered against the standards set, recognising the flexibility from regulators and confirmation on how theoretical work will incorporate blended and distance approach.

Universities are a key partner of the NHS as they provide large volumes of education and training at undergraduate and postgraduate level. This includes provision, which is commissioned by HEIW, Health Boards/Trusts and education which is funded through Student Finance Wales. The quality aspects of the contract management process assure both HEIW and the service that health professional education commissioned and delivered in Wales adheres to the highest academic and vocational standards in line with contractual agreements. As part of this contract assurance process HEIW provides its education partners with an individual annual quality review. This review is only possible due to the open, collaborative approach undertaken by all parties. The aim of each individual review is to guide the continuous improvement of education programmes, as such action plans set out in each HEIs individual quality report is incorporated into each university's own improvement processes.

The role of Practice Education Facilitators (PEF) in "return to normal":

- PEF involvement in contingency planning for 'new normal' programme arrangements given the ongoing impact of COVID-19 recovery work.
- PEFs will need to take a lead role alongside university and practice partners to develop innovative student placement capacity solutions, facilitate the implementation of local remedial plans impacting on practice, support the understanding of students and staff of NMC Standards for student supervision and assessment, and help enable students return to supernumerary status.
- An expanded PEF role remit in the mapping, modelling and utilisation of locality placement provision across health and social care settings.
- This not only includes work to expand placement provision, but also to develop criteria for new placement areas which enables students to accrue practice hours and to benchmark available placement learning opportunities against individual programme requirements.
- A national strategy for future PEF role selection and recruitment which includes scope for multi-professional applications.
- Development of a role profile for Allied Health Profession PEF roles and enable their integration within existing PEF Teams in Wales.
- Development of a role profile for Care Home Education Facilitators (CHEF) that meets the needs of the sector and fits with contemporary models of seamless local health and social care provision.
- Delivery by PEFs (and equivalent roles) of nationally agreed, core module multi-professional practice supervisor and assessor role preparation.

## **Measuring Quality and Performance:**

HEIW has robust mechanisms in place for measuring quality and performance led by our Education Commissioning and Quality Team. This includes regular formal business performance and quality management meetings with each education provider. Information used in reviewing quality includes national student survey data, self-assessments and monitoring submissions detailing performance against KPIs and other requirements. We also chair a national education forum twice-yearly. During the pandemic, in addition to the normal contact, HEIW has worked closely with education providers as well as regulators and other partners. HEIW staff have also been meeting fortnightly with the Council of Deans for Health. The Education Commissioning and Quality sub-committee of the HEIW Board has continued to meet regularly and has taken a keen interest in our response to COVID-19.

### Developing Leadership

We have already referenced our ongoing leadership development activity and the acceleration of clinical leadership support during Quarter 2.

Post COVID-19 research has illustrated that even in a short amount of time, compassionate leadership has played a pivotal role across the health and social care system. There is evidence of staff being better valued and supported, leaders being more visible and engaged, staff working across the system in 'real' teams with more autonomy, and the system and patients working in collaboration to meet the needs of the community.

This reinforces the need for a consistent approach to compassionate leadership across health and social care. However, whilst the approach will be consistent and driven through the co-produced Compassionate Leadership Principles, both Health and Social Care Wales will develop separate delivery frameworks that reflect the pace of change required and the current priorities of both sectors. One of the core responsibilities of HEIW is to deliver, with key partners, a cohesive leadership strategy for health and social care in Wales. All of our proposed objectives and deliverables align with the Workforce Strategy and pave the way for HEIW to provide exemplar senior leadership development and succession planning across NHS Wales.

Key areas of focus in Quarter 2 include:

<ul style="list-style-type: none"><li>• Development of Compassionate Leadership Principles for Health &amp; Social Care in Wales</li><li>• Access to freely accessible leadership resources for all</li><li>• Development of a Talent Management (TM) Solution for Tiers 1-3</li><li>• Develop a talent management pipeline for the most senior leadership roles</li><li>• Establishing an NHS Wales Executive Talent Board</li></ul>	<ul style="list-style-type: none"><li>○ Establish an accessible range of leadership development resources &amp; programmes for individuals and organisations including<ul style="list-style-type: none"><li>▪ Partnership with the Kings Fund</li><li>▪ Alignment of Collective Leadership resources into existing NHS leadership development</li><li>▪ Review and re-launch the NHS Wales Core Competence Framework for Managers and Supervisors</li><li>▪ Provision of a series of leadership master classes, webinars, networking events, online videos and resources</li></ul></li></ul>
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## Prioritising Communications & Stakeholder Engagement

We continue to maintain close engagement and dialogue through our wide-ranging interactions with Welsh Government in line with our key functions and are maintaining close dialogue and agreement with our UK counterparts when considering the arrangements for the future provision of Education and training across professional boundaries.

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.

Keeping our external stakeholders up to date and with quick access to the information they need remains a priority. We are continuing to add resources and guidance to our dedicated COVID-19 pages on our external website <https://heiw.nhs.wales/covid-19/> as new information is available.

Alongside this it is imperative that we keep our staff up to date during these challenging times. As such we continue to issue regular staff bulletins and hold virtual staff open forums summarising ongoing COVID-19 response work as well as more normal / everyday HEIW news for staff. In addition, we have been actively supporting the delivery of WG and public health messages via our communication channels.

To ensure links with the service were not lost during the pandemic, the HEIW workforce transformation team set up regular meetings with members of the clinical modernisation forum who are mainly assistant directors of nursing and therapies/health science to establish what support HEIW could offer at this time. This group also provided the opportunity for new staff in HEIW to make links and contacts with senior clinicians in the service.

These virtual meetings have been used for HEIW to update the service from an all Wales perspective and to sign post them on if appropriate. They have also given the service the opportunity to share best practice in their HB/Trusts in relation to COVID-19. It is envisioned that the workforce modernisation forum will return to its previous format but virtually, with speakers being invited to present on innovate practice, for HEIW to update the service on current and planned work and for HEIW to seek the views and opinions of members where appropriate.

## Promoting workforce wellbeing

See section 3.10 below

### **3.7     Unscheduled Care Services and Winter Planning**

From an organisational perspective, we are proactively planning to ensure that our offices embed approaches to mitigate the risk of infection and ensure appropriate practices are in place in advance of the winter period.

In Quarter 2 we intend to progress deliverables in relation to developing a good practice toolkit and resource guide to support the workforce model in unscheduled care. This will support the

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

In addition, during Quarter 2 we intend to take forward Clinical Healthcare Support Worker (HCSW) development through a task and finish group set up in response to concerns flagged up around capacity to deliver with respect to the coming flu season. It is anticipated that, in addition to Covid-19 pressures, this will increase the workload of many practices.

The purpose of this T&F Group is to:

- Review and build on the existing Level 3 Diploma Immunisation learning units to develop an all Wales approved learning package that is fit for purpose;
- Develop all Wales resources/methods to support delivery and learner achievement of the training package;
- To complete the above in time to address 2020/21 winter pressures.

### **3.8 'Routine' services**

We have noted the guidance and considerations in the 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. As we transition to Quarter 2 we would hope to be able to restart a wider range of the activities as agreed by our Board. This will be dependent upon capacity and the need to step back up COVID-19 response activity.

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 alongside reviewing appropriate toolkits developed by Royal Colleges to facilitate restarting services and to manage the safety and welfare of trainees and students. This will require alignment with HEIW plans on the reintroduction of appropriate education and training in conjunction with a 'new normal' approach during Quarter 2. 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. In relation to the focus of guidance issued we anticipate from an Education and Training perspective, children's services to have been impacted less than areas such as trauma and orthopaedics.

### **3.9 Primary Care**

In Quarter 2, we intend to further support the implementation of the Primary Care workforce model in support of the Strategic Programme for Primary Care. We are expecting to play an influential part in supporting the programme work through the range of priorities identified for taking forward the lessons learnt from COVID-19 into future work plans as well as considering the refinements made to the operating model for urgent primary care.

- The 24/7 workstream to work up the required infrastructure and capacity for community services taking account of Right-Sizing the Community, Rehabilitation Guidance, and the Six goals of urgent and emergency care.
- A proactive review of service models in care homes, rehabilitation settings and community hospitals, prioritising care home focussed work in Quarter 2 and Quarter 3 recognising the fragility of the sector and the need to respond swiftly.
- A review of enhanced services aligned to the Welsh Government guidance on restarting enhanced services.
- Implementation of an outcome measures approach.

- National tools to support embedding the rapid digital solutions implemented in Quarter 1 into the operating model for primary and community care

### Immunisation

It is anticipated that, in addition to COVID-19 pressures, the coming flu season will increase the workload of many practices. In response to the concerns flagged around this capacity to deliver, immunisation modules of the existing Agored Cymru accredited Level 3 *Diploma in Primary Care Health Care Support (General Practice Wales)* qualification are under specific review to ensure fitness for purpose. This is giving rise to an all Wales approved training package, to be in place to address 2020/21 winter pressures, by training more HCSWs so registered staff can be deployed to other areas.

An Immunisation Task & Finish group is set up with the following purpose; to:

- Review and build on the existing Level 3 Diploma Immunisation learning units to develop an all Wales approved learning package that is fit for purpose;
- Develop all Wales resources/methods to support delivery and learner achievement of the training package; and
- Complete the above in time to address 2020/21 winter pressures.

*Non-clinical:* the Agored Cymru Level 2 Primary Care Administration and Reception (PCAR) qualification will soon be made available to learners. To support the introduction of this formalised learning for non-clinical workforce in general practice, a business case is underway to strengthen the infrastructure (mentors/trainers/assessors/verifiers to support this learning.

### Multidisciplinary team development through interprofessional learning

Practice based small group learning (PBSGL), a concept developed in Canada, adopted by NES (NHS Education Scotland) and successfully trialled in Wales is being prepared for rollout to clusters. The methodology and supporting resources facilitate discussions to promote interprofessional learning.

### Primary care academy

This strategic aim has been paused during COVID-19; however, all ongoing developments (as above) form foundations for what, in due course, will sit within the Primary Care Academy. Stakeholder engagement and planning for the Academy will resume when possible.

## **3.10 Workforce & Wellbeing**

National & systems leadership role
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When we submitted the draft workforce strategy for health and social care to Welsh Government in December 2019, we were totally unaware of the crisis about to unfold. While we had indicated issues that we knew needed to be addressed, COVID-19 brought much of this into sharp focus and highlighted key areas for immediate action. The response to COVID-19 highlighted innovation, commitment, dedication, readiness to lead and react to change, but also brought us the reality of areas which need strengthening in some of our workforce areas. Not least in this is the parity of esteem between health and social care workforce. Initially the NHS were held up as heroes, offered significant benefits from early access to shops, free items and the Thursday 'clap'. While this was later extended to social care colleagues, it demonstrated the differences between the two sectors.

Both Health and Social Care have experienced well publicised difficulties in obtaining PPE and testing for staff, which has also impacted on the mental and physical wellbeing of staff. The care sector's struggles with PPE, testing and maintaining quarantine has received much media attention in more recent weeks, and has highlighted the vital role the sector plays.

While these challenges are acknowledged, we have also seen examples of innovation, where staff have broken down traditional boundaries and processes to achieve the required response. Some of our clinicians have stepped into leadership roles for the first time, and many staff are working in totally different ways than a few months ago. In a recent article, Michael West reminded us that this moment of crisis is also an opportunity to collectively improve the leadership culture across the NHS.

We have seen an increase in cross professional and inter-agency working, with traditional role definitions and boundaries being blurred. We have been able to mobilise an additional workforce to respond to the crisis. Excluding first year students, our pre-registration healthcare student population have been deployed into the workforce, along with recently retired staff, who have been placed on the temporary professional statutory registers. This has been a massive exercise between HEIW, NWSSP, Welsh Government and local Health Boards and Trusts. The resulting challenge of this, is to reflect on the benefits of this experience and how the education courses could be run in the future.

Staff wellbeing continues to be front and centre of our thinking. Staff caring for COVID-19 patients in health and social care may have experienced high levels of stress and exhaustion, and will need time to rest as a minimum, while some may need additional access to wellbeing support. 'This means leaders have to sharpen their focus on meeting the core needs of staff, ensuring their wellbeing and sustained motivation to help them deal with this rapidly changing situation' (West 2020). From the data provided by individual NHS organisations we are seeing higher levels of sickness than normal across NHS Wales for the same period, which is to be expected. That said, whilst there have been hot spots or pockets of high sickness the levels do not appear to have been as high as organisations had originally envisaged. We continue to monitor this closely.

We entered into this pandemic with a workforce shortage across health and social care. The additional workforce has been welcomed, but the education programmes will need to be restarted in the autumn, and the experiences over the past months may lead to more staff wishing to retire earlier than originally anticipated. Additionally, there is an unknown impact on international recruitment which will have featured in many plans, and this is likely to be disrupted in the short to medium term at least.

This reflection has brought into sharp focus the rationale for the issues we urgently need to address across secondary, primary, community and social care. We have introduced at scale and pace, new and very different ways of working, leading significant change, and reacting to that change, particularly in reconfiguring services to free up and create additional capacity and staff, including the unprecedented and rapid mobilisation and deployment of students, and retired healthcare professionals. The recent Nuffield report recommends that while we are now facing the return to more routine activity, we must ensure that we do not slip back into old routine without questioning why we do things in the way that we do.

At the end of Quarter 1, we have reconsidered the strategy and actions in parallel with Social Care Wales, to ensure that in implementing the strategy, we maximise the learning from this pandemic. We believe there is a need to escalate at pace, new ways of supporting staff wellbeing, new ways of working, different methods of delivering high quality education and training as well as challenging previous conceptions on how we deliver health and care. Together with Social Care Wales we are preparing further advice for submission to Welsh Government in July 2020, setting out the case for early sign off and implementation of the workforce strategy.

The advice will confirm that COVID-19 has brought into sharp realisation that workforce and workforce issues need to be strengthened in the system, which makes this strategy even more important than before. Further that whilst we believe the draft workforce strategy remains fit for purpose, experience shows that we need to escalate the pace of delivery of the actions identified,

as we plan for and deliver the 'new normal.' From a HEIW perspective, subject to further discussion with Social Care Wales, we would want to reinforce 5 critical areas that need to be progressed urgently in Quarter 2:

- 1) Lead, develop and embed and monitor the impact of a range of actions to support workforce and workplace wellbeing and colleague experience.
- 2) Work with our SCW and other partners to influence cultural change within NHS Wales and the wider health and care community through building compassionate and collective leadership capacity at all levels.
- 3) Build capability and develop our workforce intelligence systems to improve the quality of data and analytics to support and improve workforce planning across all secondary, primary and community care.
- 4) Develop and commission education that meets the needs of the new normal and actively promotes the development of new roles and new ways of agile working. Inter-professional, multi-agency learning which is developed through co-produced education should be the norm, with blended delivery approaches utilising digital technology and simulation to offer dispersed, accessible and flexible opportunities at all educational levels.
- 5) Build and implement a range of 'grow your own' schemes to address shortages in the workforce as a matter of urgency. This will include innovative approaches where people can learn as they earn and be mobilised quickly if required across health (and social care where applicable). Establish new and enhanced career frameworks commencing at level 4, to encourage movement between professions and roles, underpin multi-professional role development to achieve a better match between workforce supply and demand. Build on the learning from the PCA induction programme to form the foundation for other areas of work-based learning and apprenticeships.

#### Workforce planning

We will be reinstating plans to support NHS Wales with training to improve the quality of workforce planning expertise and capability across the system. We believe this is vital to enable colleagues to understand and support future planning given the unique circumstances that are expected in 2020 and beyond. This training will also look to embed and disseminate and provide guidance on a set of workforce planning principles that would guide surge and expanded capacity.

We have recently restarted the workforce planning network across NHS Wales, which had been stepped down to allow the prioritisation in local organisations of COVID-19 response activity. We have begun to think about how this network can be expanded and focussed to maximise its contribution to planning for future peaks and sustainability going forward.

#### Workforce supply and design

We have already set out our offer and activity in relation to supply issues arising from local workforce plans at section 3.4 'Surge Capacity'. We look forward to seeing the submitted Quarter 2 plans and further details regarding workforce availability and any identified needs for a national approach.

In Quarter 2 we are aiming to restart our activity which we believe will be of benefit in the response phase to COVID-19 and when considering the current and future workforce requirements in relation to 'growing our own' to meet workforce demands whilst also taking forward approaches to widening access and encouraging people into the NHS by transferring of the widening access agenda into HEIW from Quarter 2. We hope that we are able to build on the increased interest in health careers to encourage more individual to join future career pathways.

Following the successful deployment of Operating Department Practitioners (ODP), HEIW have been asked to work with the service during Quarter 2 on increasing the diversity of settings that can use their skills.

Additionally, we are looking at how we can build on Level 2 – 5 career pathway model to support the 'grow your own' workforce for smaller professions and geographically challenged organisations.



There is potential to apply the model given recent service feedback regarding education and training numbers. Early analysis is being undertaken to explore this. Early internal conversations regarding the training required to bridge Level 4 – 5 have started.

### Workforce intelligence

The HEIW workforce analytics team has been heavily involved in supporting the data requirements to support the COVID-19 response whilst supporting the development of the BAME risk assessment tool. Moving into Quarter 2 we need to work with WG and partners on learning lessons from COVID-19 and reshaping the data landscape, building the case for investment and new systems, data quality improvement and identifying areas where gaps exist within data access and NHS systems.

One of the challenges of phase 1 was 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, and rely on workforce data from partners to meet these expectations. At the time of drafting this plan we remain without direct access to the numbers of individuals deployed into HBs and Trusts from returners, registrants, students and direct hires – although periodic data reports to HB & Trust colleagues have begun to be shared. 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 in Quarter 2 and is a critical priority.

### Wellbeing

HEIW has supported the national health and wellbeing network including through predecessor organisations for many years. During the crisis phase, we played 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 Quarter 2, in line with need but also in line with the quadruple aim and 'wellbeing' as the golden thread of the draft workforce strategy for Health and Care. We are also progressing our compassionate leadership agenda as indicated above.

HEIW's programme manager supports the national work programme of wellbeing, and has been instrumental in supporting the national COVID-19 wellbeing response sub-group's delivery of a dedicated Wales helpline with the Samaritans for NHS and Social Care staff which will include a Welsh Language provision and Extension of the Health for Health Professionals provision (originally only for doctors) to all NHS staff which includes a confidential help line, counselling and self-guided and professional guided online tools e.g. CBT.

Alongside this, in Quarter 2 we will be focusing on progressing further with partners:

- PowerPoint slide pack for Health Boards which includes a decision tree slide to help colleagues navigate the resources currently available.
- NHS Wales Health and Wellbeing COVID-19 strategy template for local health boards to adapt.
- updating the COVID-19 Playlist resource on our HEIW Leadership Portal.
- Delivery of the Health Needs Assessment survey pilot in HEIW which will be evaluated to inform the development of a national tool.
- Mental health resources – development and promotion including considering the needs of the BAME workforce community.
- Return to training support for out of programme trainees

### *Meaningful national and local social partnerships*

The CEO and Director of Workforce & OD are national representatives on the Wales Partnership Forum and WPF Business Committee. The latter co-chaired the HSSG planning response workforce cell alongside WG counterpart and led one of its sub-groups; both of these had staff side representation as core members. During the past 3 months the Director of W&OD has prioritised attendance at the national (and frequent) WPF business committee meetings.

HEIW established its local partnership forum in 2019 and has held bi-monthly meetings since. We have received positive feedback from our staff side partners for our work to create a positive culture in the organisation, driven by our values and behaviours developed by our staff. As well as for our adoption of new initiatives such as menopause cafes and new ways of working.

### *Appropriate rest and working patterns for staff, and annual leave*

Since the COVID-19 lockdown came into force, changes have been made to the way staff live and work. To measure the impact of these changes, three staff surveys have been completed by staff to help us to understand the impact particularly for their personal health and wellbeing both mentally and physically.

Within HEIW we are encouraged at how our staff have responded to the challenge of 100% homeworking and the mechanisms put in place to maintain both HEIW staff health and wellbeing and which can also be of benefit across the rest of NHS Wales. We have developed a set of principles to support our new operating model and developing a refreshed homeworking and flexible working policy to sit alongside.

Annual leave has continued to be agreed and taken by staff throughout the period; staff have been positively and actively encouraged to take their annual leave for them to rest, recharge by having a physical and mental break from work. The only exceptions have been for those staff who were unable to take leave due to playing a critical part in the pandemic response, particularly in the first phase or those who were unable to take leave due to isolating. We maintained the carry-over limit at five days.

### *Effective training, equipment and supplies*

Our staff are not frontline in their HEIW roles and have been working 100% from home. In the run up to lockdown we ran a series of workshops, training and drop in sessions as well produced materials and videos on how to maximise the benefits of technology and to use new applications such as Microsoft teams. The investment paid off straight away as we were able to be confident that the majority of our staff would be able to convert to homeworking quickly. From 9<sup>th</sup> July we will be providing safe access to our headquarters for those staff who need it – we have defined need as either business or personal wellbeing. We have undertaken a risk assessment and made modifications and adaptations. Provision of personal PPE has been considered but discounted given the nature of individual roles and our functions. We have stepped up significantly cleaning regimes and access to hand sanitiser, as well as implemented social distancing measures.

### *Wellbeing*

(See also annual leave.) Our staff have access to a wide range of wellbeing resources through the wellbeing portal hosted by HEIW and via our Intranet. We have also organised social events, coffee conversations, quizzes etc. We have issued three pulse surveys collecting information about individual wellbeing and we are aware that every team has implemented 'check in' arrangements.

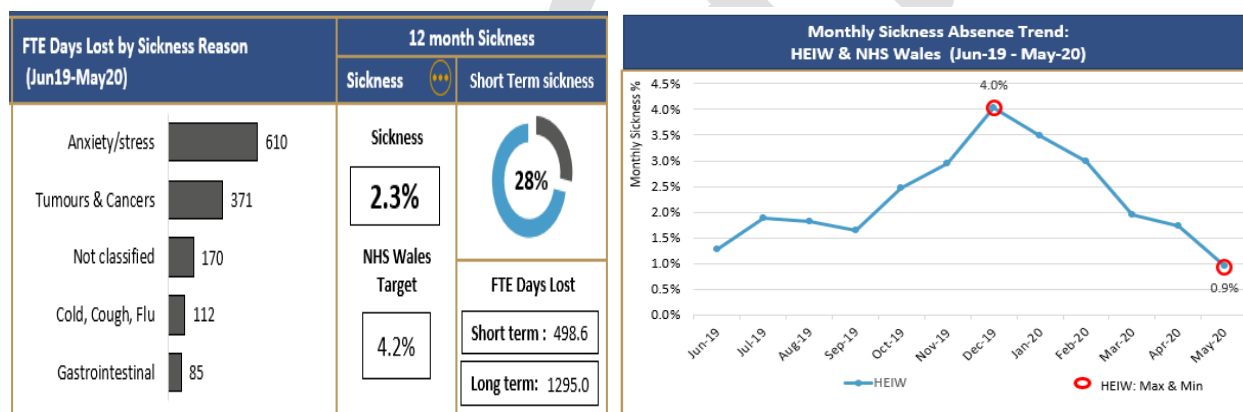
## Monitoring & review of key workforce indicators

We have maintained our normal governance arrangements during the crisis, supplemented by additional reporting and monitoring in relation to COVID-19.

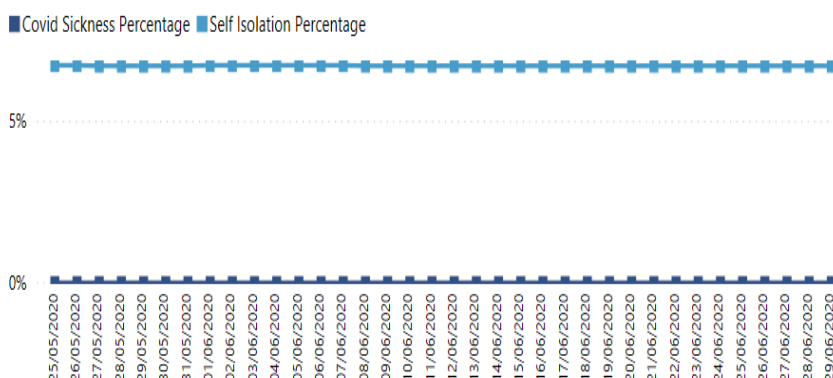
The figures for the end of May 2020 indicate that PADR compliance for core staff at HEIW is at 50% whilst conversely the figures for Statutory and Mandatory training compliance is 72%. There was an expectation that PADR compliance levels would reduce during the 'lockdown' period. This was owing to a combination of a relatively sudden change to home working on a large scale with the technical challenges that produced (e.g. management access in ESR) and also the impact on work intensity and work type that resulted from re-aligning activities particularly in relation to work programmes supporting trainees. In addition, the PADR cycle indicated a concentration of PADRs due for completion at the end of the financial year. Therefore, there was a situation that brought together a number of challenging factors at the same time.

Given that staff have settled into a routine of home working with the technical challenges being largely resolved and COVID-19 related work intensity abating, there is now a clear message to managers to re-engage with the process of undertaking and completing PADRs and to actively undertake this during June. This is being supported as follows through targeted provision of compliance data to manager, additional ESR support/training where required and monthly PADR training sessions from May until September. There is also continued encouragement to managers and staff to maintain and improve Statutory and Mandatory training compliance.

During the period 6<sup>th</sup> April to 28<sup>th</sup> June 2020, HEIW had only two members of staff diagnosed with COVID 19 and made a full recovery. Latest sickness data shows:



## Percentage of the workforce who have COVID-19 and who are self-isolating



Source:

NHS Wales COVID-19 Sickness Dashboard

The graph shows that for the past month HEIW has not had any COVID-19 related sickness and 6.8% (28 people) are self-isolating/shielding.

### *Risk assessments and actions*

we continue to assess staff who may be at increased risk - including BAME and older colleagues, pregnant women, returnees, and those with underlying health conditions. As part of our commitment to allow safe access to Ty Dysgu we are requiring all staff to complete the risk assessment tool and discuss the outcome with their line managers prior to access.

### *Implementing and communicating FAQs*

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.

## **3.11 Social Care Interface**

During Quarter 2 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 ensured that access is available to the national wellbeing resources that HEIW has developed and harnessed on its platform.

Early in Quarter 2 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 and to consider opportunities to support workforce capacity.

We are developing a paper to consider how we can support the increasing pressure being put on the care home sector as a result of COVID-19. This will consider training opportunities in relation to undertaking physiological observations alongside supporting the Welsh Government nosocomial transmission group in developing a once for Wales resource for health and care home staff in infection prevention and control.

## **4. Internal governance arrangements**

During Quarter 1, alongside developing our initial operational plan, we have amended our crisis management arrangements to response planning. We retained the same key individuals across business areas and corporate functions within our Covid-19 Management Team. Our arrangements have seen us stepping up the frequency of reporting and briefings including to Welsh Government and our Board. In parallel, we have maintained routine governance arrangements e.g. Executive and Senior Leadership Team Meetings and our Committees and Board have continued to meet in line with normal arrangements – albeit in a virtual format. For Quarter 2 we are exploring re-admitting the public to observe at our Board meetings in line with developments in a handful of other NHS organisations in Wales.

As we restart more of our 'essential activities' in Quarter 2, to ensure our performance management and reporting arrangements are effective we will be refreshing these in dialogue with Board and will revert to integrated performance reporting in line with the contents of this plan. We are currently building the underpinning information for our projects and programme with a view to monitoring the progress of our objectives, deliverables and milestones through the attached documentation which will be populated with appropriate detail early in Quarter 2.



HEIW%20Q2%20Obj  
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## 5. Finance

A Resource Plan for 2020-21 has been prepared by our Director of Finance and has been considered and agreed by the Board in line with normal governance requirements.



Resource plan  
attachment for Q2 op

The resource plan is based on the requirements that were set out for the first year (2020/21) of our five-year financial plan within our approvable IMTP. The delegated budgets established within HEIW are drawn from this Resource Plan.

As a result of the impact of COVID-19 and changes made to our IMTP timelines and deliverables there will be a need for a further review of the in-year financial plan and the delegated budget allocations and requirements. This work is being led by the HEIW Director of Finance and his Finance Team and will include any COVID-19 related costs incurred.

An underspend was reported for the first two months of the financial year due to vacancies within the pay budgets and lower recruitment numbers than targeted within the commissioning budgets.

The funding requirements for the remainder of the year will be determined in line with the new activities envisaged in restoring the operational activity of HEIW and any additional costs incurred in maintaining trainees and students in roles until they are able to appropriately progress and graduate. Regular meetings will commence with Welsh Government Finance colleagues in July 20 and the revised in-year financial plan will be reported in a timely manner to the Board.

## 6. Risks to Delivery and mitigations

We have been maintaining a COVID-19 risk log throughout the crisis and into Quarter 1. As the process develops, we expect the risks to managing the delivery of the Quarter 2 and future operational plans to be managed within Directorates and Teams. Any risks requiring escalation will follow normal escalation procedures for consideration onto the overall corporate risk register by the Executive Directors.

The HEIW Corporate risk register has been aligned into eight key areas for 2020-21. The first seven of these relate to risks caused by COVID-19. The eighth risk relates to other HEIW corporate risks with a red risk status.

1. Impact on progress / completion of education and training for current students and trainees.
2. Impact on recruitment to/fill rates of future education and training programmes.
3. Disruption to current major change programmes that are underway.
4. Disruption to delivery of new work programmes in the IMTP.
5. Financial implications.
6. Impact on the Wellbeing of HEIW staff.
7. New ways of working.
8. Other HEIW Corporate risk assessed as a red risk.

We have a workshop on 9<sup>th</sup> July to review and agree our risk appetite for Quarter 2 as well as to review the status and effectiveness of mitigating actions in place in relation to our delivery risks.

## **7. Mechanisms for stakeholder engagement, including staff side**

We have continued to meet with our Local Partnership Forum during the crisis, our next bi-monthly meeting is on 6<sup>th</sup> July. In addition, we meet regularly as well as ad hoc in relation to specific programmes with the BMA, RCN and other professional bodies and these have continued. Further detail on our communications and engagement activity is at section 3.6.

*[Note: this document has been prepared in draft for submission to Welsh Government on Monday 3 July 2020 in accordance Welsh Government requirements. It will be considered by the HEIW Board at its next meeting on 30th July 2020].*

ENDS

draft

## APPENDIX 1

### OVERVIEW OF PLANNED WORK PROGRAMME 2020-21 AS AGREED AT BOARD

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'	
1.1 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 skills & capabilities required for the future.	<p><b>PAUSE</b> strategic work  <b>CONTINUE</b> with system &amp; internal review work</p> <p><b>ADD Q2</b> A review of the changes made in respect of COVID to harness the learning/innovation &amp; make recommendations to improve the efficiency, effectiveness and monitoring of future CPD activity.</p>
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.	<b>PARTLY DEFERRED TO 2020-21</b> national workforce plans deferred but activity on professional shortages and supply progressing in response to COVID
1.3 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience. <i>(National)</i>	<b>CONTINUE &amp; ACCELERATE Q2</b>
1.4 Improve access to careers in the health and care sector in partnership with Social Care Wales.	<p><b>REACTIVATE Q2</b>  Transfer of Widening Access Agenda Q2 - July 2020.  Q2 - deliverables 3, 5 &amp; 7.  Q3 - deliverables 1, 2 and 4</p>
1.5 Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.	<p><b>ACCELERATE</b> deliverables 3 &amp; 4.  <b>DEFER</b> deliverables 1 &amp; 2 to 2021-22</p> <p><b>ADDED in Q1</b> new requirement to work with WG and partners on learning lessons from COVID and reshaping the data landscape, building the case for investment and new systems. Discuss realignment of roles/activity with statutory functions – future focussed.</p>

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### OVERVIEW OF PLANNED WORK PROGRAMME 2020-21 AS AGREED AT BOARD

1.6 Developed & training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system.	<b>REACTIVATE Q2</b>
1.7 Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.	<b>DEFER</b> - existing deliverables to 2021-22 <b>ADD Q2</b> investigate the impact of no international travel/reduced travel on workforce supply in Wales and produce advice/recs.
<b>Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</b>	
2.1 Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education.	<b>REACTIVATED/RESTARTED &amp; ACCELERATED in Q1</b> Restart AD recruitment; re-engage Simulation Leads group; 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.
2.2 Develop an education strategy drawing on the outcome of the strategic review of health professional education & the draft Workforce Strategy.	<b>REACTIVATE &amp; REVISE Q2</b> 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'
2.3 Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model.	<b>RESTART &amp; REVISE Q2</b> Revision of deliverables to be considered
2.4 Lead the development and implementation of a digital capability framework for the healthcare workforce.	<b>RESTARTED, ADDED &amp; ACCELERATED in Q1</b> 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 implementation (Finance Academy/Nursing).  Work with partners to embed digital into the 'new normal' for education and training.
2.5 Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding.	<b>DEFERRED</b> to 2021-22 plan



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2.6 Maximise opportunities for work-based learning and apprenticeships in health.	<b>REACTIVATE Q2</b> Outcome to remain except: <ul style="list-style-type: none"> <li>Bring forward 2021/22 outcome 'Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models, resources, register of assessors and IQAs'.</li> </ul> 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 Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors.	<b>RESTART Q3</b> Alternative lead to be identified Deliverables for the year; to be revised in light of appointment and capacity available.
2.8 Improve opportunities for trainees and students to undertake education and training through the medium of Welsh.	<b>REACTIVATE Q3</b> Capacity and ability of partners to engage will continue to be impacted by COVID in short term.
2.9 Review career pathways and education opportunities for the clinical academic and research workforce.	<b>DEFERRED to 2021-22 plan</b>
<b>Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels</b>	
3.1 Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.	<b>REACTIVATED in Q1</b>
3.2 Lead the implementation and management of the NHS succession planning framework for Tiers 1 - 3 and monitor progress.	<b>REACTIVATE Q2</b>
3.3 Lead the implementation and management of the Digital Leadership portal.	<b>CONTINUE</b> 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.

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3.4 Lead the establishment and management of a Wales Leadership alumni and range of leadership networks.	<b>REACTIVATE Q2</b>
3.5 Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.	<b>REACTIVATE Q2/3</b> This will need input from partners so progress will need to be closely monitored to ensure clinical capacity to engage, and to reflect COVID-19 response. Urgent discussion needed Q2 on clinical leadership fellows & interim arrangement for them which might be needed.
3.6 Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	<b>REACTIVATE Q2</b> NHS Executive Board green light secured June 2020
3.7 Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.	<b>REACTIVATE Q3</b> 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.
<b>Strategic Aim 4: To develop the workforce to support the delivery of safety and quality</b>	
4.1 To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care.	<b>RESTART Q1/Q2</b> Revise deliverables to take account of the impact of COVID-19 on proposed engagement
4.2 Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN).	<b>RESTART Q2</b> Revise deliverables to take account of the impact of COVID-19
4.3 Lead the workforce development and training requirements to support the Single Cancer Pathway.	<b>REACTIVATE Q1</b> Critical to recovery plans. Programme board to be reactivated. Continue to implement training programme and review workforce.
4.4 Develop a mental health workforce plan in collaboration with Welsh Government and Social	<b>REACTIVATE Q2</b>

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Care Wales to support implementation of Together for Mental Health (this includes CAMHS).	This is a major system priority flagged by WG in the Operating Framework as well as in correspondence. Plan being developed with partners; need to update the deliverables, ensuring that they and the timescales are realistic. The 'ask' is significant.
4.5 Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.	<b>REACTIVATE Q2</b> 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 Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care.	<b>CONTINUE &amp; ADDED in Q1</b> 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 during COVID -19, need to be captured and evaluated. HEIW systems that have been used to support the emergency response to workforce requirements (Y Ty Dysgu) should be aligned <b>and</b> inclusive of in and out of hours services.
4.7 Support workforce development requirements of integrated care models being developed by Regional Partnership Boards.	<b>REACTIVATE Q2</b>
4.8 Support the implementation of the <i>Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)</i> .	<b>REACTIVATE Q4</b> 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 Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales.	<b>CONTINUE</b> Plan to TUPE over the team in June/July. Currently the team has been redeployed due to COVID, however work can progress at a slower pace.
4.10 Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans.	<b>RESTARTED, REFOCUSED &amp; ACCELERATED in Q1</b> to support COVID -19 work and wider support for the Covid Response  Update the deliverables for contribution made during COVID response phase 1 and build into the deliverables phase 2 requirements. Major focus/input for remainder of the year.

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Strategic Aim 5: To be an exemplar employer and a great place to work	
5.1 Implement the People, Inclusion and OD Strategy	<b>REFOCUS/REACTIVATE Q2</b> Reflect on the COVID-19 impact, capture new ways of working and future expectations of staff. New deliverables around policies and practices to be added. Strategy & consultation/engagement to be restarted Q3.
5.2 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	<b>CONTINUED in Q1</b> 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. Continue to provide resources in line with the national work – will form part of the strategic review during Q2. Promote approaches beyond HEIW.
5.3 Implement and embed the Welsh Language framework within HEIW.	<b>CONTINUE</b> Welsh language Scheme /framework is largely designed for office-based working. We therefore need to focus on elements that are relevant to home working. It is proposed that we undertake the online public consultation process on the WLS between June – September and seek final approval in Q3. Internal training capacity to be increase through making appointments for the two new roles.
5.4 Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector.	<b>RESTART Q2</b> Board review of SEP deferred until Q2 July; WG has relaxed the deadline until Oct 2020
5.5 Progress opportunities for organisational approaches to combat climate change.	<b>CONTINUE</b> Capture the positive benefits of COVID but slowdown deliverables 1 & 3 to match capacity and prioritisation of COVID response activity.
5.6 Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru.	<b>RESTART Q3</b> Priority deliverables to be restarted; QI hub for HEIW to be deferred to 2021

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Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	
6.1 Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success.	<b>CONTINUE &amp; REFOCUS</b>  Continue implementing/ using the principles of the communications and engagement strategy to support COVID 19 response and essential work of HEIW.
6.2 Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions.	<b>REFOCUS</b> Support will continue as required to key programmes continuing or supporting the COVID19 response.
6.3 Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales.	<b>CONTINUE</b> Yes, link with digital capabilities update

END

Strategic Aim -To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’							
Objectives to Achieve Strategic Aim	2020-21 Deliverables including COVID response	Key Milestones -Q2	Responsible	Progress Update	Risks to progress	Milestone RAG	RAG
1.1 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 skills & capabilities required for the future.	Roll out the digital course management system to all areas of HEIW ensuring the opportunities for improving customer interface are maximised.		Push Mangat/Charlette Middlemiss				
	Research the CPD activity available to staff and provided across NHS Wales and partners.		Push Mangat/Charlette Middlemiss				
	Establish project group with partners to scope out, engage and produce a draft of the CPD strategy by 31 March 2021.		Push Mangat/Charlette Middlemiss				
	Develop and secure the funding model to support the strategy.		Push Mangat/Charlette Middlemiss				
1.3 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience. (National)	Support the implementation of the national Health and Wellbeing Action Plan across NHS Wales (year 1).		Julie Rogers/Angie Oliver				
	Continue to support transitional arrangements of the work of the Health and Wellbeing subgroup of the COVID-19 Workforce Cell		Julie Rogers/Angie Oliver				
	Develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales.		Julie Rogers/Angie Oliver				
	Scope out Health and Wellbeing measures.		Julie Rogers/Angie Oliver				
	Lead, develop and implement a national wellbeing programme specifically for trainees and students, to supplement the NHS Wales Health and Wellbeing Action Plan		Julie Rogers/Angie Oliver				
	Commence research to underpin the development of Wellbeing in Work Impact Resource.		Julie Rogers/Angie Oliver				
	Work with NHS Wales partners to progress national work programmes relating to workplace wellbeing and colleague experience.		Julie Rogers/Angie Oliver				
	Scope Grow your Own pathways for the current workforce.		Julie Rogers/Angie Oliver				
	Bring the Welsh Government Widening Access programme into the HEIW.		Julie Rogers/Angie Oliver				
	Create a comprehensive website and social media presence.		Julie Rogers/Angie Oliver				
1.5 Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.	Identify opportunities to work with veterans' organisations and volunteering networks, including the Prince of Wales Nursing Cadet Scheme.		Julie Rogers/Angie Oliver				
	Work with WG and partners on learning lessons from COVID and reshaping the data landscape, building the case for investment and new systems.		Julie Rogers/Angie Oliver				
	Discuss realignment of roles/activity with statutory functions – future focussed.		Julie Rogers/Angie Oliver				
	Lead work to improve quality and completeness of data to produce robust data to produce up to date workforce analysis.		Julie Rogers/Angie Oliver				
1.6 Developed & training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system.	Scope and undertake an analysis of the options for a single platform specification and a robust business case.		Julie Rogers/Angie Oliver				
	Develop and implement a standardised methodology for workforce planning across health and social care.		Julie Rogers/Angie Oliver				
	Refine, test and roll out the workforce planning capability matrix.		Julie Rogers/Angie Oliver				
	Complete and evaluate the 2 <sup>nd</sup> .year of the workforce planning training and refine as required.		Julie Rogers/Angie Oliver				
	Refine and further roll out the workforce planning approach for primary care (build a support network for Practice Managers) as identified in the Primary Care W&OD group plan.		Julie Rogers/Angie Oliver				
	Review and update current workforce planning resources including web based and digital.		Julie Rogers/Angie Oliver				
	Work with the Workforce Intelligence team to identify areas for modelling and contribute to the build of the workforce intelligence platform so that it enables improved and local 'live' workforce planning.		Julie Rogers/Angie Oliver				
1.7 Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.	Investigate the impact of no international travel/reduced travel on workforce supply in Wales and produce advice/recs		Push Mangat/Angie Oliver				



Strategic Aim -To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs							
Objectives to Achieve Strategic Aim	2020-21 Deliverables including COVID response	Key Milestones -Q2	Responsible	Progress Update	Risks to progress	Milestone RAG	RAG
2.1 Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education	Developed a clear definition of simulation-based education for the health sector in Wales.		Push Mangat/Chris Payne				
	Establish and manage a Simulation Leads Network with clear terms of reference.		Push Mangat/Chris Payne				
	Identify and share best practice and develop new opportunities to facilitate simulation-based learning.		Push Mangat/Chris Payne				
	Identify process and requirements in relation to accreditation of faculty and needs of curriculum requirements.		Push Mangat/Chris Payne				
	Develop an All Wales simulation strategy and investment requirements, supported by consultation.		Push Mangat/Chris Payne				
2.2 Develop an education strategy drawing on the outcome of the strategic review of health professional education & the Workforce Strategy.	Use the outcome of the strategic review, and the Workforce Strategy, to develop an education strategy for health professionals		Angela Parry/Martin Riley				
	Implement the outcome of the review including:		Angela Parry/Martin Riley				
2.3 Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model.	Establish clear standards and job specifications for TPD medical staff.		Push Mangat/Tom Lawson				
	Introduction of a tariff and CPD provision for Medical Training Programme Directors (TPDs).		Push Mangat/Tom Lawson				
	Review remuneration and appraisal/development arrangements for TPD Medical staff.		Push Mangat/Tom Lawson				
	Set out clear standards and job specifications for TPD (medical).		Push Mangat/Tom Lawson				
	Introduction of an appraisal process to support the Medical TPD roles.		Push Mangat/Tom Lawson				
	Modernise and streamline dental core training management structure and delivery of training.		Push Mangat/Tom Lawson				
	Scope current arrangements to support learning in practice e.g. TPD for medical, Practice Education Facilitators etc. across all Health Boards and staff groups.		Push Mangat/Tom Lawson				
	Review Job Descriptions and standardise responsibilities ensuring equitable level of support and service across all parts of Wales.		Push Mangat/Tom Lawson				
	Establish baseline of current configuration and support.		Push Mangat/Tom Lawson				
	Develop a quality assurance framework for placement areas managed by HEIW.		Push Mangat/Tom Lawson				
	Work with key partners scope trainee and student placements and identify new opportunities in community and primary care		Push Mangat/Tom Lawson				
	Secure agreement to a future vision of education and training in primary care		Push Mangat/Tom Lawson				
	Agree a plan for education and training infrastructure in primary care including standards, governance arrangements and funding approaches.		Push Mangat/Tom Lawson				
	Develop a quality assurance framework for placement areas managed by HEIW		Push Mangat/Tom Lawson				
2.4 Lead the development and implementation of a digital capability framework for the healthcare workforce.	Define and agree with partners the scope of and definition of 'A digital ready workforce'		Julie Rogers/Chris Payne				
	Engage with HEE and NES with a view to understanding their learning and actions in this area and exploring whether these could be adopted or adapted for the NHS Workforce in Wales.		Julie Rogers/Chris Payne				
	Prepare and consult with partners on a costed implementation plan – including the development of a framework of digital skill competencies; and proposals for an All Wales Digital forum for prioritising, co-ordinating and sharing best practice.		Julie Rogers/Chris Payne				
	Scope with Health Boards the timing and undertaking of a Digital Capability Review.		Julie Rogers/Chris Payne				
2.6 Maximise opportunities for work-based learning and apprenticeships in health.	Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena.		Angela Parry/Martin Riley				
	Work with Welsh Government to develop a suite of health apprenticeship frameworks that meet the needs of the NHS Wales workforce.		Angela Parry/Martin Riley				
	HEIW to work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs).		Angela Parry/Martin Riley				
	Draft Quality Assurance Framework for Work Based Learning to include HEIW role in standardisation of work-based learning.		Angela Parry/Martin Riley				



Strategic Aim -To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels							
Objectives to Achieve Strategic Aim	2020-21 Deliverables including COVID response	Key Milestones -Q2	Responsible	Progress Update	Risks to progress	Milestone RAG	RAG
3.1 Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.	Drive the implementation of the framework for action through extensive, marketing and engagement.		Julie Rogers/Helen Thomas				
	Develop and promote a cultural assessment tool that reliably measures compassionate and collective culture and behaviours within organisations.		Julie Rogers/Helen Thomas				
	Review and promote a range of existing evidence-based culture and leadership tools aimed at creating cultures of collective leadership across organisations and teams.		Julie Rogers/Helen Thomas				
	Create a network of Collective Leadership Champions to support implementation and development/use of		Julie Rogers/Helen Thomas				
	Provide annual leadership conferences and learning events aimed at enabling widespread adoption of best practice.		Julie Rogers/Helen Thomas				
	Influence and support the implementation of undergraduate leadership modules (embedded with quality improvement and digital leadership) across the curriculum.		Julie Rogers/Helen Thomas				
	Commence the curation of 'manager core skills' resource hub that promotes inclusivity and equips managers with essential and portable management skills that compliments local management development programmes.		Julie Rogers/Helen Thomas				
	Review and update the NHS Wales manager competence framework		Julie Rogers/Helen Thomas				
3.3 Lead the implementation and management of the Digital Leadership portal.	Commence the curation and establishment of a Leadership resource library that provides evidence-based resources that reflect the leadership strategy and support compassionate and collective approaches.		Julie Rogers/Helen Thomas				
	Develop and implement an operating model for the digital portal for wider implementation across HEIW and NHS Wales organisations.		Julie Rogers/Helen Thomas				
	Brand and extensively market the HEIW Digital Leadership Portal.		Julie Rogers/Helen Thomas				
	Manage digital leadership portal accounts and queries, whilst maintaining and developing the portal in line with user feedback.		Julie Rogers/Helen Thomas				
	Promote the HEIW leadership programmes and link to leadership and management development opportunities across Academi Wales and NHS Wales Health Boards and Trusts.		Julie Rogers/Helen Thomas				
	Utilise the portal for managing conference events, master classes etc to reach diverse audiences.		Julie Rogers/Helen Thomas				
3.4 Lead the establishment and management of a Wales Leadership alumni and range of leadership networks.	Create a collective leadership network providing opportunities for a diverse range of individuals to become actively engaged in promoting and supporting the leadership agenda across NHS Wales.		Julie Rogers/Helen Thomas				
	Create a range of alumni networks to support existing leadership development cohorts.		Julie Rogers/Helen Thomas				
	Provide a series of leadership master classes, webinars, networking events, online videos and resources.		Julie Rogers/Helen Thomas				
	Provide a series of guest leadership blogs and interviews.		Julie Rogers/Helen Thomas				
	Influence the establishment of student leadership academies within all Wales universities that promote access to NHS leadership networks and alumni.		Julie Rogers/Helen Thomas				
	Secondary Care: Establish a leadership alumni and establish collaborative network of trainee leadership roles.		Julie Rogers/Helen Thomas				
	Pilot and evaluate a trainee leadership network meeting/event and review existing wellbeing strategy/courses.		Julie Rogers/Helen Thomas				
3.6 Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	Research best practice models to re-establish and re-launch the NHS Wales graduate leadership scheme.		Julie Rogers/Helen Thomas				
	Develop the component elements of the graduate programme including masters qualification and placements.		Julie Rogers/Helen Thomas				
	Establish the operating model for the graduate scheme.		Julie Rogers/Helen Thomas				
	Identify / train a range of mentors and coaches to support the graduates during their placements.		Julie Rogers/Helen Thomas				
	Develop a marketing strategy and engagement plan to attract graduate applicants to the NHS Leadership scheme.		Julie Rogers/Helen Thomas				
	Develop an inclusive recruitment, assessment and induction process		Julie Rogers/Helen Thomas				
	Explore opportunities to establish an HEIW internship in the following corporate areas: Finance, Planning, Workforce & OD and Communications		Julie Rogers/Helen Thomas				





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

Objectives to Achieve Strategic Aim	2020-21 Deliverables including COVID response	Key Milestones -02	Responsible	Progress Update	Risks to progress	Milestone RAG	RAG
4.1 To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care.	Scope and review existing support and provision relevant to unscheduled care workforce (wellbeing, skills, training, etc).		Push Mangel/Charlotte Middlemiss				
	Scope and review workforce implications of new models of unscheduled care and good practice in workforce development across the UK.		Push Mangel/Charlotte Middlemiss				
	Consult with front line staff to identify workforce challenges and requirements.		Push Mangel/Charlotte Middlemiss				
	Progress development work for new initiatives to support any gaps identified in what's available in NHS Wales.		Push Mangel/Charlotte Middlemiss				
	Launch the first good practice guide for winter 2020.		Push Mangel/Charlotte Middlemiss				
4.2 Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN).	Engage with WHSSC to address overlaps between the workforce needs of the MTN and our Commissioning processes HEIW will work with the MTN assisting with the following Training Requirements: Trauma Triage, Trauma Team working, Trauma Team Leadership, Damage Control Surgery, Rehabilitation Skills.		Push Mangel/Angie Oliver				
4.3 Lead the workforce development and training requirements to support the Single Cancer Pathway.	Establish a national training programme for clinical endoscopyists.		Angela Parry/Wendy Wilkinson				
	Complete a review of endoscopy, imaging and pathology workforce.		Angela Parry/Wendy Wilkinson				
	Completed actions form the National Endoscopy Action Plan.		Angela Parry/Wendy Wilkinson				
	Identify national priorities for investment in extended/advanced roles across endoscopy, imaging and pathology workforce.		Angela Parry/Wendy Wilkinson				
	Identify best practice workforce models to be adopted locally.		Angela Parry/Wendy Wilkinson				
4.4 Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support implementation of Together for Mental Health (this includes CAMHS).	Work with Welsh Government to clarify expectations and timeline		Angela Parry/Kerri Feeney				
	Scope the current mental health workforce and assess implications for future need and models of care.		Angela Parry/Kerri Feeney				
	Review good practice and innovation from across UK and internationally.		Angela Parry/Kerri Feeney				
4.5 Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.	Implement the planned expansion of the Foundation programme for medicine with placements across secondary Care, GP and the community.		Angela Parry/Charlotte Middlemiss				
	Lead the development and implementation of a learning and development framework for the Health Professional Workforce.		Angela Parry/Charlotte Middlemiss				
	Scope the need for support following registration for all professional groups.		Angela Parry/Charlotte Middlemiss				
	Lead the work on the introduction of new roles e.g. the Anaesthesia Associate in NHS Wales in partnership with the service.		Angela Parry/Charlotte Middlemiss				
	Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas		Angela Parry/Charlotte Middlemiss				
4.6 Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care.	Support the development of workforce planning and modelling at cluster level.		Push Mangel/Charlotte Middlemiss				
	Implement the increase in GP trainees and roll out changes to GP training in line with the business case (subject to agreement).		Push Mangel/Charlotte Middlemiss				
	Implement the increased numbers and multi sector pre-registration programme for pharmacy, supported by implementation of a single lead employer model.		Push Mangel/Charlotte Middlemiss				
	Implement phase 2 of the transition programme for pharmacists.		Push Mangel/Charlotte Middlemiss				
	Increase the number of Independent Prescriber pharmacists.		Push Mangel/Charlotte Middlemiss				
	Support implementation of pace setter projects related to workforce.		Push Mangel/Charlotte Middlemiss				
	Develop proposals for an education/training infrastructure for primary and community care (academies/hubs).		Push Mangel/Charlotte Middlemiss				
	Implement a communication plan in relation to HEIW's role and primary care clusters.		Push Mangel/Charlotte Middlemiss				
	Role Development – national frameworks and training for new roles. A multidisciplinary approach to care; inter-professional working; community engagement; and leadership.		Push Mangel/Charlotte Middlemiss				
	Develop a digitally enabled compendium of good practice for primary care.		Push Mangel/Charlotte Middlemiss				
4.7 Support workforce development requirements of integrated care models being developed by Regional Partnership Boards.	Review all transformation fund proposals to assess workforce implications and models.		Angela Parry/Charlotte Middlemiss				
	Engage with Regional Partnership Boards to discuss future plans and ambitions in relation to integrated working.		Angela Parry/Charlotte Middlemiss				
	Review IMTPs with regard to future plans and ambitions for integrated working.		Angela Parry/Charlotte Middlemiss				
	Review best practice across UK and internationally to inform future work.		Angela Parry/Charlotte Middlemiss				
4.9 Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales.	Secure the TUPE transfer of the Programme management team to HEIW and their integration into the organisation.		Angela Parry/Kerri Feeney				
	Ensure the team is fully recruited and resourced.		Angela Parry/Kerri Feeney				
	Review and revise programme management arrangement and accountabilities between Welsh Government, NHS Health Boards and Trusts and HEIW.		Angela Parry/Kerri Feeney				
	Continue the work to deliver the extension of the Act by April 2021		Angela Parry/Kerri Feeney				
4.10 Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans.	Agree further areas for roll out of the Act		Angela Parry/Kerri Feeney				
	Complete analysis and review Health Board assessments to Critical care and other workforce needs to support COVID response alongside 'new normal'		Push Mangel/Clem Price				
	Feed initial findings into training requirements for 2021-22.		Push Mangel/Clem Price				
	Update workforce implications of new models of Critical Care and good practice in workforce development across the UK.		Push Mangel/Clem Price				
	Incorporate impact of new Shape of Training in Medicine.		Push Mangel/Clem Price				
	Consider the potential role of Physician Associates in workforce models		Push Mangel/Clem Price				
	Complete scoping exercise for Anaesthetic Associates in Wales.		Push Mangel/Clem Price				
	Create a series of options (pull down menu) for Health Boards to use in staffing their Critical Care and response areas.		Push Mangel/Clem Price				

Strategic Aim - To be an exemplar employer and a great place to work							
Objectives to Achieve Strategic Aim	2020-21 Deliverables including COVID response	Key Milestones -Q2	Responsible	Progress Update	Risks to progress	Milestone RAG	RAG
5.1 Implement the People, Inclusion and OD Strategy.	Launch and Implement the People & OD Strategy		Julie Rogers/Foula Evans				
5.2 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	Implement Health and Wellbeing Action Plan (year 1).		Julie Rogers/Angie Oliver				
	Develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales.		Julie Rogers/Angie Oliver				
	Work towards and achieve the Bronze Corporate Health Standard accreditation.		Julie Rogers/Angie Oliver				
	Review the OH support arrangements for staff, including remote workers against best practice.		Julie Rogers/Angie Oliver				
	Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes.		Julie Rogers/Angie Oliver				
	Implement Neyber (Salary Finance) Financial Services		Julie Rogers/Angie Oliver				
	Continue to provide resources in line with national work		Julie Rogers/Angie Oliver				
	Promote approaches beyond HEIW		Julie Rogers/Angie Oliver				
5.3 Implement and embed the Welsh Language framework within HEIW.	Promoting awareness of the Welsh Language policy and, when they are introduced, the Welsh Language Standards.		Dafydd Bebb/Huw Owen				
	In terms of Operational delivery, it will involve embedding behaviours that relate to increase use of the Welsh across the organisation		Dafydd Bebb/Huw Owen				
	Improving the translation services provided by HEIW.		Dafydd Bebb/Huw Owen				
	Increase awareness of the advantages of the use of the Welsh language for staff, trainees and patients.		Dafydd Bebb/Huw Owen				
5.4 Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector.	Develop a Transition at Work policy.		Julie Rogers/Emma Kwaya James				
	Create co-produced strategic equality action plans and measures to increase workforce diversity, minimise pay gaps, engage with communities, ensure procurement drives equality and service delivery reflects individual need.		Julie Rogers/Emma Kwaya James				
	Work in partnership with Welsh Government and partners to develop technical guidance in preparation for the enactment of socio-economic duty Part 1, Section 1 Equality Act 2010 on the 1 April 2020		Julie Rogers/Emma Kwaya James				
	Embed the Integrated Equality Impact Assessment framework into practice		Julie Rogers/Emma Kwaya James				
	Deliver on accreditation pledges: Stonewall, Time to Change, Disability Confident, Dying to Work, Anti-Violence Collaboration, Communication Access Symbol.		Julie Rogers/Emma Kwaya James				
	Review and develop a new Time to Change Action Plan to be incorporated within the Health and Wellbeing strategy.		Julie Rogers/Emma Kwaya James				
	Work in collaboration with Trade Unions' to scope expansion of remit of Dying to Work pledge including support for families and work colleagues.		Julie Rogers/Emma Kwaya James				
5.5 Progress opportunities for organisational approaches to combat climate change.	Scope the impacts, risks, opportunities and threats from climate change over the short, medium and long term with a focus on low carbon and being more efficient with our resources.		Julie Rogers/Chris Payne				
	Undertake a strategic assessment of energy efficiency opportunities with consultancy support from the Welsh Government Energy Service allowing HEIW to further reduce carbon emissions.		Julie Rogers/Chris Payne				
	Create a stakeholder group to develop an action plan within HEIW to lessen our impact on the Environment through operational activities and consider opportunities to promote biodiversity on site and in the local area.		Julie Rogers/Chris Payne				



Strategic Aim - To be recognised as an excellent partner, influencer and leader							
Objectives to Achieve Strategic Aim	2020-21 Deliverables including COVID response	Key Milestones -Q2	Responsible	Progress Update	Risks to progress	Milestone RAG	RAG
6.1 Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success.	Continue to implement the HEIW Communications and Engagement strategy including horizon scanning and key influences such as Brexit, manifestos, Nurse Staffing Act, new regulations - tailoring key messages to the healthcare workforce and services.		Julie Rogers/Angharad Price				
	Review the scope for influencing national programmes and partners and develop a plan of action alongside the strategy.		Julie Rogers/Angharad Price				
	Introduce new HEIW organisation branding and style guide and begin to visually 'badge' HEIW work across the organisation.		Julie Rogers/Angharad Price				
	Provide staff training on branding and creating communications materials to support consistency across the organisation and brand identity.		Julie Rogers/Angharad Price				
	Develop and implement a bilingual three-year sustained HEIW brand awareness campaign		Julie Rogers/Angharad Price				
	Develop new key bilingual materials and channels		Julie Rogers/Angharad Price				
6.2 Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions.	Develop and implement tailored communication, engagement and marketing plans in line with the business objectives in Chapter 5 for key national HEIW programmes		Julie Rogers/Angharad Price				
	Undertake evaluation of plans using the outputs, outtakes and outcomes model.		Julie Rogers/Angharad Price				
6.3 Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales.	Scope and identify Eduroam availability across all NHS Wales sites and develop a rollout plan to increase availability and usage of the network.		Julie Rogers/Chris Payne				
	Rollout Eduroam availability at HEIW.		Julie Rogers/Chris Payne				
	Support NHS Wales organisations in onboarding the network.		Julie Rogers/Chris Payne				
	Scope the delivery of a single platform for HEIW to support education and training arrangements and to end reliance on disparate and unsupported legacy		Julie Rogers/Chris Payne				
	Undertake a review of the functionality and capacity of the HEIW digital team in the light of the agreed business priorities, and make recommendations.		Julie Rogers/Chris Payne				





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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>HEIW Quarter 2 Operational Plan – COVID 19</b>		
<b>Report Author</b>	Chris Payne, Deputy Director of Planning & Performance		
<b>Report Sponsor</b>	Julie Rogers		
<b>Presented by</b>	Julie Rogers, Deputy CEO/Director of Workforce & OD HEIW		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To consider and approve the draft HEIW Q2 operational plan submitted to Welsh Government on 3 <sup>rd</sup> July 2020		
<b>Key Issues</b>	<p>Welsh Government issued a COVID-19 Operating Framework - Quarter 2 on 18 June. This was developed reflecting on responses to Q1 framework and planning</p> <p>HEIW was required to submit a draft Operational Plan in response to the Framework by 3 July 2020, which is detailed in the appendix.</p> <p>The document supports our approach to implementing normal business activities, these were approved at May Board for the rephasing of IMTP objectives and deliverables alongside implementing any requirements to respond to the requirements of COVID.</p> <p>Our plan identifies the approach HEIW will take to support both the NHS System and its own workforce against key identified themes articulated by Welsh Government.</p> <p>Our plan will form the basis of developing mechanisms to consolidate the management of performance against objectives and deliverables identified to enable appropriate reporting as required. This will build on work undertaken during Q1. This will require Executive and Senior Leadership support to ensure is reflective of ongoing activities.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> X
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>Consider and approve the draft Q2 Operational Plan submitted to WG on 3 July 2020</li> </ul>		

## **1. INTRODUCTION**

This paper asks the Board to consider and approve the draft HEIW Operational Plan for Quarter 2 in 2020-21 prepared and submitted to WG in line with requirements of the Welsh Government NHS Wales COVID-19 Operating Framework. We are grateful to colleagues across HEIW for their contributions to the content of the draft plan.

## **2. BACKGROUND**

On 18 June, Welsh Government issued the NHS Wales COVID-19 Operating Framework Quarter 2 which is detailed in Appendix 1. This was an evolution of the Quarter 1 operating framework.

The Welsh Government has asked us to submit a plan for Quarter 2 by 3<sup>rd</sup> July 2020. The final draft Plan is at Appendix 2 and is subject to Board approval on 30 July 2020.

The development of our Operational Plan provides a different framework for HEIW to manage and report. The Plan has been developed with support of Executive colleagues to reflect on the HEIW approach to key themes articulated by Welsh Government. The key themes continue to be;

- New Ways of Working
- Managing COVID 19
- ‘Essential’ Services
- “Routine” Services
- Primary Care
- Social Care interface

Workforce and Wellbeing also continues to be a key priority and theme for Quarter 2 as many frontline and support staff feel the impact of the initial crisis as well as potentially gearing up again for further peaks in demand.

## **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 the early stages of Quarter 2.

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. The plan has responded to feedback provided by Welsh Government following submission of the Quarter 1 plan.

Following agreement of the Q2 plan to ensure our performance management and reporting arrangements are effective we will be refreshing these in dialogue with Board and will revert to integrated performance reporting in line with the contents of this plan. We are currently building the underpinning information for our projects and programmes with a view to monitoring the progress of our objectives, deliverables and milestones through the attached documentation (Appendix 3) which will require Executive and SLT support to complete in relation to milestones and identifying risk issues to progress. It is understood that quarterly reporting will replace standard IMTP monitoring processes.

Additionally, we will also use our 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. Through Quarter 2, further budget reviews will be undertaken led by the Director of Finance with senior leaders and Executive team to revise forecasts in light of the impact of COVID-19 and the implementation of agreed objectives and deliverables. This detail will inform future detailed requirements and discussions with Welsh Government

#### 5. RECOMMENDATION

Members are asked to:

- Consider and approve the draft HEIW Q2 operational plan submitted to Welsh Government on 3rd July 2020

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



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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Education Commissioning and Training Plan for 2021/22</b>		
<b>Report Author</b>	Martin Riley		
<b>Report Sponsor</b>	Angela Parry		
<b>Presented by</b>	Angela Parry		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This is the second year HEIW has developed a national education and training plan for the health workforce. It builds on the first plan last year with increased focus on responding to service challenges as well as addressing needs of individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.		
<b>Key Issues</b>	<p>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 are not based on a single year's workforce need but informed by:</p> <ul style="list-style-type: none"> <li>• IMTP's – workforce needs and challenges</li> <li>• wider available workforce intelligence</li> <li>• capacity within the system to support training/student/trainees.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	The Board is asked to Consider and Endorse the plan and approve submission to the Welsh Government		

# **EDUCATION COMMISSIONING AND TRAINING PLAN FOR 2021/22**

## **INTRODUCTION**

This is the second year HEIW has developed a national education and training plan for the health workforce. It builds on the first plan last year with increased focus on responding to service challenges as well as addressing needs of individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.

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 are not based on a single year's workforce need but informed by:

- IMTP's – workforce needs and challenges
- wider available workforce intelligence
- capacity within the system to support training/student/trainees.

In translating this information into recommendations there has also been extensive engagement with stakeholders. In normal times HEIW attend peer meetings to discuss the proposals for training of Health professional staff for the coming year. Given the pandemic circumstances in 2020 however, a different approach was required for stakeholder consultation regarding the 2021/22 Education and Training plan. A brief presentation summarising proposal was issued during May and a three-week period of consultation ensued where HEIW staff engaged using virtual media to discuss and clarify any issues which may arise from the proposals.

Therefore, despite restrictions due to the Covid-19 pandemic HEIW has engaged with a wide range of stakeholders regarding this plan including,

- Regulatory Bodies
- Professional Bodies
- Various Colleges / Societies
- The Council of Deans for Health (Wales)
- Welsh Government Professional and Policy Leads
- All Health Board and Trust Executive Directors
- Deputy Directors within of Nursing within Health Boards and NHS Trusts
- Deputy Directors of Therapies and Healthcare Science within Health Boards and NHS Trusts
- NHS Chief Executives
- Wales Partnership Forum

In the discussions held there has been widespread support for the need to develop the workforce in the community and primary care setting to support the shift of services from secondary care. There has also been support to extend the role of health professionals and support staff in meeting the workforce challenges and enabling the prudent principles to apply.

As a result of engagement several recommendations have been modified including the re-profiling of paramedic commissions to meet service need, Infection, Prevention



and Control (IP&C) training, community nursing, more emphasis on “grow your own” and, following discussions with Service and some AHP Colleges, further increases within some AHP professions.

Having reviewed all of the available evidence, including identified organisation needs, capacity within the system, published evidence and the information from HEIW workforce intelligence tools, the following recommendations are made:

### Health professional staff

#### a. Education commissions should continue to:

- i. Expand the number of health professional education programmes delivered through part time and shortened programmes
- ii. Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
- iii. Expand the provision of part time places available to the care home sector.
- iv. Increase the level of investment in both advanced practice to build clinical careers and health care support worker development

#### b. Increases are proposed in the following areas:

Specialty	FROM	TO	% increase
Adult Nursing	1,400	<b>1,540</b>	<b>10%</b>
Mental Health Nursing	356	<b>410</b>	<b>15%</b>
Child Nursing	159	<b>175</b>	<b>10%</b>
Midwifery	161	<b>185</b>	<b>15%</b>
Radiotherapy & Oncology	22	<b>26</b>	<b>18%</b>
Dietetic places	52	<b>60</b>	<b>15%</b>
Physiotherapy places	164	<b>174</b>	<b>6%</b>
Paramedics	52	<b>75</b>	<b>44%</b>
Doctorate in Clinical Psychology places	29	<b>32</b>	<b>10%</b>
Healthcare Science: STP	32	<b>37</b>	<b>17%</b>
Healthcare Science: PTP / BMS	24	<b>25</b>	<b>4%</b>
Increase in post-registration / Advanced Practice funding	£1.5m	<b>£2m</b>	<b>33%</b>
Increase in HCSW / Work Based Learning funding	£2m	<b>£2.5m</b>	<b>25%</b>

## Medical Workforce Planning Recommendations

<b>General Practice:</b>	Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants.
<b>Emergency Medicine:</b>	5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years.  2 additional ACCS posts on the North Wales rotation.
<b>Anaesthetics:</b>	3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level.  NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.
<b>Intensive Care Medicine:</b>	4 additional Higher Training posts are required to increase our ICM workforce in Wales.  The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.
<b>Major Trauma Network</b>	
<b>Plastic Surgery:</b>	2 additional Higher Training posts to support the workforce model for the Major Trauma Centre.
<b>General Surgery:</b>	4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments.
<b>Trauma &amp; Orthopaedics:</b>	No change required following the increase of 4 trainees from the 2019 intake.
<b>Urology:</b>	4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level.
<b>Neurosurgery:</b>	A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review.

<b>Paediatrics:</b>	<p>4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time.</p> <p>2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme.</p>
<b>Obstetrics &amp; Gynaecology workforce:</b>	2 additional ST1 posts in response to ' <i>Maternity Care in Wales, a 5-year vision for the future</i> ' and to address attrition during the early years of the training programme.
<b>Community Sexual &amp; Reproductive Health (CSRH):</b>	Specialty to be reviewed in 2021.
<b>Internal Medicine</b>	15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in Higher Training posts.
<b>Acute Medicine:</b>	4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty.
<b>Respiratory Medicine:</b>	2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians.
<b>Gastroenterology:</b>	2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work.
<b>Renal Medicine:</b>	No change to training numbers and specialty to be reviewed in 2021.
<b>Diabetes &amp; Endocrinology:</b>	No change to training numbers and specialty to be reviewed in 2021.
<b>Medical Oncology:</b>	3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda.

<b>Clinical Oncology:</b>	4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments.
<b>Medical Microbiology/Combined Infection Training:</b>	Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.
<b>Clinical Radiology:</b>	To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021.

## KEY SUCCESS CRITERIA

The impact of covid-19 and how long the implications will last are still uncertain. The NHS in Wales, and the attitude and skills of the staff involved in dealing with the pandemic have received many accolades. There is a recognition that the resilience of the workforce across Wales needs to be further strengthened, including the development of extended skills and advanced practice. The approval of this plan will further strengthen the skills, knowledge and ability of the workforce as well as increase numbers to fill vacancies and meet population needs.

## FINANCIAL CONSEQUENCES

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31<sup>st</sup> March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
<b>Total</b>	<b>227.901</b>	<b>250.972</b>	<b>263.693</b>

The total for 21/22 included in the Education Commissioning paper is £227.9m, last year's paper had £196.7m for 21/22, the values are not directly comparable though as Dental Foundation training and GP training weren't included last year. The dental foundation training is a transfer from WG so not an increase as such and although there were significant increases in GP training and Pharmacy, they don't exceed the reduction in Health Professional Commissioning. As a result, the figure quoted last year is broadly comparable and in line with Welsh Government expectations.

## RECOMMENDATIONS

The Board is asked to consider and endorse the plan and approve submission to the Welsh Government.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓		✓
<b>Quality, Safety and Patient Experience</b>			
The key themes of the strategic review address these issues in detail – quality, safety and patient experience are at the centre of the new contract			
<b>Financial Implications</b>			
Identified in paper			
<b>Legal Implications (including equality and diversity assessment)</b>			
Equality and diversity is a key theme and expectations are set out in the contract. A senior legal colleague from Legal and Risk Services within NWSSP is part of the Project Board			
<b>Staffing Implications</b>			
.Project support has been funded and staff are in post			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Alignment with the Act within the contract			
<b>Report History</b>			
<b>Appendices</b>			



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Health Education and  
Improvement Wales (HEIW)

# **NHS Wales Education Commissioning and Training Plan for 2021/22**

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**June 2020**

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# NHS Wales Education Commissioning and Training Plan for 2021/22

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## PURPOSE

### 1. Introduction

The purpose of this paper is to provide recommendations on the level of national education and training to be supported in 2021/22 for the medical and health professional workforce.

This is the second year HEIW has developed a national education and training plan for the health workforce. It builds on the first plan last year with increased focus on responding to service challenges as well as addressing needs of individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.

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.

From the IMTP's the following workforce challenges were identified;

- **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
- **CBT and other psychological therapists** including in primary care and CAMHS, all staffing groups across mental health services



## Stakeholder Engagement

The primary drivers for this plan are the IMTPs and national service priorities. In translating this information into recommendations there has also been extensive engagement with stakeholders. In normal times HEIW attend peer meetings to discuss the proposals for training of Health professional staff for the coming year. Given the pandemic circumstances in 2020 however, a different approach was required for stakeholder consultation regarding the 2021/22 Education and Training plan. A brief presentation summarising proposals was issued during May and a three week period of consultation ensued where HEIW staff engaged using virtual media to discuss and clarify any issues which may arise from the proposals.

Therefore, despite restrictions due to the Covid-19 pandemic HEIW has engaged with a wide range of stakeholders regarding this plan including,

- Regulatory Bodies
- Professional Bodies
- Various Colleges / Societies
- The Council of Deans for Health (Wales)
- Welsh Government Professional and Policy Leads
- All Health Board and Trust Executive Directors
- Deputy Directors within of Nursing within Health Boards and NHS Trusts
- Deputy Directors of Therapies and Healthcare Science within Health Boards and NHS Trusts

In the discussions held with the above there has been widespread support for the need to develop the workforce in the community and primary care setting to support the shift of services from secondary care. There has also been support to extend the role of health professionals and support staff in meeting the workforce challenges and enabling the prudent principles to apply.

As a result of engagement several recommendations have been modified including the re-profiling of paramedic commissions to meet service need and, following discussions with Service and some AHP Colleges, further increases some AHP professions.

Analysis of the impact on the workforce of all factors (new graduates, non-graduate joiners, leavers, retirements etc), derived from the workforce intelligence model developed by HEIW for predicted FTE's in the workforce up to 2025 is shown for key professions in **Appendix 4**. The impact of last years' increases and this years' proposals make a significant impact across many areas. The predicted increases in staffing levels will have the effect of improving the quality and safety of patient care and assist in reducing agency and locum costs.

## Summary of main recommendations

Having reviewed all of the available evidence, including identified organisation needs, capacity within the system, published evidence and the information from HEIW workforce intelligence tools, the following recommendations are made:

## Health professional staff

### a. Education commissions should continue to:

- i. Expand the number of health professional education programmes delivered through part time and shortened programmes
- ii. Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
- iii. Expand the provision of part time places available to the care home sector.
- iv. Increase the level of investment in both advanced practice to build clinical careers and health care support worker development

### b. Increases are proposed in the following areas:

Specialty	FROM	TO	% increase
Adult Nursing	1,400	1,540	10%
Mental Health Nursing	356	410	15%
Child Nursing	159	175	10%
Midwifery	161	185	15%
Radiotherapy & Oncology	22	26	18%
Dietetic places	52	60	15%
Physiotherapy places	164	174	6%
Paramedics	52	75	44%
Doctorate in Clinical Psychology places	29	32	10%
Healthcare Science: STP	32	37	17%
Healthcare Science: PTP / BMS	24	25	4%
Increase in post-registration / Advanced Practice funding	£1.5m	£2m	33%
Increase in HCSW / Work Based Learning funding	£2m	£2.5m	25%

## Medical Workforce Planning Recommendations

<b>General Practice:</b>	Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants.
<b>Emergency Medicine:</b>	5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years  2 additional ACCS posts on the North Wales rotation.

<b>Anaesthetics:</b>	<p>3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level.</p> <p>NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.</p>
<b>Intensive Care Medicine:</b>	<p>4 additional Higher Training posts are required to increase our ICM workforce in Wales.</p> <p>The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.</p>
<b>Major Trauma Network</b>	
<b>Plastic Surgery:</b>	2 additional Higher Training posts to support the workforce model for the Major Trauma Centre
<b>General Surgery:</b>	4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments.
<b>Trauma &amp; Orthopaedics:</b>	No change required following the increase of 4 trainees from the 2019 intake.
<b>Urology:</b>	4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level
<b>Neurosurgery:</b>	A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review
<b>Paediatrics:</b>	<p>4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time.</p> <p>2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme,</p>
<b>Obstetrics &amp; Gynaecology workforce:</b>	2 additional ST1 posts in response to ' <i>Maternity Care in Wales, a 5 year vision for the future</i> ' and to address

	attrition during the early years of the training programme.
<b>Community Sexual &amp; Reproductive Health (CSRH):</b>	Specialty to be reviewed in 2021.
<b>Internal Medicine</b>	15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in Higher Training posts.
<b>Acute Medicine:</b>	4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty
<b>Respiratory Medicine:</b>	2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians
<b>Gastroenterology:</b>	2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work.
<b>Renal Medicine:</b>	No change to training numbers and specialty to be reviewed in 2021
<b>Diabetes &amp; Endocrinology:</b>	No change to training numbers and specialty to be reviewed in 2021
<b>Medical Oncology:</b>	3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda
<b>Clinical Oncology:</b>	4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments.
<b>Medical Microbiology/Combined Infection Training:</b>	Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.
<b>Clinical Radiology:</b>	To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021.

## Finance Summary

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31<sup>st</sup> March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
Total	227.901	250.972	263.693

A detailed financial analysis is contained within section 6.

### 1.1 Impact of the Covid-19 pandemic

Emergency planning in response to the Coronavirus pandemic during early 2020 has led to significant changes to training and education and will have ongoing impact. These impacts have been to undergraduate training across all 3 years, with disruption to examinations, placements and competence assessments. Changes have also been felt in relation post graduate medical and dental education, as a result of the impact on rotations and experience.

HEIW have worked closely with the GMC, NMC, GPHC, HCPC, WG Professional and Policy leads, the professional bodies, the Council of Deans for Health and NHS organisations to develop plans to place students in paid supervised roles (as opposed to supernumerary placements) during this period. For example as at the end of May over 2,500 nursing, midwifery, AHP and Healthcare Science students were working across Wales, in secondary, primary and social care settings to support services.

Now that the first peak is over, and essential services have been restored, HEIW is leading work to restore education and training to ensure that the pipeline of graduates into the NHS is maintained. HEIW is working with the Universities and the NHS to ensure that future placements replicate the environment the students will be working in upon graduation.

HEIW is working with Universities to ensure that education delivery, including supporting the 2020 cohorts due to start in September, is in place. Latest data suggests that application rates are buoyant and it is anticipated that, in relation to health professional courses, recruitment against commissioning targets will exceed 98%.

Universities recruited to, and commenced delivery of, Spring 2020 nursing cohorts. These are being delivered 100% virtually and there is a high level of engagement from students. In September 2020 it is anticipated that there will be a mixed model of virtual teaching with small group work and simulation preparation being undertaken within University settings with the new socially distanced measures in place. The impact of Covid-19 on the strategic review of health professional education is discussed further in section 2.4.

While the delivery of clinical care has been affected by Covid 19, all of the healthcare training programmes have been fast tracked, or altered to enable students to support the response to Covid 19 by delivering patient care to the level of competence they have achieved to date. This has been a substantive exercise with HEIW working with NWSSP and our University colleagues to identify the correct students and trainees, and deploy them into suitable areas without negatively impacting on the studies. This does mean however that some students will need to confirm outstanding competencies on return to their universities / rotations. The goal will be to continue to develop new ways of delivering education and assessment through blended learning with a much greater focus on digital methods and simulation.

The 4 nations worked quickly together to produce guidance and make changes to our regulation system for health care professionals. This bringing together of government, professional bodies, regulators, unions and training commissioners has allowed us to make changes the way that students and trainees have completed their courses, including examinations which have been undertaken through digital solutions (e.g. GP training) while ensuring competence is fully assessed.

NHS Wales must move forward and improve on this, challenging lengths of courses, building a flexible and sustainable workforce with key skills in a range of professional roles rather than single specialties, points of registration, expanding apprenticeship type models at all levels, increase multi-professional and multi-agency experiences for placement and working and not return to the old ways of doing things. Alongside this, we will reflect the opportunity available to attract our future workforce.

### **What needs to be different**

We have learnt that induction, pre-registration, post registration and continuing professional development education programmes can be delivered differently. HEIW is well positioned to expedite this, as the commissioning of the new education contracts will ensure greater focus on blended learning, multi-professional learning and simulation. As our delivery of healthcare shifts more rapidly to the community and primary care settings, we need to use education to break down professional silos and underpin the development of new roles. We need to break through the traditional methods which delay, disrupt or disadvantage our workforce in delivering high quality patient care and optimise educational delivery to respond in an agile way to changing situations and also to reflect new ways of working.



The pandemic has also impacted on medical training in both the short and longer term with the financial impact of medical students commencing foundation training early and some disruption to core and specialty training. HEIW are developing processes to mitigate disruption.

## **2. Strategic and Policy context**

### **2.1 Policy Drivers**

Below are a list of the main policy documents which have driven focus and emphasis within the 2021/22 Education and Training plan:

- The Wellbeing of Future Generations Act (Wales) 2015
- A Healthier Wales (2018)
- Welsh Government national strategy to build the Welsh economy entitled 'Prosperity for All: Economic Action'.
- The Nurse Staffing Levels (Wales) Act (2016)
- Allied Health Professions Framework for Wales: Looking Forward Together (2020)
- Healthcare Science in NHS Wales: Looking Forward (2018)
- The Health and Social Care (Quality and Engagement) (Wales) Bill (2019)
- NHS England: Interim NHS People Plan (2019)
- A Workforce Strategy for Health and Social Care (Draft)

### **2.2 Changes to professional standards and regulation**

Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all four UK Governments. The Department of Health has consulted on the need to reform professional regulation in England and Wales to help maximise public protection while supporting workforce development and improved clinical practice. This recognises the need for regulation to adapt and change to new service models and in particular, the development of multi-disciplinary teams and extended roles.

The implementation of Nursing and Midwifery Council new Nursing Standards (2020) has led to a focus on core competences being embedded in curricula which may increase levels of supervision and placement capacity needed. However, the standards also extend the range of professionals who can supervise practice which is a positive change. In addition, there will be a review of Midwifery Standards which has the potential to lead to the development of a four-year programme with implications for costs and take up.

The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to 'bachelor's degree with honours'. From 1 September 2021, HCPC will withdraw approval from existing programmes delivered below the new threshold level. This will have a direct impact in Wales where the programme is currently at diploma level.

In Optometry, the General Optical Council, is in the process of an Education Strategic Review for the profession. They have proposed a new outcomes-based approach offering the benefits of greater freedom and flexibility and a robust approach to

approval and quality assurance of relevant optical education. This will change the delivery of education in optometry including undergraduate, pre-qualifying and postgraduate training.

The General Pharmaceutical Council is also consulting on changes which will lead to registration as a pharmacist. The changes aim to ensure pharmacists joining the register in the future will have the necessary knowledge, attitudes and behaviours to meet the future needs of patients and the public. The Pharmacy Education Governance Oversight Board has recently broadly welcomed a proposal to further transform the five-year initial education and training standards for pharmacists. It is expected that progress on the proposal will move at pace over the coming twelve months.

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

## **2.3 Equality**

Welsh Governments announcement to enact the Socio-Economic Duty, Part 1, and Section 1 of the Equality Act 2010 means that we will undertake an equality impact assessment, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions might help to reduce health inequalities associated with socio-economic disadvantage. Whilst being reflective and aligning with A Healthier Wales (2018), Is Wales Fairer? (2018) and the Well-being and Future Generations Act (2015) to further ensure we embed actions towards a more equal Wales. We will act to ensure equality of opportunity through our implementation plans and objectives to meet the needs of people with one or more protected characteristics; embed the citizens' voice and consider the needs of the current and future diverse workforce and service users, for example, flexible routes into nursing.

## **2.4 Strategic review of health professional education**

The strategic review of health professional education that HEIW is undertaking will enable the strategic direction for education for the coming years to be set, and ensure alignment with the Draft Workforce Strategy for Health and Social Care. All Health Professional Education Commissioning Contracts are expiring in 2022 and HEIW is leading a Strategic Review of Healthcare Professional Education to ensure that the new contracts, to run from August 2021 (with new students commencing education in September 2022), are fit for purpose, offer value for money and align with A Healthier Wales, the draft Workforce Strategy and HEIW's strategic aims and objectives.



Extensive stakeholder engagement has taken place and the timetable for the procurement exercise is identified below. This has been modified, and agreed with all potential bidders, in light of the Covid-19 pandemic.

	<b>Original timeframe</b>	<b>Revised timeframe</b>
<b>Place OJEU Notice to trigger procurement</b>	May '20	<b>October '20</b>
<b>Bid submission</b>	July '20	<b>End of December '20</b>
<b>Evaluation of bids</b>	August – Nov. '20	<b>January - February '21</b>
<b>Award procedures / sign-off</b>	Dec. '20 – Jan. '21	<b>March – mid April '21</b>
<b>Award of Contracts</b>	Dec. '20 – Feb. '21	<b>Mid-April '21</b>
<b>Contract commencement</b>	August '21	<b>August '21</b>
<b>New education programmes commence</b>	September '22	<b>September '22</b>

## 2.5 Welsh Language

As a newly established organisation, HEIW has already adopted its own Welsh Language policy which is based on the need to meet the statutory requirements set out in the Welsh Language (Wales) Measure (2011). While HEIW does not currently come under the Welsh Language Standards, we are currently engaging with the Welsh Government and the Welsh Language Commissioner to ensure that the appropriate set of standards are applied. In the meantime, it is our intention to implement and embed the HEIW Welsh Language policy as prescribed by the Welsh Language Act (1993). Key to this will be the delivery of objectives and actions set out in the More than just words Action Plan (2019-20), A Healthier Wales (2018) and the Workforce Strategy. The Welsh language is a key theme identified within the Strategic Review of Health Professional Education and the new contracts will have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language.

## 2.6 A Healthier Wales – A Workforce Strategy for Health & Social Care (Draft)

The final draft strategy, submitted to Welsh Government in December 2019, sets out the vision, ambition for the workforce over the next decade, to support NHS Wales to transform traditional roles and ways of working to support the new models of care that are being developed through Regional Partnership Boards, the Strategic Programme for Primary Care, the National Clinical Plan and the Care and Support at Home Plan. As new models of care are developed, including those developed as a result of the Covid-19 pandemic, NHS Wales will gather evidence of what skills are needed, what works best and which skills and competencies are needed to meet future needs, so that improvements can be adopted or adapted.

### 3. Workforce planning and trends

#### 3.1 Workforce trends

Investment in education and training is a key enabler to growing the workforce, **Appendix 1 and 2** provides information on education and training over recent years.

In Wales, the growing and ageing population (with more complex health needs) is placing increasing demand on services and generating pressures in terms of staff shortages for example shortages of GPs and Dentists in certain parts of Wales.

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

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit which will have an impact on jobs (in terms of supply and demand) and pay. In February, the UK Government announced the new points-based immigration system shape the future immigration system that will be implemented in a phased approach from January 2021. This coupled with the COVID-19 pandemic is likely accelerate the work to produce more 'home grown' workforce and reduced the reliance of overseas workers.

The NHS workforce is widely dispersed across Wales and different parts of the country have very different needs. This is largely due to the urban/rural geography of Wales with staff being attracted more to working in large urban centres than rural areas and thus creating recruitment issues in some of these areas. It is HEIW's role as a system leader, in partnership with NHS Organisations, for education and training to bring the different strands of the workforce together and to consider innovative ways of ensuring the provision of education and training for the NHS workforce in rural and remote areas. It is therefore important to explore how the development of programmes such as 'grow your own' and local training opportunities can contribute to the sustainability of local communities as well as contributing towards the Environment (Wales) Act 2016 by reducing reliance on travel and negative impacts on the climate and environment.

HEIW has developed an internal range of key trends and data analysis tools to inform this work. Key points to note are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 14% (over 10,000 FTE) over the last 6 years (2014 – 2020)
- During this period, the medical workforce has grown by 16.5% (over 1,000 FTE) and the nursing workforce by 3.2% (668 FTE)
- Over the last two years agency costs have increased by 30%, in 2017/18 the agency bill was £136 million and in 2019/20 it was £177 million. The

Nursing and Midwifery staff group now spends the most on agency workers, in 2019/20 the agency bill was over £81 million.

- Cost of the directly employed workforce in 2019/20 is circa £4.2 billion, this has increased by 10.2% from the previous year. This is the biggest annual increase in over 10 years. The increase is attributed to; increasing agency spend, increased size of the workforce and increases in employers pension contributions.
- For the past two years the 12 month rolling sickness rates has remained at 5.3%
- The age profile of the workforce shows that in March 2020, 24% (22,560 FTE) of staff employed are now aged 55 or over.

Across the UK, national bodies are recognising the need to grow the workforce in order to meet the increasing demands, Wales is in a similar position and this plan has been developed in the knowledge that there is a need for the health care workforce in Wales to grow. HEIW has undertaken an extensive modelling exercise **Appendix 4** for a number of professions to consider future changes in the workforce and used this information in the development of the recommendations.

There are a number of staff groups, which the UK Government includes on a Nationally Recognised Shortage Professions list for England/Wales. Inclusion on this list influences visa and migration status. Staff groups include Nursing, Radiographers, Paramedics, Sonographers, Medical Consultants in Clinical Radiology, Emergency Medicine, Old Age Psychiatry, Neurophysiology Scientists, Nuclear Medicine Scientists and others<sup>1</sup>. This has been taken into account in this plan.

IMTPs identify several areas of significant workforce risk and challenges including:

- Recruitment challenges in a range of areas including:
  - Nursing and midwifery across all areas,
  - Medical specialties including Anaesthetics and Intensive Care Medicine, Psychiatry, General Practice, Radiologists Acute Medicine, General Medicine, Emergency Medicine, Ophthalmology, Medical and Clinical Oncology, Cardiology, Rheumatology, Paediatric Audiology, O&G and Paediatrics, T&O, Urology and Microbiology & Infectious Diseases.
  - Allied health professionals, notably within mental health services
  - Pharmacy, Psychology and psychological therapists
  - Health Care Scientists including Cardiac Physiology, Microbiology.

IMTPs also identify a number of **opportunities** for workforce transformation:

- Redesign: A number of organisations reported issues with regards to the ageing of their workforce and actions they were taking to address this. The plans highlighted areas of ongoing workforce redesign including apprenticeships, growing your own, development of Assistant Practitioners across new areas, Advance Practice Radiographers and Healthcare

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<sup>1</sup> <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-k-shortage-occupation-list>

Scientists and utilising digital and technological advances to change workforce practice.

- Growing the MDT especially in areas such as;
  - Primary Care including mental health workers
  - Pharmacists including Pharmacy Technicians and integration with Community Pharmacy
  - Paramedics
  - Advanced Nurse Practitioners
  - Physicians Associates, Physician Anaesthetic Associates and Surgical Care Practitioners
  - First Contact MSK Physiotherapists
- New emerging skills and roles in areas such;
  - Bioinformaticians
  - Care Coordinators to support patients requiring multiple treatments
  - Band 4 in District Nursing
  - Social Prescribers

The above provides important context for the Education and Training Plan, ensuring that there are clear links to these priority areas, whilst recognising the Plan will not address all of the challenges, particularly in the short term.

Additional detail on the above risks and opportunities from IMTPs is incorporated in the detailed staff group narrative contained in the appendices to this report.

## **4. Priority Service and Workforce Areas**

This multi-professional education and training plan reflects future workforce priorities. While each individual professional/staff group is identified separately, there are many inter-related training/workforce issues. In many cases, the solution to one workforce challenge cuts across many different staff groups, for example, the current challenges in providing the primary care service/workforce, requires additional GP trainees but also requires investment in, physicians associates, advanced practitioners/extended skills practitioners (nurses and AHP), pharmacists and pharmacy technicians, healthcare support workers, non-medical prescribing and the introduction of new emerging roles.

HEIW has identified a number of national service/workforce priorities, which are identified in its Integrated Medium Term Plan for 2020 -23 which require a multi-professions workforce response. The Welsh Government has established a number of areas of work that have been taken into consideration when developing this plan.

The plan has specific focus on:

- Critical care – which has become a very high priority in lieu of the Covid-19 pandemic
- Infection, Prevention and Control (IP&C)
- Unscheduled care
- Cancer and diagnostic pathways

- Mental health
- Primary care
- Eye Care

These are discussed in detail at **Appendix 5**.

## 5. Other key areas

### 5.1 Post-Registration Education

Post registration education is essential in supporting the vision set out in *A Healthier Wales* in terms of transforming services for the Welsh population, care closer to home and echoes the core values that underpin the NHS in Wales specifically:

- *Putting quality and safety above all else – providing high value evidence based care for our patients at all times.*
- *Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.*

Post registration education that supports the training of clinicians to undertake a new role or that advances or extends their scope of practice is integral in supporting health organisations with the transformation and redesign of clinical services. It also promotes and supports the diversification within teams and a healthy balance of skill mix. Supporting clinicians to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

HEIW supports staff at post registration level in a number of ways, these include:

- Advanced and extended Practice education
- Non-medical prescribing
- Community Health studies
- Specialist Community Public Health Nursing (SCPHN)
- Medical ultrasound education
- Genomic Medicine Education

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

#### 5.1.1 Growing Your Own Workforce

We recognise that alongside the traditional ways of educating our future healthcare professionals, there is an increasing opportunity to do things differently, while simultaneously improving our workforce supply and supporting workforce transformation and sustainability.

During 2020-21, we will be further developing our Grow your Own approach maximising opportunities to create on-the-job development through structured

programmes, offering flexible transferrable learning opportunities, and promoting the ability to build formal qualifications from this learning which underpin registration.

We will be building on examples already in place, such as the Hywel Dda model, creating pathways from induction and level 2 through to professional registration, while remaining employed. There are arrangements currently in place for nursing programmes into either part time or shortened programmes for those who have reached the appropriate Level 4 and Level 5 education. Simultaneously, we will continue to support staff to gain education at levels 2 and 3 in readiness for future progression through other frameworks.

There has been increased investment into support worker education developing the band 2 to band 4 workforce including the Induction Framework. This has led to an increase in part-time nursing across Wales. In 2020/21 there are now 200 part-time nurse places available. This is an increase of 74% (85 in total) from 2019/20 levels. Further expansion is planned.

We will be doing this, as these programmes;

- offer a sustainable workforce pipeline
- create opportunity for existing Health Care Assistant at Support Worker roles
- offer an alternative route to gain professional registration while remaining employed
- deliver an attractive and alternative career pathway for our Welsh population
- meets our corporate social responsibility by widening access to careers in the NHS and investing in our local populations to build our future workforce

The intention is to build programmes within the Grow Your Own suite, which will allow staff to earn while they learn, and be supported with an agreed salary while they complete their programme. They will need to commit to remaining within the NHS in Wales for an agreed period of time once they have received professional registration.

## **5.2 Simulation training and the digital agenda**

### **5.2.1 Simulation training**

There is increasing evidence that simulation training can improve individual and team performance with benefits to patient experience and improved safety. It allows learners to repeat practice, in a risk-free environment, until they have reached a safe level of ability. It contributes to the development of an enlightened, resilient and adaptable workforce that is able to embrace change – developing human and psychological capital through Human Factors.

Despite increasing evidence of the benefits, the relevance and importance of simulation and immersive technologies in healthcare is being underestimated. Whilst simulation is embedded within all postgraduate medical curricula, Wales is lagging behind the rest of the UK in implementing a collaborative strategy with Local education providers, to ensure appropriate governance, quality management, faculty development and accountability around roles and responsibilities related to simulation and human factors training. HEIW has an objective to develop a simulation strategy



for NHS Wales within our IMTP. Therefore, simulation will be a key education strategy going forward. HEIW will be collaborating nationally with stakeholders to embed simulation across education programmes where appropriate through inter-professional education to contribute to the patient safety agenda. HEIW has developed an All Wales Leads network and is developing a multi-professional internal group and appointed clinical staff at associate dean level to take forward.

### 5.2.2 Digital Agenda

The Topol Review (2019) supports the aims of the NHS long term plan to create a digitally ready workforce able to use new technology and medicines and to adapt to new ways of working. This will have consequences for selection, curricula, education, training and development and lifelong learning of current and future NHS workforce. There is a lot to do to prepare the workforce in Wales for a digital future.

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

Digital health and care in Wales will be led by the new Chief Digital Officer for Health and Care and the establishment of a new NHS Wales organisation to deliver national digital services. This will result in the transition of NHS Wales Informatics Service (NWIS) to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. We hope to develop stronger links with this new special health authority to recognise the close connections between digital and workforce strategies.

As indicated in the Draft Workforce Strategy for Health and Social Care, there is a need to develop a digital ready workforce. HEIW will be at the forefront of supporting the NHS Wales system with regards to enhancing workforce digital capabilities, enabling staff to be able to utilise and make best use of increasing digital technologies across clinical settings. This aligns with the recommendations made in the Topol Review.

In relation to education and training, the digital agenda will be at the forefront of developments in enabling trainees and students to be able to train and receive education remotely and mitigate the impact of an individual's location from accessing the training they require or engaging with a programme of choice. Enhancing our e-learning capacity will be a fundamental element of supporting this.

## 6. Education Commissioning and Training Financial Impact

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31<sup>st</sup> March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health

professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
<b>Total</b>	<b>227.901</b>	<b>250.972</b>	<b>263.693</b>

### Health professional education commissioning

The table below summaries the calculated requirement for 2021/22:

	2021.22 £m	2022.23 £m	2023.24 £m
Health Professional Commissioning	127.924	143.008	152.508

To commission the numbers set out above funding of £127.924m would be required. A number of assumptions underpin the calculation of this value as set out below:

- All newly commissioned places will be fully recruited to,
- An inflationary uplift of 2% has been applied to the fee per student
- A 1% inflationary uplift has been applied to the value of the bursary.
- Healthcare Support Workers and Advanced Practice have increased by £0.50m
- Take up of bursary funding will remain at 90%.

This assumption is set out in more detail below.

			Increase / (Decrease) Against 20/21 Levels:	
	Budget Requirement	Commissions (WTE)	Commissions	Budget
2021/22 HEIW Recommendations	£127.924m	4,026	8%	7%



A total requirement of £127.924m would represent an increase of £9.124m (7%) above the 2020/21 budget level of £118.8m. The additional cost is due to the following factors:

- An increase in contracts costs of circa £4.8m
- An increase in bursaries costs of circa £1.1m
- An increase in student salary costs of circa £2.2m
- An increase in Advanced Practice of £0.50m
- An increase in HCSW development of £0.50m

### Implications for future years

It is important to note that the increased number of commissioned places will only affect 8 months of the 2021/22 financial year and therefore the full impact of the increase will not be apparent until 2022/23 and beyond. The increased number of students will be in the system for the full financial year 2022/23 and 2023/24 therefore it is important to highlight the associated funding requirements for future years.

The tables below shows the future impact of the current funding requirement described above:

<b>Financial Year</b>	<b>2021-22 £m</b>	<b>2022-23 £m</b>	<b>2023-24 £m</b>
Core Budget	105.946	118.330	125.638
Bursary	33.409	37.110	39.525
Non-take up of tie in Fees Element	-7.695	-8.354	-8.531
Non-take up of tie in Bursary Element	-3.736	-4.078	-4.124
<b>Total</b>	<b>127.924</b>	<b>143.008</b>	<b>152.508</b>

Predicting funding requirements beyond 2021/22 is difficult as the needs of the service, which inform the commissioning numbers for 2022/23 and beyond, will not be known until NHS organisations have submitted and agreed their IMTPs for the period 2022/23 to 2024/25, likely to be between December 2020 and March 2021. However, the numbers set out above demonstrate the future full year impact of the funding requirement based on the broad assumptions that are set out here:

- The level of attrition will remain at current levels.
- Commissioning numbers will remain at similar levels.
- Inflationary pressures in future years will be consistent with current levels.
- The regulatory environment for education provision remains unchanged.
- The bursary system remains unchanged.

### Impact of students selecting to take the Student Finance support package

The figures presented above include an assumption firstly that the bursary system will remain unchanged, and secondly that a number of students will select student loans instead of the NHS Wales Bursary and so will not be subject to the 2 year commitment to work in Wales.

There were 59 students that selected student loans over the option of NHS Wales Bursary funding with the associated two-year tie-in in September 2017. The position for September 2018 was circa 165 based on actual autumn numbers and estimated for spring 2019. The assumption made for the calculation in the table below, is that this could increase to 200 per year, which would represent circa 7% of the total numbers commissioned.

- 17.18 – circa 59 opted for student loans
- 18.19 – circa 165 opted for student loans
- 19.20 – circa 297 opted for student loans
- Assumed 20.21 at 300 and would follow the same pattern for 21.22 this equates to 10% of students opting for student loan

The increase is thought to be due to the enhanced package offered as a result of the “Diamond Review” which was implemented across Higher Education in Wales in 2018. The table below illustrates the anticipated impact across a three-year time scale. It is important to note that if a higher number of students select student loans instead of the NHS Wales Bursary option the actual costs would reduce further. Any material favourable or adverse change in bursary uptake would change the total requirement. The assumption made is deemed reasonable based on information available at this time but further dialogue with Welsh Government may be required in this event to manage significant variation to the figures quoted below.

<b>Bursary</b>		<b>21/22</b>	<b>22/23</b>	<b>23/24</b>
Sep-19	297	297.0	123.8	0.0
Sep-20	300	300.0	300.0	125.0
Sep-21	300	175.0	300.0	300.0
Sep-22	300	0.0	175.0	300.0
Sep-23	300	0.0	0.0	175.0
Sep-24	300	0.0	0.0	0.0
		831.6	898.8	900.0
Average bursary		-4,493	-4,537	-4,583
<b>Total bursary</b>		<b>-3,735,905</b>	<b>-4,078,029</b>	<b>-4,124,538</b>

<b>Fees</b>		<b>21/22</b>	<b>22/23</b>	<b>23/24</b>
Sep-19	297	297.0	99.0	0.0

Sep-20	300	300.0	300.0	100.0
Sep-21	300	200.0	300.0	300.0
Sep-22	300	0.0	200.0	300.0
Sep-23	300	0.0	0.0	200.0
Sep-24	300	0.0	0.0	0.0
		844.7	899.0	900.0
Average fees		-9,110	-9,293	-9,479
<b>Total fees</b>		<b>-7,695,311</b>	<b>-8,354,119</b>	<b>-8,530,680</b>

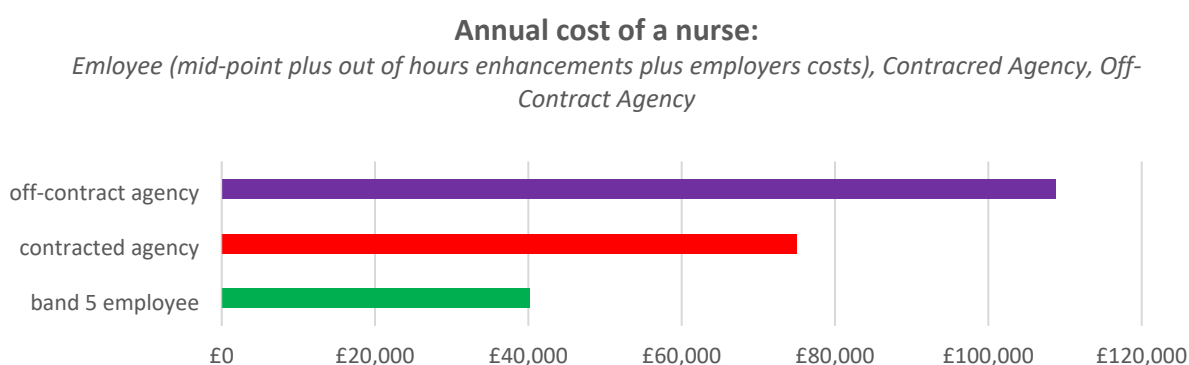
<b>Total</b>	<b>-11,431,216</b>	<b>-12,432,149</b>	<b>-12,655,218</b>
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### Value for Money

Pre-registration nursing attrition in Wales is 11%. This is significantly lower than England. The gap between Wales and England continues to increase with England still reporting attrition at a minimum of 20%. The Welsh average midwifery rate is 9%. Midwifery attrition in England is quoted at 21%. The Welsh average Allied Health Profession rate is 9% the English comparator is 13%.

Modelling work has been undertaken identifying the payback period of training a nurse.

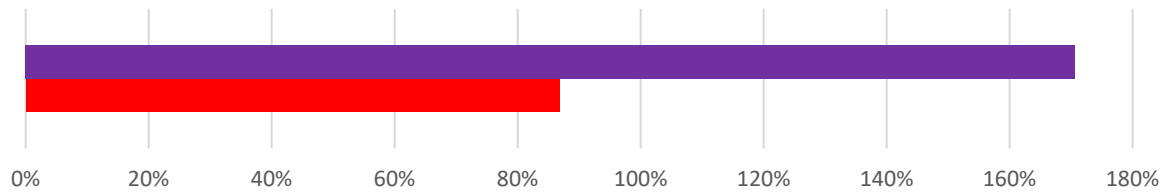
The table below presents the costs of employing a band 5 nurse on A4C terms and conditions (mid-point plus enhancements plus employers' costs) with the cost of a contracted agency nurse and an "off-contract" agency nurse.



Over the course of the average rostered shifts, it can be seen that per annum, a band 5 nurse will cost the organisation £40,198, compared to a contract agency nurse which will on average, cost £75,077 with off contract agency totalling £108,773 per annum.

The additional annual cost of an agency nurse over the average rostered shifts is highlighted in the graph overleaf.

Contracted agency nurse costs **£35k (87%) more** per annum than a band 5 employed nurse, off-contract is **£69k (171%) higher**



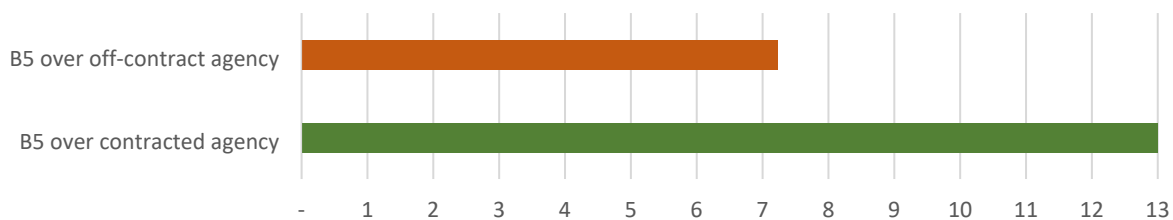
### 1. The cost of training a student nurse.

The cost of training a nurse over 3 years is £41,346. This cost includes the tuition fees, bursary, travel and an average of any other payments the student may be entitled to e.g. childcare and disability allowance. The cost also includes supporting the student on placement and an estimate additional cost relating to investment in students that do not graduate.

### 2. Return on Investment

The payback period for the training costs incurred, once the nurse has completed training, is estimated as being 14.2 months when comparing to the costs of a band 5 employee with the costs of a contracted agency nurse. The payback period for training costs when comparing an employee against an off-contract nurse agency worker is even shorter at just 7.2 months.

Payback period of training a student nurse is **14.2 months compared to a contracted agency nurse** and **7.2 months for off-contract agency nurse.**



Training just one additional nurse would save the Service between £202k and £439k over 10 years compared to utilising an agency nurse and the payback period of training costs is 14 months from when the newly qualified nurse starts work.

### Pharmacy Training

For 2021/22 to 2024/25 the following additional funding will be required for Pharmacy training. This is reflected in the overall cost for the education commissioning and training budget.

	2021/22 £	2022/23 £	2023/24 £	2024/25 £
Pharmacists - Pre Registration Bursary/Salary	4,985,851	5,337,654	5,695,973	5,855,641
Pharmacists - Diploma contract & Bursary/salary	1,790,474	1,816,647	1,836,064	1,855,688
Pharmacy Technicians Bursary/Salary	2,173,988	2,353,090	2,429,438	2,453,673
Pharmacy Dip Tutor - Cwm Taf HB	84,997	86,697	88,430	90,199
Pharmacy Dip Tutors - Betsi HB	80,747	82,362	84,009	85,690
Pharmacy Dip Tutors - ABMU HB	87,122	88,865	90,642	92,455
Pharmacy Weekend School	10,200	10,404	10,612	10,824
Pharmacy Tech Top-up costs	80,726	82,340	83,987	85,667
Pharmacy Tech Support days costs	22,355	22,802	23,258	23,723
<b>TOTAL</b>	<b>9,316,460</b>	<b>9,880,861</b>	<b>10,342,413</b>	<b>10,553,560</b>

### Medical training places – funding implications

The financial analysis below relates to the cost of existing and additional medical training posts and assumes the ongoing funding for existing trainees as indicated by the training grade salary allocation in the table below.

Total Allocation

	2021/22	2022/23	2023/24	2024/25	2025/26
Training Grade Salary Allocation	£ 52,882,000	£ 53,939,640	£ 55,018,433	£ 56,118,801	£ 57,241,177
Additional Workforce	£ 2,361,479	£ 3,914,590	£ 4,480,847	£ 5,067,449	£ 5,675,505
<b>Total</b>	<b>£ 55,243,479</b>	<b>£ 57,854,230</b>	<b>£ 59,499,280</b>	<b>£ 61,186,250</b>	<b>£ 62,916,683</b>

### Revised Salary and Support Costs Schedule

A revised cost schedule, comprising salary and support (study leave) costs is shown in the following tables. Costs have been provided based upon a 100% contribution increase from the Welsh Government for the additional posts recommended into the Training Grade Salary budget reflected from August 2021 to August 2026, including a includes a 2% provision for inflation uplift

Costing is based on STRH grade with the exception of radiology at STRL grade.

Total of Salary plus Support Costs - Per Trainee

	Total				
Speciality	2021/22	2022/23	2023/24	2024/25	2025/26
Emergency Medicine	£27,753	£41,422	£41,422	£41,422	£41,422
Anaesthetics	£32,196	£47,894	£48,054	£48,054	£48,054
Intensive Care Medicine	£32,196	£48,054	£48,054	£48,054	£48,054
Plastic Surgery	£32,196	£48,054	£48,054	£48,054	£48,054
General Surgery	£32,196	£48,054	£48,054	£48,054	£48,054
Urology	£32,196	£48,054	£48,054	£48,054	£48,054
Neurology	£31,392	£46,854	£46,854	£46,854	£46,854
Obstetrics & Gynaecology	£27,753	£41,422	£41,422	£41,422	£41,422
Internal Medicine	£27,753	£41,422	£41,422	£41,422	£41,422
Respiratory Medicine	£32,196	£48,054	£48,054	£48,054	£48,054
Gastroenterology	£32,196	£48,054	£48,054	£48,054	£48,054
Medical Oncology	£32,196	£40,125	£42,768	£44,090	£44,882
Clinical Oncology	£32,196	£40,125	£42,768	£44,090	£44,882
Paediatrics	£27,753	£41,422	£41,422	£41,422	£41,422
Medical Microbiology	£27,753	£36,866	£38,005	£38,688	£39,144
Clinical Radiology	£27,753	£41,422	£41,422	£41,422	£41,422

#### Total of Salary plus Support Costs - Overall Cost

Speciality	Total				
	2021/22	2022/23	2023/24	2024/25	2025/26
Emergency Medicine	£216,486	£323,114	£323,114	£323,114	£323,114
Anaesthetics	£96,589	£143,681	£144,162	£144,162	£144,162
Intensive Care Medicine	£128,785	£192,216	£192,216	£192,216	£192,216
Plastic Surgery	£64,392	£96,108	£96,108	£96,108	£96,108
General Surgery	£128,785	£192,216	£192,216	£192,216	£192,216
Urology	£128,785	£192,216	£192,216	£192,216	£192,216
Neurology	-£32,196	-£48,054	-£48,054	-£48,054	-£48,054
Obstetrics & Gynaecology	£55,505	£82,844	£82,844	£82,844	£82,844
Internal Medicine	£416,291	£621,330	£621,330	£621,330	£621,330
Respiratory Medicine	£64,392	£96,108	£96,108	£96,108	£96,108
Gastroenterology	£64,392	£96,108	£96,108	£96,108	£96,108
Medical Oncology	£96,589	£240,751	£384,913	£529,075	£673,237
Clinical Oncology	£128,785	£321,001	£513,217	£705,433	£897,649
Paediatrics	£175,403	£261,796	£261,796	£261,796	£261,796
Medical Microbiology	£166,516	£331,790	£456,056	£580,322	£704,588
Clinical Radiology	£416,291	£621,330	£621,330	£621,330	£621,330
<b>Total</b>	<b>£2,315,791</b>	<b>£3,764,555</b>	<b>£4,225,679</b>	<b>£4,686,323</b>	<b>£5,146,967</b>
Total plus 2% inflation	<b>£2,361,479</b>	<b>£3,914,590</b>	<b>£4,480,847</b>	<b>£5,067,449</b>	<b>£5,675,505</b>

## GP Training

Following the submission and agreement of a business case to expand the GP training places for 2020/21 to 2023/24 the following additional funding will be required. This is reflected in the overall cost for the education commissioning and training budget.

#### GP Trainees

	2021.22	2022.23	2023.24	2024.25
Budget Requirements	£ 26,221,870	£ 30,848,649	£ 31,777,249	£ 32,111,980
No of GP Trainees	580	600	600	600
No in GP Placement	380	400	400	400

## Incentive Payments

Incentive payments are not included in the total funding requirement above as they are held centrally by Welsh Government and drawn down as required on an actual basis.

### GP Incentives:

The “targeted” incentive is targeted at selected training areas within Hywel Dda University Health Board (‘H DUHB’), Betsi Cadwaladr University Health Board (‘BCUHB’) and Powys Teaching Health Board (‘PtHB’) (‘Eligible Health Board Areas’). Currently the incentive covers a maximum of 38 incentive places and is based on an incentive payment of £20,000 with NI contribution. The planned expansion in the number of GP trainees will have an impact on the total number of trainees eligible to claim an incentive and so total cost but is dependent on whether recruitment to eligible schemes increases.

The Universal incentive: All trainees who start or have started in their first post of the GP training programme from February 2017 recruitment rounds will be eligible to receive reimbursement of the costs of the first sitting of the Clinical Skills Assessment (CSA) and the first sitting of the Applied Knowledge Test (AKT) (£1,811) (cited

<https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-examination-fees.aspx>)

Based on 160 GP trainees at a cost of £18,11 per trainee, the total cost of GP examination fees would be **£290k**. It should be noted that the GP expansion business case will result in an increase in the total cost of the universal incentive if the terms of the offer remain unchanged.

At present this figure cannot be determined with certainty as recruitment is not yet complete for 2019/20. The assessment of total anticipated cost is further complicated by factors including requests for flexible working and less than full time trainees which are difficult to predict.

### Psychiatry Examination Fees:

All trainees commencing their first post in the psychiatry core training programme from August 2018 will be eligible to receive reimbursement for the costs of the first sitting of Paper A, Paper B and the Clinical Assessment of Skills and Competencies exam (CASC)

The cost of Part A is £445 and the costs of Part B & CASC is £1,318.

### Dental Training Places

The following tables detail the cost of existing and additional dental training numbers over the four year period.

Dental Foundation Training

Year	No of Trainees	Trainers Grant	Service Costs	DF Salary Costs	Total
2021.22	74	£ 944,871	£ 5,205,186	£ 3,046,233	£ 9,196,290
2022.23	74	£ 963,768	£ 5,309,290	£ 3,107,158	£ 9,380,215
2023.24	74	£ 983,043	£ 5,415,476	£ 3,169,301	£ 9,567,820
2024.25	74	£ 1,002,704	£ 5,523,785	£ 3,232,687	£ 9,759,176

	2021.22	2022.23	2023.24	2024.25
No of Trainees	74	74	74	74
Trainers Grant	£ 944,871	£ 963,768	£ 983,043	£ 1,002,704
Service Costs	£ 5,205,186	£ 5,309,290	£ 5,415,476	£ 5,523,785
DF Salary Costs	£ 3,046,233	£ 3,107,158	£ 3,169,301	£ 3,232,687
Total	£ 9,196,290	£ 9,380,215	£ 9,567,820	£ 9,759,176

## COMMISSIONING TRENDS - HEALTH PROFESSIONAL STAFF

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Pre Registration Nursing	1,987	1,911	1,911	1,750	1,418	1,283	1,053	1,011	919	1,035	1,070	1,179	1,095	1,079	1,271	1,265	1,247	1,387	1,291	990	1,113	976	905
Midwifery	161	134	134	134	94	94	94	109	107	102	123	110	95	90	100	97	97	100	120	96	86	70	72
District Nurses	80	80	80	80	41	41	24	31	20	26	30	26	28	45	71	68	71	65	57	62	69	50	52
DN (Modules)	123	123	123	123	123	123	163	172	100	50	40	40	98										
Health Visitors	92	92	90	82	71	66	49	39	31	31	36	46	36	36	37	47	53	62	55	48	36	44	44
Health Visitors (Modules)	30	30	30	40																			
CPNs	30	30	30	39	21	27	23	13	26	20	21	21	21	13	23	15	17	34	34	30	40	16	35
CPN (Modules)	60	60	60	40	48	48	40	40	30	20	20	20	20										
CLDNs	0	0	0	0	12	12	0	0	5	0	2	3	2	3	6	5	10	10	14	10	13	7	15
CLDNs (Modules)	0	10	10	10	12	12	7	8	0	4	10	6	4										
School nurse	19	19	19	19	18	18	18	18	27	22	24	24	24	22	21	21	24	20	17	13	6	0	0
School nurse (modules)	3	3	3	3	2	2	6	10	0	25													
Practice nurses	20	20	20	20	1	1	14	12	39	16	16	18	16	20	23	17	11	15	15	23	0	0	0
PN (Modules)	29	29	29	29	29	34	18	8	10	12	16	16	16										
Paediatric nurses	7	0	0	16	12	12	11	13	10	8	6	9	7	2	15	10	7	13	15	0	0	0	0
Paed. nurses (Modules)	10	24	24	24	3	3	13	8	3	8	8	8	8										

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Occupational Therapists	163	133	133	121	116	111	88	79	71	69	102	100	93	81	98	91	106	112	79	65	45	40	37
Physiotherapists	164	147	147	134	134	121	96	89	103	90	90	95	85	82	86	101	126	140	115	91	77	73	67
Speech & Language Therapy	49	44	44	0	44	44	37	30	25	36	43	35	35	54	44	40	39	40	38	33	33	33	27
Dietetics	40	30	30	30	42	38	30	33	28	30	36	40	34	22	24	24	30	31	28	28	28	28	27
Post grad. Dietetics	20	12	12	12									12	11	12	12	14	15	15	15	15	15	30
Podiatry	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	28	28	28	21
Orthoptics	5	5	5	5	5	5	5	3	2	0	0	0	0	0									
Medical Photography	5	5	5	5	4	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3
ODPs	49	49	49	49	39	39	46	44	28	32	29	30	25	23	32	32	39	41	36	33	32	14	14
Surgical Care Pracs	0	0	0	0	0	0	0	0	0	0	0	8	8										
Physicians Associate	60	42	32	32	27																		
Clinical Psychologists	29	27	27	27	27	27	26	25	21	16	18	19	18	18	21	21	21	20	19	18	15	15	15
Pharmacists - Pre Reg.	40	50	41	41	38	38	40	40	39	43	45	43	38	36	40	40	40	40	36	34	4	30	30
Pharmacists Dip & Techs	99	85	75	75	60	60	62	63	63	41	54	66	54	51	66	64	50	53	21	20	19	14	12
Dental Hygienists	18	18	18	18	18	18	10	12	10	7	9	11	9	9	9	9	9	9	8	8	7	7	6
Dental Therapists	13	13	13	13	13	13	12	11	11	6	8	11	8	8	8	8	8	8	7	7	6	6	0
Ambulance Paramedics	115	85	76	86	69	94	36	25	24	40	57	75	101	70	90	85	85	70	57	48	48	40	48



Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	140	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	22	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																							
BMS - Blood/Infection/Cellular/Genetics	24	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
HE Cert in Audiological Practice	15																						
Clinical Physiologists - Cardiac																							
Physiology/Audiology/Respiratory and Sleep																							
Science	39	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	4	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine &																							
Radiotherapy Physics	3	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	2	3	3	2	1	1	2	1															
Medical Engineering	0	0	0	0		1																	
	87																						
STP																							
Audiological Scientists/Neurosensory Sciences	6	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	0	2	2																				
Respiratory and sleep science	1	3																					
Reconstructive Science	0	1																					
Cardiac Physiology	3	1	3																				
Haematology and Transfusion Science	1																						
Biochemists/Blood Sciences	4	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	7	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Cancer Genomics	1	1	1																				
Genomic Counselling	2																						
Bioinformatics	1	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering	2	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology	1	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	2	0	3	3	0	1	0	1															
HSST																							
Life Sciences - Genetics/Genomics	1	0	0	1	1																		
Microbiology	0	0	1																				
Life Sciences - Molecular Pathology of acquired																							
disease	0	0	1	0	1																		
Physical Sciences and Biomedical Engineering -																							
Medical Physics (Radiotherapy)	1	1	1	1	1																		
Physical Sciences and Biomedical Engineering -																							
Clinical Biomedical Engineering	1	1	0	1	1																		
Bioinformatics	0	1																					
Audiology	1	0	0	1																			
Histocompatibility & Immunology	1	1	0	1																			
Transfusion Science	0	0	1																				

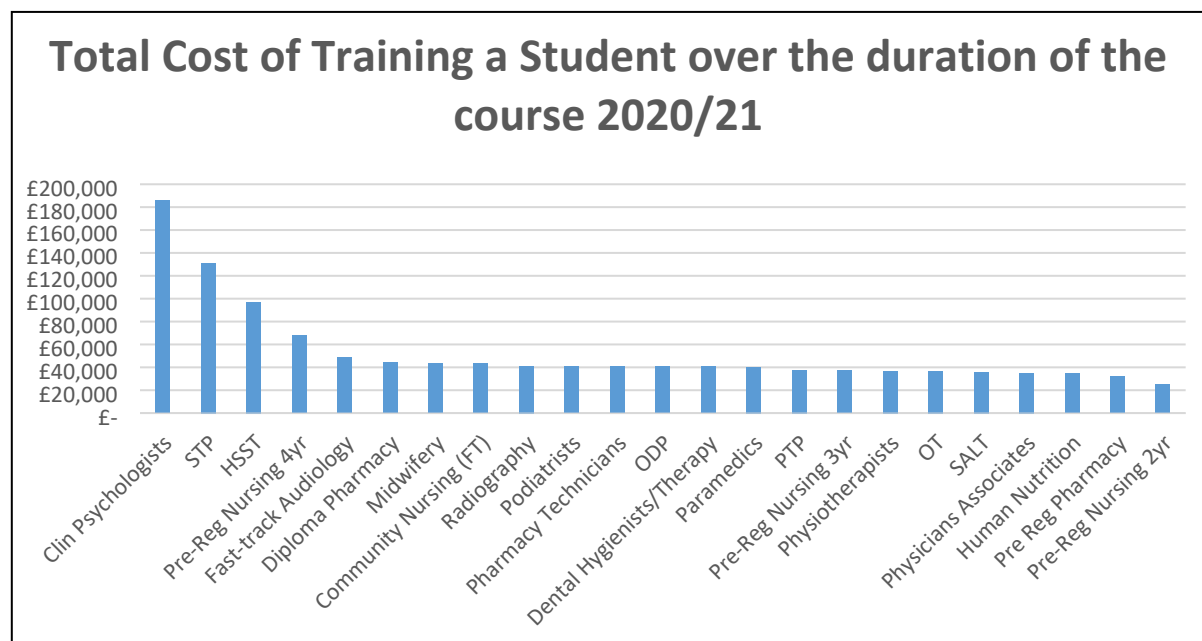
## MEDICAL SPECIALTY TRAINING POSTS AND CHANGES

Specialty	2021 Recom mendati ons	August 2020 post numbers	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
<b>Anaesthetics/ICM</b>						
Core Anaesthetics Training/ACCS Anaesthetics		122				
Higher Anaesthetics	+3	137	+3			
ACCS Intensive Care		14				
Higher Intensive Care Medicine	+4	27	+4 <sup>2</sup>	+2		+4
<b>Emergency Medicine</b>						
Acute Care Common Stem - Emergency Medicine	+2	21				+4
Emergency Medicine (includes PEM & PHEM)	+5	49	+7	+4		+2
<b>Medicine</b>						
Core Medical Training/ACCS Acute Medicine	+15	244	+13			
Acute Internal Medicine	+2	12				
Audiovestibular medicine		1				
Cardiology		38				
Clinical Genetics		5				
Clinical Neurophysiology		1				
Clinical Oncology	+4	16				
Clinical Pharmacology and Therapeutics		3				
Dermatology		17	+3			
Endocrinology and Diabetes Mellitus		23				
Gastroenterology	+2	24				
Genito-urinary Medicine		4				
Geriatric medicine		52				+3
Haematology		18				
Immunology		1				
Medical Oncology	+3	6				
Neurology		17				
Palliative Medicine		13				
Rehabilitation Medicine		2	+1			
Renal medicine		17				
Respiratory Medicine	+2	29				
Rheumatology		10				

<sup>2</sup> Added in April 2020 as a result of the COVID pandemic and similar increases across the UK.

<b>Surgery</b>						
Core Surgical Training		100				
Cardio-thoracic surgery		7				
General surgery	+4	54				
Neurosurgery	-1	8				
Ophthalmology		40			+4	
Oral and Maxillo-facial Surgery		9				
Otolaryngology		18				
Paediatric Surgery		2				
Plastic surgery	+2	13				
Trauma and orthopaedic surgery		45		+4		
Urology	+4	16				
Vascular surgery		9				
<b>Pathology</b>						
Chemical pathology		4				
Histopathology		20				+2
Infectious diseases		2				
Medical Microbiology and Virology	+3	13	+3			
Paediatric and Perinatal pathology		2				+1
<b>Psychiatry</b>						
Core Psychiatry Training		85				
Child and Adolescent Psychiatry		12				
Forensic Psychiatry		6				
Old Age Psychiatry		11	+2	+2 (not filled)		
General Psychiatry		29				
Psychiatry of Learning Disability		5				
<b>Imaging and Radiology</b>						
Clinical Radiology	+20	82	+ 10	+4	+7	+11
Nuclear medicine		1				
<b>Women's Health</b>						
Obstetrics and gynaecology	+2	93				
Community Sexual & Reproductive Health		2				
<b>Paediatrics</b>	+6	143				
<b>Public Health Medicine</b>		23				
<b>Foundation Training</b>						
Foundation Year 1		339	Separate business case			
Foundation Year 2		339				
<b>General Practice</b>			Subject to separate business case			

The table below highlights the total cost over the duration of the programme to train a range of health professional staff. This demonstrates the variance and highlights those areas where it is more costly to train some staff in comparison to others.



## SUPPORTING INFORMATION

In developing the recommendations made within this plan a wide range of information has been taken into consideration, the following section provides a commentary on this to inform the position taken within this paper.

### 1. Nursing & Midwifery

There are five well-established routes into nursing within Wales.

- 3-year pre-registration programme
- A 2-year graduate entry accelerated education programme leading to registration
- A 2-year HCSW accelerated pre-registration programme
- Route for HCSW (this includes existing and new HCSW) to complete nurse education on a part time basis (over 4 years) while they continue to be employed by their existing NHS employer
- A distance-learning programme for existing and new HCSW, which will take on average 4 years to complete. Staff will be employed by the NHS

Over the past two years HEIW has established a four year part-time and two year accelerated pre-registration nursing programme. Numbers allocated to these programmes have initially been modest as there was a need to establish them within the universities and health boards. HEIW now propose to increase the commissioned places for these programmes. This will provide a number of benefits, which include:

- Provide widening access to the local workforce
- Support career development for HCSWs currently employed in NHS Wales, which will promote recruitment and retention within the NHS Wales workforce.
- Increase supply of nurses from the local population.
- HCSWs are a valuable supply source for the recruitment to pre-registration programmes and therefore this will contribute to a solution to the recruitment challenges currently faced.
- Increase the opportunity to make places available to care home providers.

The additional investment in two of the nursing fields as identified below should be considered against the following:

- Health Board need to comply with the requirements of the Nurse Staffing Levels (Wales) Act (2016) which came into full force from 6<sup>th</sup> April 2018.
- Nursing remains a shortage profession,
- Ongoing recruitment difficulties across the UK
- Changes in work patterns – increasing levels of part time working, this results in a greater
- Significant increase in agency nursing costs and the need to invest now to reduce the agency expenditure in the medium/long term

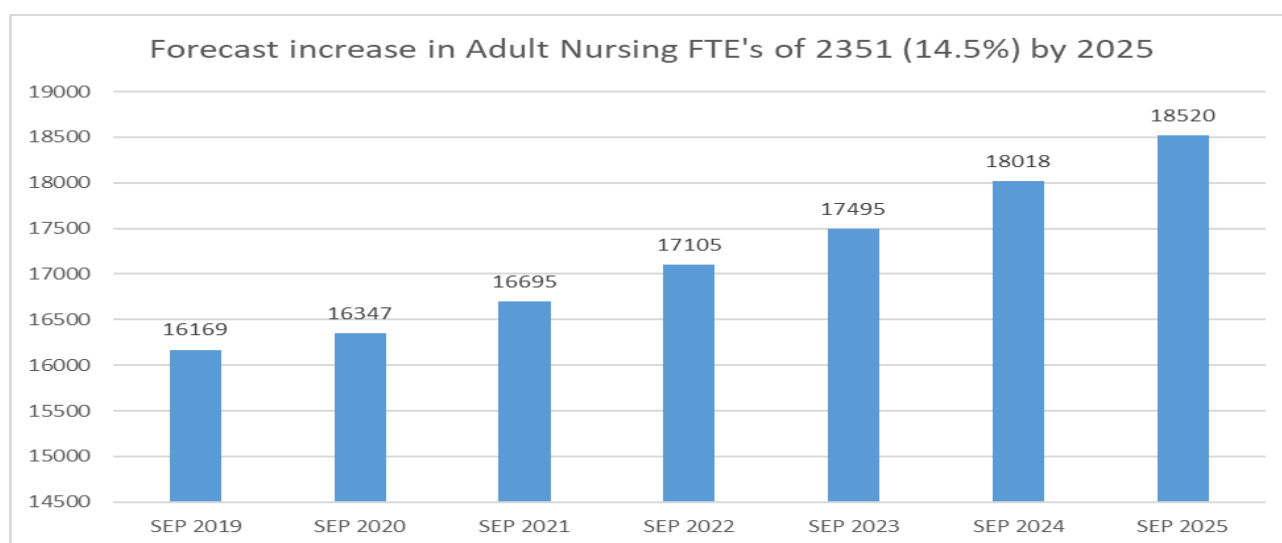
The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Adult Nursing	1,210	1,216	1,400	2,452	1,540
Child	154	154	154	232	175
Mental Health Nursing	330	330	356	657	410
Learning Disability Nursing	77	77	77	145	77
Total Nursing	1,771	1,777	1,987	3,486	2,202

## Adult Nursing

It is recommended that Adult places will increase from 1,400 to **1,540**. This is an increase of 140 from 2020/21 levels, representing a 10% increase. In 2019/20 1,216 adult places were commissioned. Therefore in 2 years the recommendation is for a 26.6% increase in adult nurse training numbers.

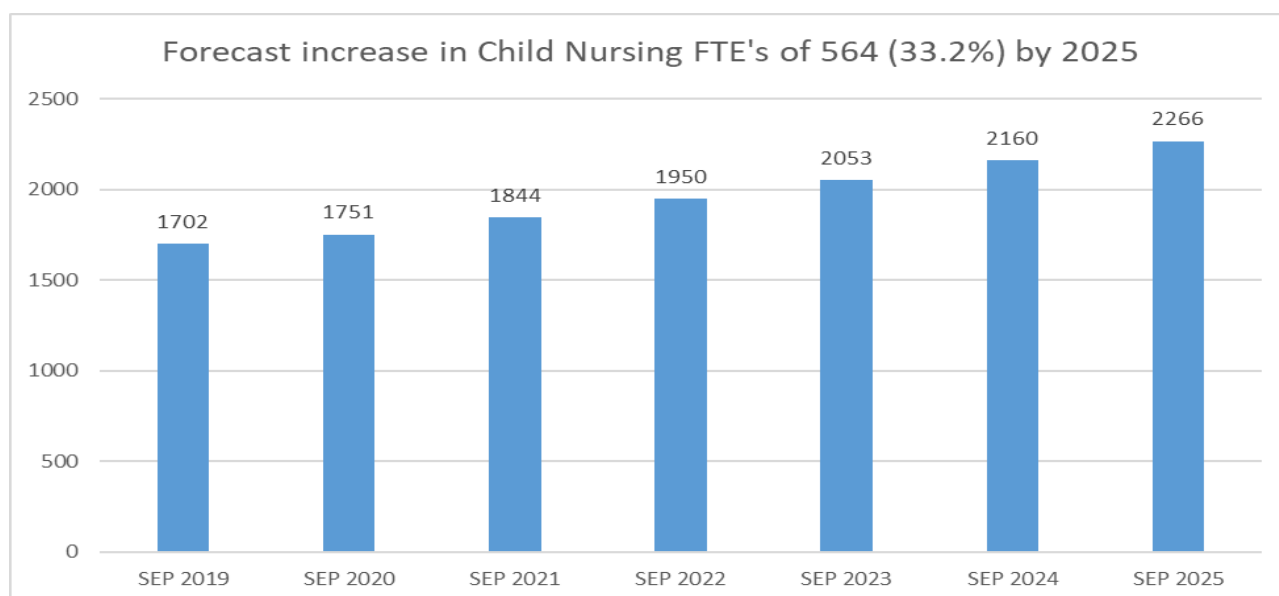
The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **2,351 (14.5%)** between September 2019 and September 2025 taking the projected workforce to **18,520 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.



## Children's Nursing

It is recommended that Children's nursing numbers are to increase from 154 to **175**. This is an increase of **21 places (13.6%)**.

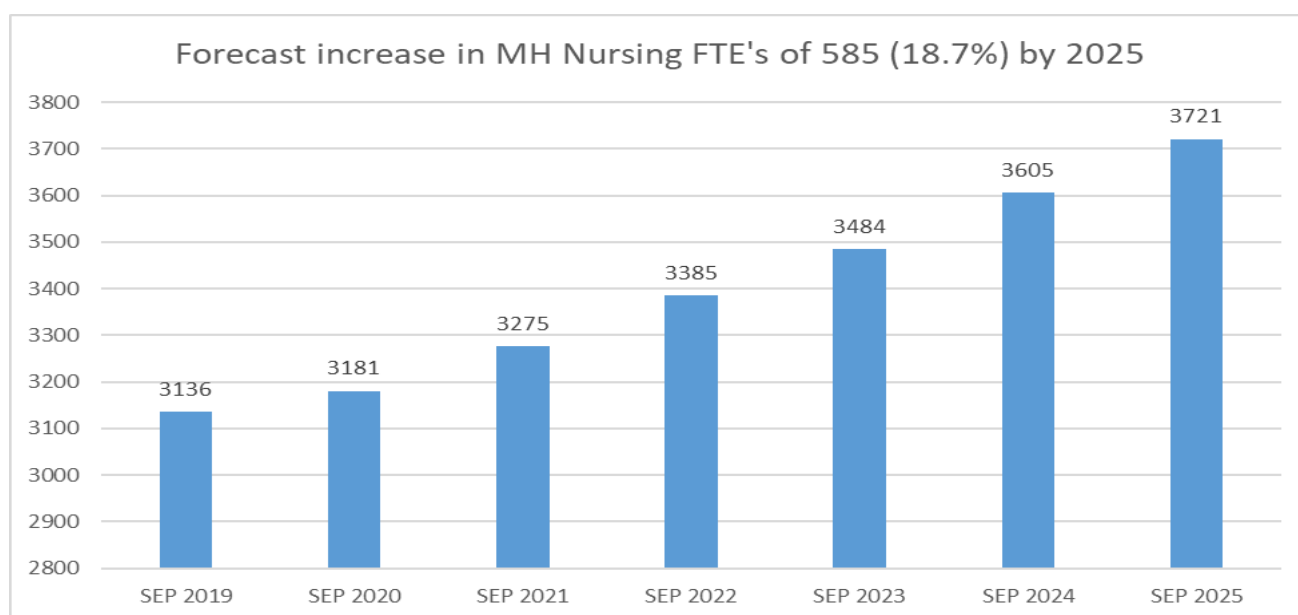
In addition, the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **564 (33%)** between September 2019 and September 2025 where the forecast is **2,266 FTE's** (see table below).



## Mental Health

It is recommended that Mental Health numbers will increase from 356 to **410**. This is an increase of 54 from 2020/21 levels, representing a 15.1% increase.

The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **585 (18%)** between September 2019 and September 2025 where the forecast is **3,721 FTE's** (See table below).



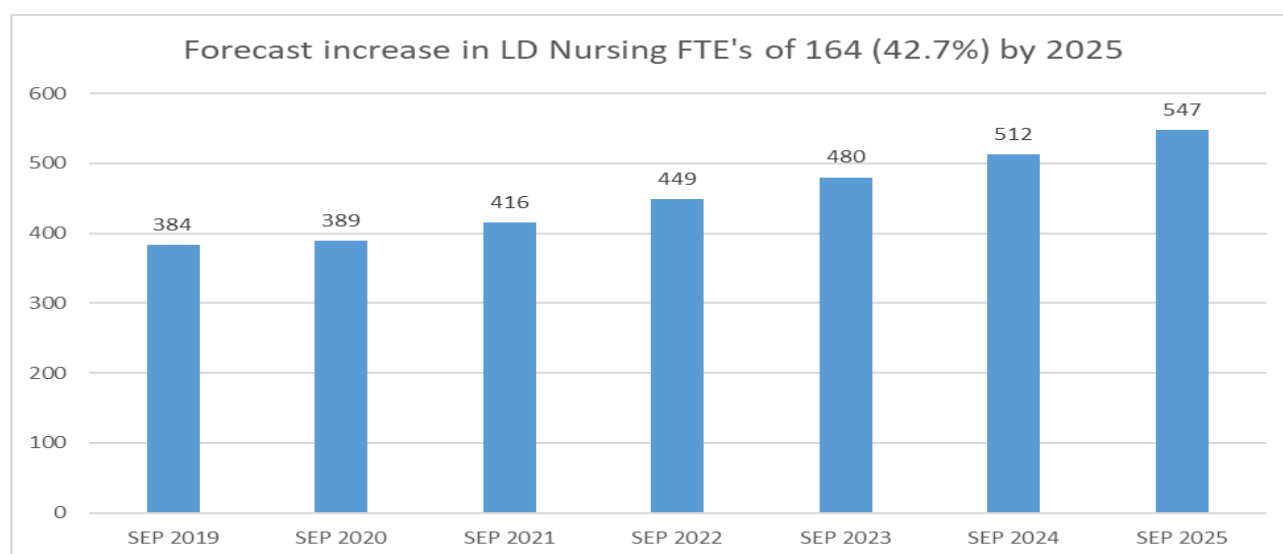
## Learning Disability

It is recommended that Learning Disability field numbers are maintained at **77**. The number of Learning Disability Places has increased over the past three years, however both Welsh education providers were unable to recruit to the commissioned education levels previously agreed. This is a reflection of a national workforce challenge in this sector. Work has commenced between both education providers to increase the profile of learning disability

nurse education and careers in Wales and the Welsh Government has prioritised this workforce as part of its Train, Work, Live, campaign.

Additionally, it is proposed to explore the development of joint Learning Disability programmes with other programmes to deliver a dual qualification such as Learning Disability and Mental Health qualification or Learning Disability Nursing and Children's Nursing qualification etc.

The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 164 (42.7%) between September 2019 and September 2025 where the forecast is 547 FTE.



## Midwifery

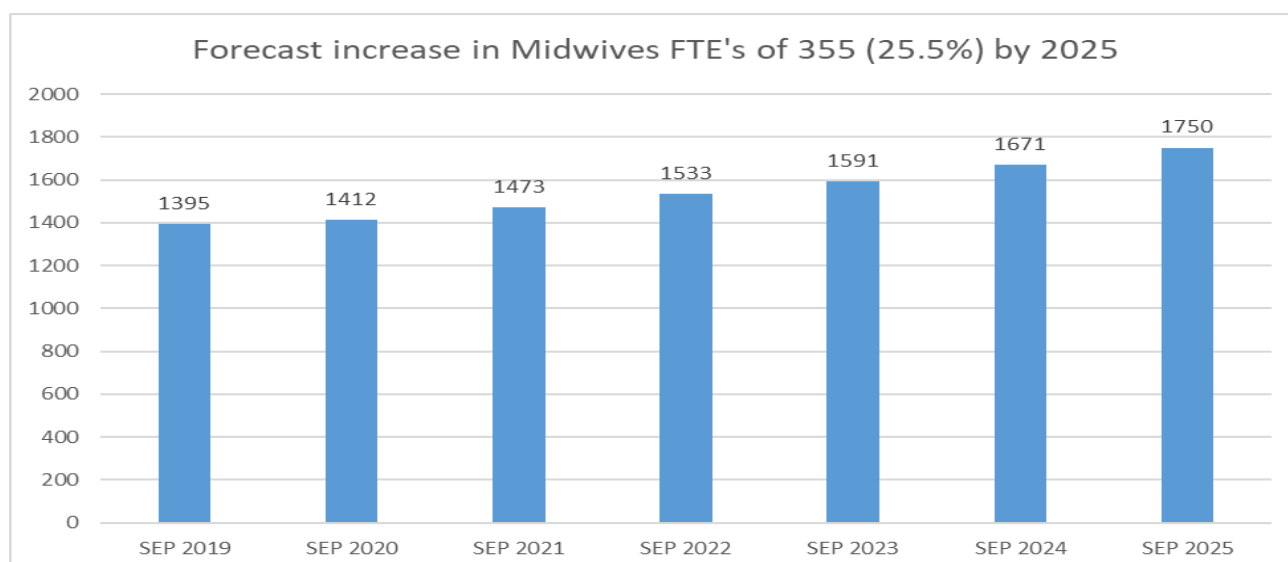
It is recommended that midwifery places will increase from 161 to **185** (see table below). This is an increase of 24 from the 2020/21 levels, representing a 15% increase.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Midwifery	134	134	161	210	185

Over the past five years midwifery places have increased from 94 to the proposed 185, a 97% increase in commissioning numbers. The additional numbers commissioned from 2017/18 will start to graduate in 2020 and therefore the service has not yet received the benefit of the additional investment. This, together with the further increase in commissioned places proposed for 2021 has a significant effect on the total projected workforce numbers.

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **355 (25%)** between September 2019 and September 2025 where the forecast is **1,750 FTE's**.





## 2. Allied Health Professionals

In order for the 'A Healthier Wales' plan to be realised the requirement to expand the AHP workforce has been highlighted in the IMTPs. Allied Health Professionals have a key role to play in the plans to expand community/primary care services and developing a wider range of professionally led services and support. IMTPs predict that a number of professional roles will need to be expanded. This is in a climate of growing recruitment challenges for these professionals, with evidence of unfilled vacancies particularly in rural areas. Greater numbers of AHPs in comparison to nursing disciplines opt to work in England following graduation, therefore the bursary two year tie in with a commitment to work in Wales following the completion of their programme will go some way to meeting the demands of the current workforce in the coming years.

In terms of education provision for AHPs in Wales, the majority is based in the Cardiff area and is delivered by sole providers i.e. only one training programme in Wales exists delivered by one University. The Strategic Review of Health Professional Education will address this as where it is possible to both,

- Maintain financial viability of programmes and
- Still provide an excellent student experience

Commissions will be spread across Wales. This will add resilience to the commissioning model, attract more local students and also better meet the needs of all parts of Wales when students graduate. HEIW are increasing the numbers of providers in Wales in the following areas:

Course	Current Provision		Shape of Provision in 2022	
	Provider s	Location	Provider s	Location
Occupational Therapy	2	SEW, NW	3	SEW, SWW, NW
Physiotherapy	3	SEW, NW(x2)	4	SEW, SWW, NW (x2)
Diagnostic Radiography	1	SEW	3	SEW, SWW, NW
Speech & Language Therapy	1	SEW	2	SW, NW
Biomedical Sciences	1	SEW	2	SW, NW
ODPs	1	SEW	3	SEW, SWW, NW
Dental Hygiene and Therapy	1	SEW	2	SW, NW
Paramedics	1	SWW	2	SW, NW

*Key: SEW - South East Wales, SW - South Wales, SWW - South West Wales, NW - North Wales*

The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
<b>Allied Health Professionals</b>					
B.Sc. Human Nutrition - Dietician	30	30	35	53	40
PG Diploma Human Nutrition - Dietician	12	12	17	17	20
PG Diploma Medical Illustration	5	5	5	7	7
B.Sc. Occupational Therapy	113	113	125	114	129
PG Diploma Occupational Therapy	20	20	23	41	30
B.Sc. Occupational Therapy (Part Time)	0	0	15	32	20

Degree in ODP	49	49	49	35	49
B.Sc. Physiotherapy	147	147	164	174	174
B.Sc. Podiatry	24	24	24	19	27
B.Sc Orthoptist	5	5	5	6	0
PhD Clinical Psychology Doctorate	27	27	29	72	32
B.Sc. Speech & Language Therapy	36	36	40	38	40
B.Sc. S&LT - Welsh Language	8	8	9	7	9
B.Sc Paramedicine	0	0	52*	104	75
Paramedics - Diploma	48	70	0	0	0
Paramedics - EMT conversion	28	15	30*	15	15

*\*Originally approved – please see narrative in paramedic section for in-year changes*

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
<b>Other</b>					
Physicians Associates	32	42	54	55	54

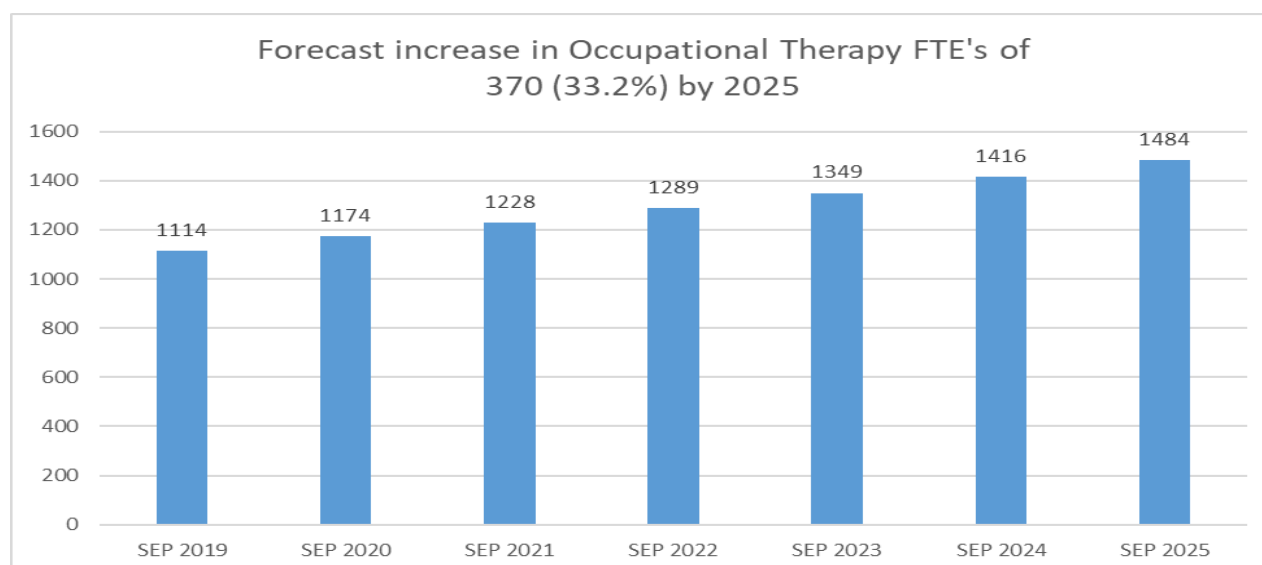
### Allied Health Professionals: academic intake 2021/22

Increases to the workforce are recommended in the following areas:

#### Occupational Therapy

Occupational Therapists (OT) are key to realising the plan to develop primary care services. Areas of work where OTs can evidence impact and a requirement for future growth include; frailty, social prescribing, self-management of chronic conditions, mental health and fitness for work, all linked with the Healthier Wales values of developing health and wellbeing; keeping people in their homes for longer. Occupational Therapists can reduce demand on General Practitioners by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the Practice. Workforce modelling undertaken by HEIW provides evidence that the recent investment in pre-registration training will result in an increase in the workforce in coming years. However, a **10%** increase in commissions is recommended, an increase of 16 from 163 to **179**.

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **370 (33%)** between September 2019 (1,114 FTE's) and September 2025 where the forecast is **1,484 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



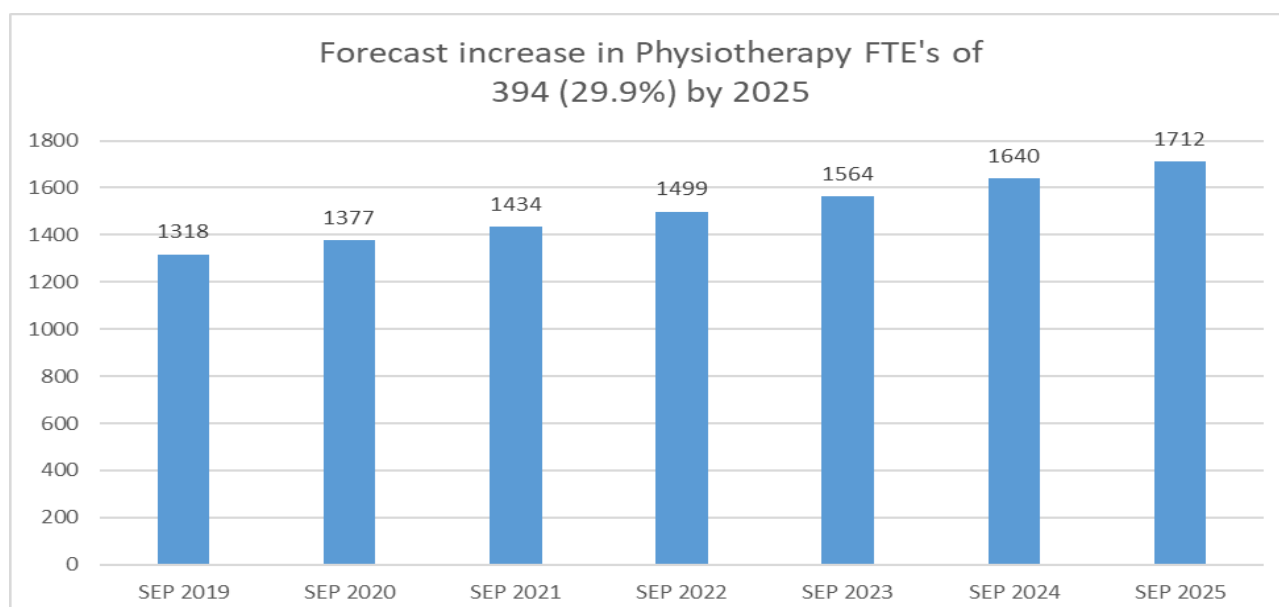
## Physiotherapy

It is recommended that Physiotherapy numbers will increase from 164 to **174**. This is an increase of 6%.

NHS Wales currently employs circa 1,464 physiotherapists. In many areas, increasing demand is being driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service is identified in the IMTPs. There is a well-developed model comprising of band 7 and a smaller number of 8a advanced practice/extended role physiotherapists that undertake prescribing and therapeutic injections reducing dependency on General Practitioners and emergency services. The development of new models of physiotherapy will also potentially impact on requirements in Trauma & Orthopaedic medical requirements.

Workforce modelling undertaken by HEIW provides evidence that the recent increases in investment in pre-registration training will result in an increase in the workforce in coming years.

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **394 (30%)** between September 2019 (1,318 FTE's) and September 2025 where the forecast is **1,712 FTE's**.



## Dietetics

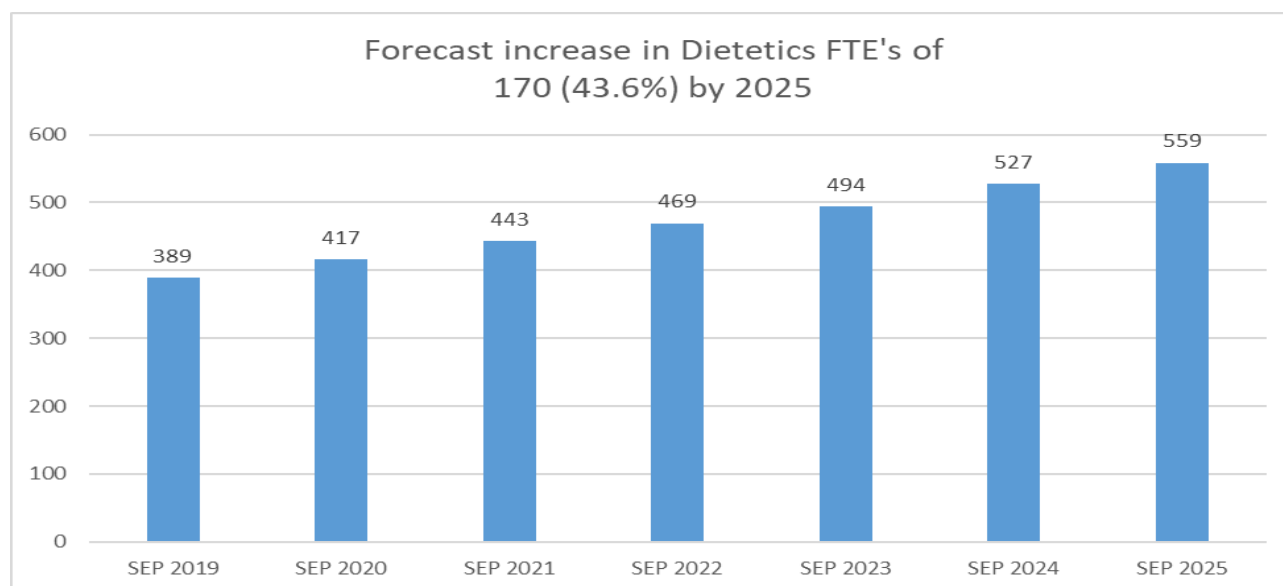
It is recommended that dietician numbers will increase from 52 to **60**. In 2019/20 42 dieticians were commissioned so, over the last 2 years, the proposed increase in dietician commissions would be 43%.

Escalating rates and earlier presentation of diabetes and unacceptably high levels of obesity across Wales are well documented. In line with the obesity pathway dietetic services have been developed in all health boards and, working with their partners, are providing level one and two services. Aneurin Bevan University Health Board, Cardiff, and Vale University Health Board offer adult level 3 services. Other health boards are also currently developing their level 3 specifications, emphasising a future requirement for growth in dietetic services. There has also been a growth in requirement for patient group education to support diabetes management in addition to irritable bowel FODMAP dietary therapy group support. Other developments that will require dietetic services include the single cancer pathway and expansion of eating disorder services.

The Nutrition and Dietetic workforce in Wales needs to be able to meet the challenges of Healthy Weight: Healthy Wales in its entirety from prevention to complex treatment and the long terms challenges of rehabilitation stemming from the COVID pandemic. The core clinical risk factors identified in the pandemic included Obesity and Diabetes. The demand for dieticians is across the spectrum from prevention and chronic condition management to rehabilitation and reablement, as evidenced in the Welsh Government's recently released Rehabilitation: A Framework for Continuity and Recovery 2020 - 21. The NHS Wales Delivery Unit has also released Right Sizing Community Services to Support Hospital Discharges. The role of nutrition and dietetics is pivotal in the recovery and reablement pathway and a key enabler to achieving the desired rehabilitation goals. There is also a role in educating the wider multi- professional team in health and social care to enable the wider workforce impact and ensure consistency of nutrition messages across a range of settings.

Evidence exists of ongoing vacancies in service particularly in rural areas of Wales and use of agency staff.

The workforce intelligence model identifies that the dietetics workforce is projected to increase by **170 (44%)** between September 2019 (389 FTE's) and September 2025 where the forecast is **559 FTE's**.



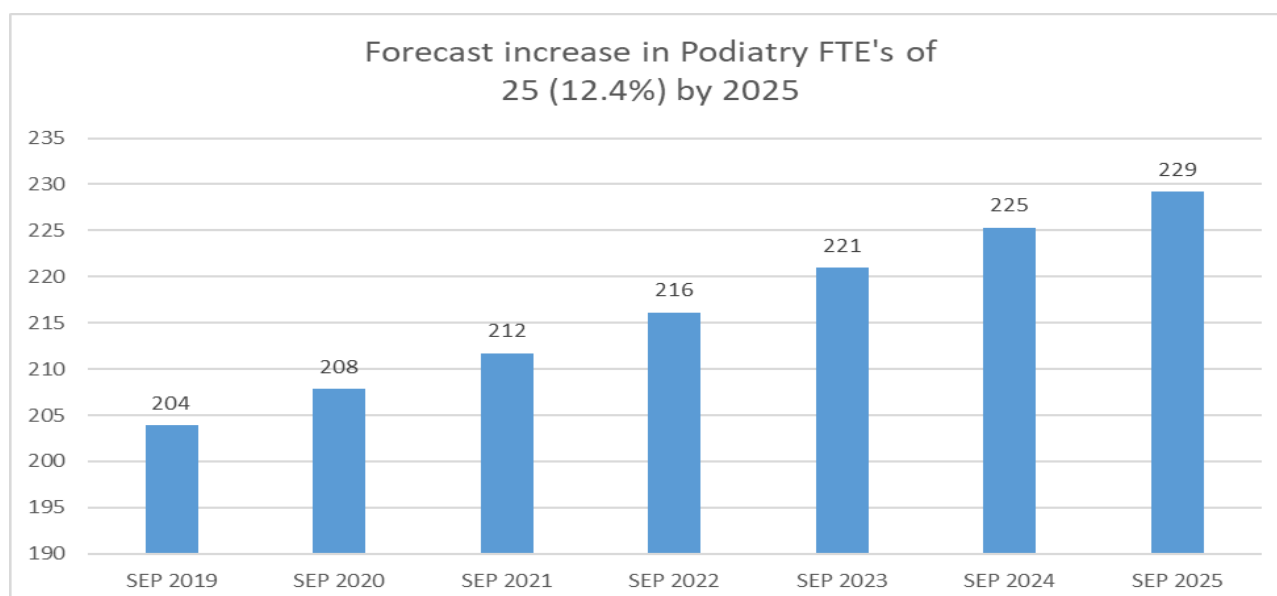
## Podiatry

Within podiatry there is an ageing workforce. Over 55% of the podiatry workforce in Wales are aged 50+ (HCPC data, 2018). It is imperative for the sustainability of the profession that there is an adequate number of podiatrists being trained to replace those who are retiring, and podiatry has not seen an increase to its commissioning numbers since 2017/18.

The number of people living in Wales with long term conditions which can affect the feet and lower limbs, such as rheumatoid disease, vascular disease and diabetes continues to rise, as does the population who are at risk of falls. It is vital that the podiatry workforce can meet the podiatric needs of the population both now and in the future as demand for podiatric interventions increases. Investment in the podiatry workforce will prevent several adverse and costly health outcomes including falls and lower limb amputations and help the population to remain healthy, mobile and active, supporting crucial public health outcomes and wellbeing of people across Wales.

Given the significant challenges for the podiatry workforce in terms of age profile, the fact that commissioning numbers for Podiatry have not increased for three years and the future podiatric needs of the Welsh population, HEIW recommends that podiatry commissioning numbers for 2021/22 are increased from 24 to **27**.

The workforce intelligence model identifies that the podiatry workforce is projected to increase by **25 (12%)** between September 2019 (204 FTE's) and September 2025 where the forecast is **229 FTE's**.



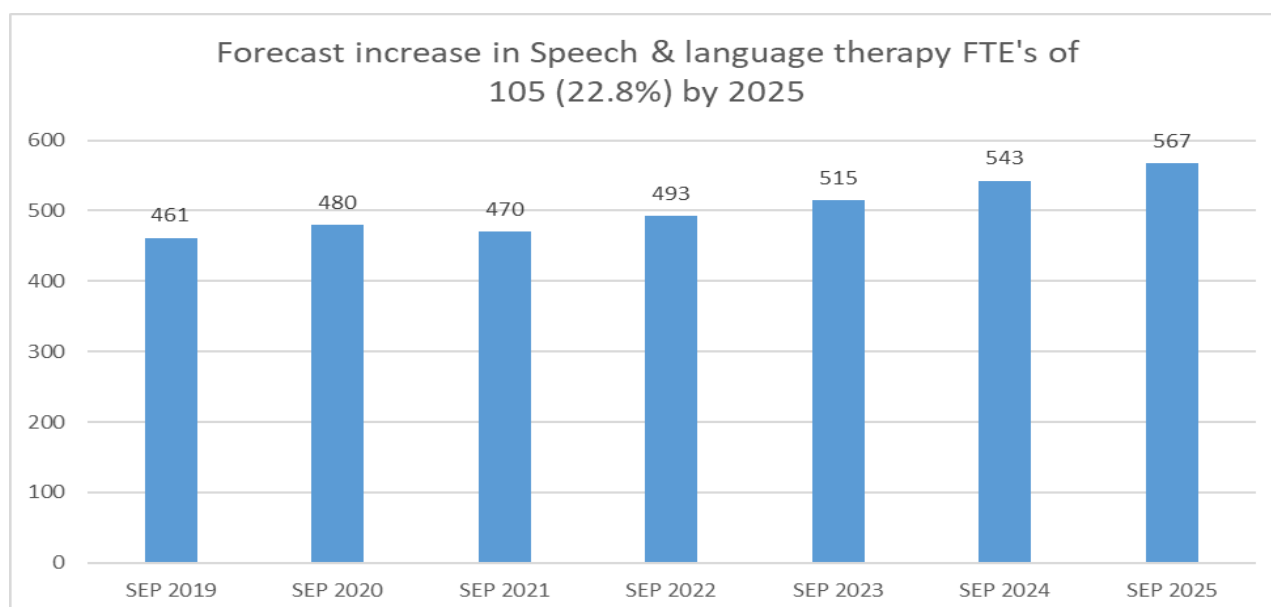
## Speech and Language Therapy

It is recommended that speech and language therapy numbers remain at 49 following a 10% increase last year. This will exceed the need identified in the IMTP.

All health boards are required to provide clinical services through the medium of Welsh however the pressures in North Wales are more acute than other parts of Wales. Clinical posts exist which are deemed to be Welsh-essential and it is increasingly challenging to recruit suitably qualified and experienced staff to fill these posts. Welsh language use reported in Anglesey is 57% and Gwynedd 65% of the population. The BCU IMTP highlights the need for Welsh speaking SLT professionals specifically.

New developments within Unscheduled Care, Primary Care and Mental Health settings are predicated to lead to greater demand for SLT services. Currently, SLTs have replaced ENT Consultants' and Radiologists' time within instrumental swallowing clinics. Modelling suggests that currently, demand is being met by the existing training provision apart from Welsh language medium training.

The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **105 (23%)** between September 2019 (461 FTE's) and September 2025 where the forecast is **567 FTE's**.



## Clinical Psychology

It is recommended that clinical psychology numbers will increase from 29 to **32**.

Increased prevalence in mental health problems (as discussed elsewhere in this document) have led to developments in mental health services, which are highlighted on the IMTPs. Service improvements include collaborative approaches to mental health requiring a cross cutting approach from health boards, the local authority, police, ambulance and third sector agencies. **In order to support new models of service delivery an increase of 10% in commissioned training places for clinical psychologists is recommended.**

## Paramedics

The intention to increase paramedic roles in changing the way primary care services is delivered is one of the strongest themes in IMTPs this year. This includes reference to a number of pilots including paramedic practitioners supporting GP sustainability working across in hours and OOH; home visits to assess and report to GP and me visits to assess, treat, refer, resolve.

Whilst formal evaluation is not yet available for pilots, early assessment is that they are successful in terms of admission avoidance. Nuffield Trust research summary "Shifting the balance of care: Great expectations" identified paramedic triage to the community as providing the most positive evidence of relative strength of evidence of reduction in activity and whole-system cost.

WAST's IMTP recognises that additional paramedics would be needed in order to release existing paramedics to undertake training in advanced practice to support new models of delivery in primary care, if such ambition is to be effectively realised without adversely affecting the delivery of WAST services.

HCPC has announced that from 1<sup>st</sup> September 2021 they will withdraw approval from existing paramedic's programmes that are below degree level. HEIW have discussed the implications of this with WAST and Swansea University.



It is recommended that the programme delivered in 2020/21 is at degree level. This will ensure Swansea University can continue to recruit to its programme.

The WAST IMTP stated the need for 100 to be commissioned. This is not possible for a number of reasons including the move to two providers in 2022. The need to ensure stable and sustainable growth within this area is vital. Therefore, it is recommended that 75 places are commissioned in 2021 on the BSc programme. To ensure that the workforce needs of WAST are delivered HEIW has negotiated that commissions in Swansea University for 2020 are increased from 52 to 75 with EMT places being increased from 30 to 40.

### 3. Additional Professional Scientific & Technical and other professions

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
<b>For academic intake 2021/22</b>					
Diploma in Dental Hygiene	18	18	18	1	18
Degree in Dental Hygiene & Therapy	13	13	13	9	13
Physicians Associates	32	42	54	55	54

Commentary is provided below only on those professions where there is something exceptional to highlight.

#### Physicians Associates

The first and second cohort of Physicians Associates have now graduated. Physicians Associates are identified as a solution to fragile rotas and medical recruitment challenges across all IMTPs. The majority of IMTPs indicate a need to train more PAs to support the development and transformation and sustainability of services. Some refer to evaluating the role in primary care with an aim to expand the role, and also exploring the option of rotational roles across Mental Health, Primary Care and Medicine.

**HEIW recommends increasing the level of education provision remains at 54 as the training, placements and roles embed into the Service.**

#### Pharmacy

##### 1. Pharmacy Workforce Plan

The HEIW draft high-level Pharmacy Workforce plan, identifies the key goals for pharmacy workforce development in each of the three pharmacy staff groups by 2025 and 2030 and has been shared with stakeholders for comment during March 2020. The plan will align to the Welsh Pharmaceutical Committee's response to 'A Healthier Wales'<sup>(1)</sup>, Health and Social Care strategy and HEIW IMTP. Completion of the plan will be delayed due to COVID-19. The plan will be progressed during autumn 2020 with a publication late 2020 early 2021.

For the purposes of the education commissioning paper 2021-22, pharmacy developments requested in IMTPs have been prioritised against this emerging national plan designed to underpin clinical service delivery close to people's homes.

To deliver the pharmacy workforce plan 2025 goals, we have supported requests which are in line with the following principles: -

Priority	Purpose
Provide <b>access to programme</b> for level 2 support staff to gain the necessary entry criteria for level 3	Provides a 'widening access' route to pharmacy technician training, and a prudent workforce, releasing pharmacy technicians from historic roles (including dispensing).
Support a series of original pilot models for multi-sector training of <b>pre-foundation pharmacy technicians</b> .	Deliver a flexible, adaptable pharmacy technician workforce who understand the wider health and social care system which users navigate.
Develop the <b>national foundation pharmacist programme</b> that follows multi-sector pre-foundation pharmacist training.	Equitable support for novice pharmacists in all areas of practice, expediting the registrant journey to prescriber and advanced practice.
Increase numbers of <b>independent prescribing community pharmacists</b> by 100.	Move towards the initial 2022 targets for numbers of pharmacist prescribers in Wales.
Continue to increase competency in <b>advanced practice</b> amongst the existing pharmacist and pharmacy technician workforce.	To deliver service transformation in medicines management close to people's homes.
Increase the opportunity to develop the <b>leadership skills</b> of pharmacists and pharmacy technicians.	To enable the pharmacy team to lead on all medicines related issues for the multi-disciplinary team.

## 1.1 Impact of COVID-19 of training plans

The need to ensure a secure pipeline of registrants into the workforce must be the priority for 2021/22 commissioning. IMTP's indicate an increasing need for pharmacists and pharmacy technicians and this is indicated in the numbers requested below.

Post-registration training will be focused on ensuring the new workforce are supported to confidently provide enhanced patient services at the earliest point in the career pathways.

The COVID-19 pandemic has highlighted the need for a flexible and responsive workforce, which can transform and transition across sectors of practice. The commissioning of all pharmacy education and training will be prioritised to ensure the whole workforce have the skills to respond to a rapidly changing landscape. Pharmacy will embrace and adopt the positive learning from the COVID-19 and encourage the use of innovative methods of training

## **2. Pharmacy Support Staff and Pre-registration training**

### **2.1 Pharmacy Support Staff**

Following a GPhC consultation on new minimum training requirements for pharmacy support staff, new standards are expected during 2020-21. HEIW will explore access to the modern apprenticeship route for Level 2 on behalf of the NHS and its contractors. HEIW's role is to ensure quality training is commissioned which enables learners with the potential, to transition more seamlessly into the pharmacy technician profession.

### **2.2 Pre-Foundation Pharmacy Technicians (previously called pre-registration pharmacy technicians)**

Increasing the pipeline into pre-registration pharmacy technician training is essential to respond to the demand for increasing the pharmacy technician workforce across primary care and secondary care.

Progression from a support role to pharmacy technician training programme is dependent on individuals meeting the specific entry criteria. This excludes some staff from progressing and HEIW plan to make available an "access to" pharmacy technician training pathway. HEIW proposes increasing the funds for healthcare support workers (HCSW) for 2021 and pharmacy will access this fund to provide a number of Essential Skills Learning modules to support staff in transitioning to the pharmacy technician programmes.

HEIW supports the shift to a more prudent clinical pharmacy workforce through an increase in numbers of centrally commissioned pre-foundation pharmacy technician numbers for **clinical posts in Health Boards/Trust from 45 to 55 in 2021-22.**

The proposed increase:

- will be accompanied by a priority allocation of posts from HEIW to Health Board/Trusts with multi-sector models, driving workforce modernisation, provides more opportunities for career progression to professional registration for the lowest paid NHS employees.
- Develop the pharmacy technician workforce in technical services

HEIW draws down Modern Apprenticeship funds for the educational component of pre-foundation pharmacy technician training. The funds support all trainees recruited to the HEIW programme including those employed by NHS and NHS contractors. On average the numbers recruited from community pharmacy are 20 per year. A training bursary of £2K per community pharmacy technician trainee has been provided to community pharmacy to support the required release of trainees to complete their learning portfolios and attend study days. These funds were previously been made available from Welsh Government during the initial phase of including community pharmacy technician trainees. This phase was prior to the establishment of HEIW. These funds are now considered as business as usual and forms part of the education commissioning budget.

**The proposal is to offer 20 training bursaries at a total cost of £40K.**

A salary bursary is currently provided to NHS employed trainees.

In addition, Health Boards have indicated a need to increase numbers of pharmacy technicians in technical services via a modern apprenticeship route.

### **Pharmacy Technician Apprenticeships**

Technical Services in Wales rely on qualified pharmacy professionals with the skills and knowledge required to attain regulatory compliance with the MHRA or the Quality Assurance of Aseptic Services Standards.

The service is experiencing difficulty recruiting pharmacy technicians to Band 5 supervisor posts in Cardiff and Swansea. One reason for this is believed to be due to their initial training focusing on a patient's clinical needs across the different sectors of pharmacy patient services, with service delivery models changing to adapt to this. This has resulted in technical services training rotations being diluted within some hospital units or removed completely in others.

On the horizon the service envisages a further significant impact to pharmacy technician recruitment with a change to the GPhC initial education and training standards. This has removed the competence requirements for technical services-based principles from “can do” to “knows how”. This means that when the new pharmacy technician qualification is implemented this year, qualified pharmacy technicians graduating in 2022 will have limited knowledge about the preparation and manufacture of pharmaceutical products and the impact for patients. Without the expectation to acquire skills and experience there is a significant risk to service delivery across the region.

To adjust for this and to maintain skills development, the service is proposing to recruit trainee preregistration pharmacy technicians through the current apprenticeship programme and base them within Technical Services, a change to the current model. These posts would be advertised separately to others in the managed sector to attract suitable individuals. The placements would be in named units within Wales to assure the quality of the training placement and experience. The majority of the qualification will be attained from bespoke placements arranged across the managed or community sectors to fill gaps in mandatory performance requirements.

Health Boards have indicated a need for an additional 8 pre-foundation pharmacy technician posts for future service demand.

**HEIW propose that the total numbers of pre-foundation pharmacy technician posts for 2021 needs to be 63 to meet workforce demand. This provide 55 posts for clinical role development and 8 additional posts for technical services.**

### **2.3 Pre-Foundation pharmacists (previously called Pre-registration Pharmacists)**

As described in last year's paper, the Welsh Government funded a transformation programme for pre-foundation pharmacist training through to 2024. For the 2021-22 academic year, national funding for recruitment of 170 multi-sector pre-foundation pharmacists has already been confirmed, with funding transferred directly from Welsh Government.

### **3. Post-Registration education and training**

#### **3.1 Foundation Practice**

The initial education and training of pharmacy registrants is changing and adapting to produce the registrants of the future. The changes will enable a new set of knowledge, skill and attitudes at the point of registration, but these benefits will not be realised for three to five years. The reality currently and even in the future is that new registrant practitioners will always be practising at a novice level in their early years i.e. safe but inexperienced practitioners. Novice practitioners will require structured experiential learning within a framework to progress towards more situational, holistic and intuitive practice.

It has been recognised across the UK that a vocational foundation pharmacist programme for all new pharmacist registrants is required to ensure the workforce can be supported to move from novice practice to proficient practice.

Chief Pharmaceutical Officers across Great Britain have described the desired 'end goal', of equitable access to a vocational foundation training and support for all novice pharmacists, irrespective of sector. A working group chaired by the pharmacy regulator and professional leadership body will publish a national curriculum for foundation pharmacists towards the end of 2020.

Similar work has commenced to develop a UK Foundation programme for pharmacy technicians. It is anticipated that this work will be completed during 2021.

HEIW has decided to not make any significant change to a new offering for foundation pharmacist practice for 2021 commissioned posts. This position will be reviewed for the 2022 commissioning cycle following the agreement of the new foundation curricula towards the end of 2020.

##### **3.1.1 Diploma programme**

HEIW proposes no increase in diploma posts from the current **40** posts.

##### **3.1.2 Foundation Pharmacy Technicians**

IMTPs recognise the leadership and clinical roles in medicines management that are best filled by pharmacy technicians

The UK foundation pharmacy technician framework will not be available until 2021. However, there is a current need to develop novice pharmacy technicians to proficient practitioners. Several Agored Cymru level 4 learning modules have been developed by HEIW to support these practitioners. HEIW propose to provide training grants to employers to enable pharmacy technicians to have the protected time to attend study days, complete learning portfolios and for the assessment costs of portfolios. The number of training grants made available would be 20 at a cost of £1K per learner. (5 study days top of Band 4 and £450 assessment fee). These funds will be sourced from the health care support workers budget within HEIW.

## 3.2 Advanced practice

Through IMTPs, numbers of requests for extended, advanced and 'higher level' post registration developments from pharmacy have increased in the last 3 years. This has enabled pharmacists to develop the skills needed to continue to deliver excellent patient care in an everchanging NHS. Areas of practice that needs continued, increased and new investment are pharmacists and pharmacy technicians working in the GP practice and community settings.

### 3.2.1 Advanced and extended practice pharmacists and pharmacy technicians

All requests for pharmacy extended, advanced and 'higher level' post registration developments will be allocated through the pharmacy dean, considering local and national pharmacy workforce priorities. For 2021-22, HEIW will prioritise the development of patient assessment skills and leadership skills for the existing workforce, focussing on the following priorities:

- Transformation and transition of practice across all sectors including advanced pharmacy practice in GP settings
- Diagnostic clinical skills to support urgent care across all sectors, particularly in respect of independent prescribers
- Unscheduled care practice both in hours and out of hours
- Mental health
- Critical and Palliative care

HEIW will support advanced, enhanced practice of whole workforce across all sectors for both pharmacists and pharmacy technicians. Pharmacy proposes an increase to the advance practice funds to support the further development of both pharmacists and pharmacy technicians in all care settings.

In particular, these funds will be offered to provide 12-month supportive training programme for those pharmacists transitioning into GP practice. The programme delivers expert workplace clinical tutoring and mentoring, alongside specific skills training across Wales.

**Allowing for historical spend, future inclusion for pharmacy technicians, primary and community pharmacists, GP practice pharmacists and pharmacy technicians, this budget requires a significant increase to a total value of £470K from the historical spend of circa £220K.**

### 3.2.2 Independent prescribing (IP)

The 'Pharmacy Delivering a Healthier Wales' plan set out goals to have:

- 30% of community pharmacies having an independent prescriber offering services by 2023.
- All pharmacies by 2030, as well as all pharmacists working in patient facing roles within managed sector being IPs by 2023.

Pharmacists from secondary care have been supported to gain this qualification for many years, whilst other sectors have struggled to access training support in an equitable manner. For the last two years, community pharmacists have been supported to achieve this



qualification, but target numbers of prescribers have not been achieved, due to issues of release from practice and lack of designated medical professionals. This year due to the COVID-19 pandemic, many community pharmacists have had to suspend this training, until autumn 2020 / early 2021, due to the inability to be released. Again, this year target numbers for this sector will not be achieved. so we will not achieve the target numbers from this sector this year.

**In order to meet workforce demand commissioned numbers need to increase to 150 pharmacists undertaking the independent prescribing course, each year across all the sectors. Funding for 150 pharmacists will require a total cost of £204K**

Prior to the establishment of HEIW, funds for the increasing workforce demand for community pharmacist IP training was provided directly via Welsh Government. This established workforce development needs to be part of the business as usual for HEIW. The funding for community pharmacists will include the educational costs of the programme and a training bursary of £3K per community pharmacist. The training bursary will meet the exceptional need for this group of pharmacists to be released from their substantive posts to meet the mandatory programme requirement of 12 contact days with a designated supervising practitioner (DSP).

**The proposed numbers of community pharmacists requiring a training bursary are 60 at a total cost of £180K.**

**The total costs for pharmacy independent prescribing training across all sectors of practice is £384K**

As a separate initiative, pharmacy will lead on the development of support network post qualification for all non-medical independent prescribers. This will include the development of a support network post qualification and underpinned by peer review. This will support IP flexibility providing a clear pathway when changing scope of prescribing practice.

### **3.2.3 Clinical Scientist Trainee Programme (STP)**

Pharmacy Technical Services in Wales are currently undertaking a transformation project with Welsh Government. This will reconfigure the way in which medicines are prepared and manufactured to meet the growing demand, currently 5-10% per annum. With this there is an opportunity to increase and restructure the workforce to maximise skill mix.

The Clinical Scientist Trainee Programme (STP) has yet to be explored within the context of pharmacy services and could be utilised within Technical Services Production, Radiopharmacy, Quality Assurance and Quality Control roles in Wales. These posts have been established within the UK in Technical Services for several years, with the Master's degree Pharmaceutical Technology and Quality Assurance (PTQA) forming part of that programme. This degree has been commissioned by the NHS Technical and Specialist Education and Training (TSET) group and delivered by Manchester University. It is the qualification recognised by the MHRA required to manage licenced technical services units.

The creation of STP posts will advance the skills and experience of pharmacists in Technical Services as a career choice. There have also been difficulties recruiting pharmacists due to a lack of skills and experience in this area with significant underfunding for training over many years. This would also add an additional career pathway as it enables new roles to be

created for science graduates who are able to practice within MHRA licenced units, increasing the pipeline supply of skilled workforce into this specialist field.

Without these training posts and the investment and development of staff in this area then there is a real risk of the transformation project failure.

**The numbers requested are: 3**

### **3.2.4 Consultant Pharmacists**

The stepwise approach to development for pharmacists described in 3.2 will provide the required opportunities, through experience and modular portfolio building, to grow a pool of individuals competent to continue into consultant level practice. Consultant Pharmacist businesses cases include local funding for professional developments.

- (1) Welsh Pharmaceutical Committee. (2019) *Pharmacy: Delivering a Healthier Wales*. Available from: <https://www.rpharms.com/recognition/all-our-campaigns/pharmacy-delivering-a-healthier-wales> [Accessed 12th December 2019]

## **4. Healthcare Scientists**

### **Healthcare Scientists**

Healthcare Scientists within healthcare represent a broad range of professional groups and specialisms and represent a rich and diverse group of over 50 disciplines. Staff numbers within each specialism or discipline are relatively small and the number of staff trained each year reflects this. There are greater numbers commissioned at undergraduate level Practitioner Training Programme (PTP) with smaller numbers at MSc Clinical Scientist Training Programme (STP) and PhD Higher Specialist Scientist Training (HSST) level. There has been a year on year increase in trainees at STP and there are now the most scientist trainees in the system than ever.

The STP trainee programme continues to be a highly competitive and sought after training programme with the NHS Wales recruitment process for 2020 lead by HEIW yielding 1,298 applicants for the 32 available posts.

**HEIW recommends 37 places are recruited to for 21/22**

### **Equivalence routes to registration**

HEIW worked successfully with NHS organisations throughout 2019 to embed 'equivalence' pathways into the NHS for the healthcare science workforce. This supports individuals to gain professional registration and progress through the scientific career structure.

There is a continuing theme around a need for "grow-your own" and for in-house training to extend practice for Healthcare Science. Using equivalence to develop clinical and consultant scientists is a cost-effective way of realising the increase in numbers as reported in the IMTPs, whilst recognising the value and skills currently employed. This will enable the workforce to grow and develop and will support staff within the service to progress their careers whilst continuing to work.

**HEIW recommends that investment in equivalence continues with an annual budget of £70,000.**

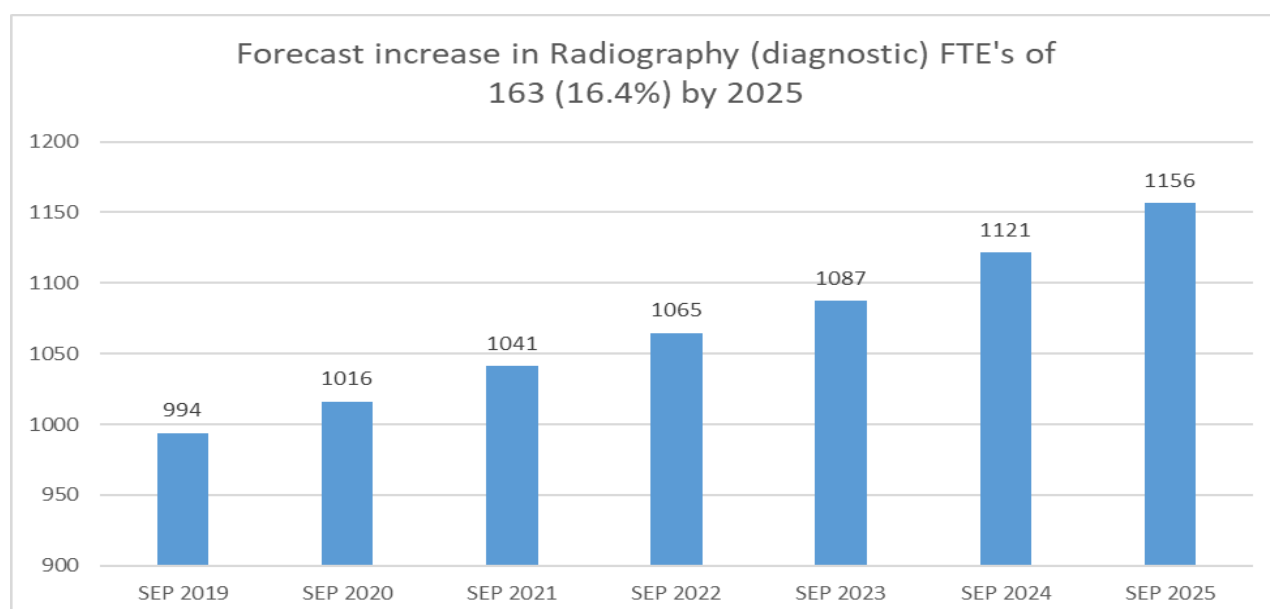


## Diagnostic radiotherapy

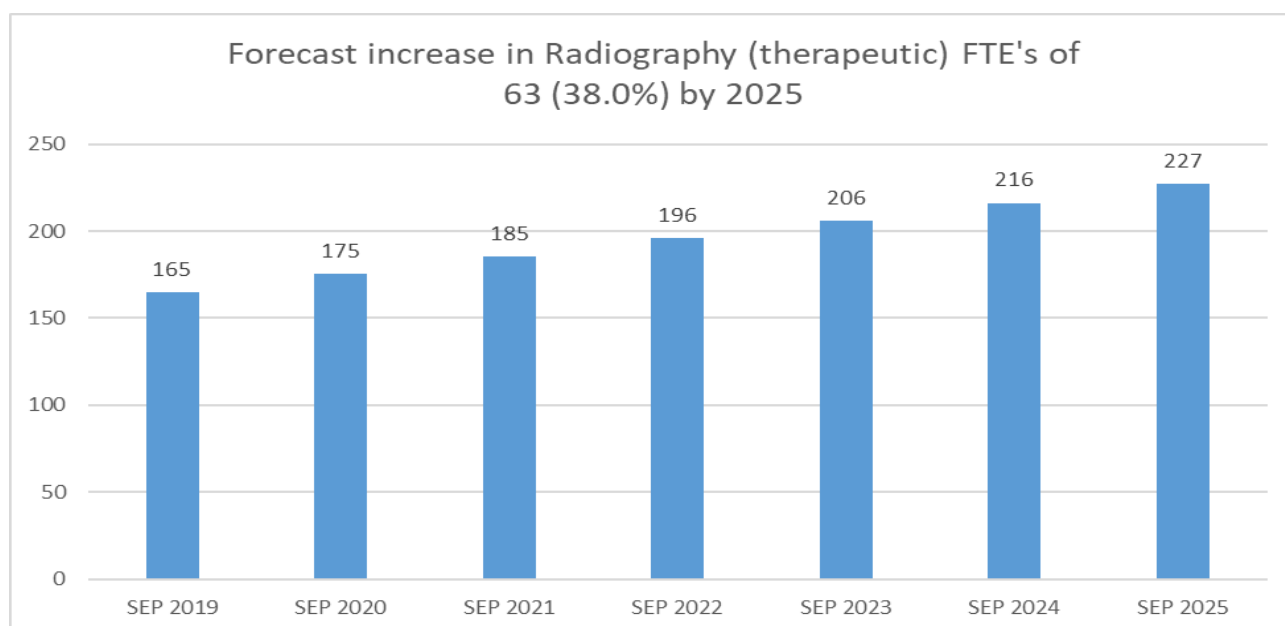
It is recommended that diagnostic radiography numbers will remain at 140. This is after an increase of 28 in 2020 (representing a 25% increase).

One of the core objectives aligned to the Wales Cancer Delivery plan has been detecting cancer earlier. This has led to an increase demand for radiotherapy services to speed up diagnosis. The single cancer pathway builds on the success of rapid diagnostic clinics. IMTPs highlight the future requirement for growth in these services. There are significant pressures on placements and HEIW are working on solutions with Health Board and University partners. Therefore, no further increase is recommended until more innovative, safe and quality placement opportunities are identified.

The workforce intelligence model identifies that the diagnostic radiography workforce is projected to grow **by 163 (16%)** between September 2019 (994 FTE's) and September 2025 where the forecast is **1,456 FTE's**.



The workforce intelligence model identifies that the therapeutic radiography workforce is projected to grow by **63 (38%)** between September 2019 (165 FTE's) and September 2025 where the forecast is **227 FTE's**.



The tables on the next pages outlines the number of Healthcare Science students which it is recommended are commissioned for 2021/22.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
BSc Diagnostic Radiography	112	112	140	134	140
BSc Therapy Radiography	20	20	22	26	26
HE Cert in Audiological Practice	0	0	15	0	15
<b>Physiological Science - PTP</b>					
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	24	24	24	22	24
B.Sc. (Hons) Healthcare Science - Audiology	18	16	10	12	12
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	5	5	5	8	8
B.Sc. (Hons) Healthcare Science - Neurophysiology	3	3	4	3	3
<b>Physical and Biomedical Engineering - PTP</b>					
B.Sc. (Hons) Healthcare Science- Clinical Engineering	3	3	2	2	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine	3	3	3	6	3
B.Sc. (Hons) Healthcare Science - Radiotherapy Physics					3
<b>Life Science - PTP</b>					
B.Sc. (Hons) Healthcare Science- Blood, infection, Cellular, Genetics	21	21	24	25	25
<b>Total PTP</b>	77	77	87	78	80
<b>HIGHER SPECIALIST SCIENTIST TRAINING - HSST</b>					
Physical Sciences	2	2	2	5	3
Life Sciences	2	2	2	5	3
Physiological Sciences	1	1	1	2	2
<b>Total HSST</b>	5	5	5	12	8
<b>Post Graduate Healthcare Science Education</b>					
MSc Genomic Medicine (This is not an STP)	20	20	20	0	20
<b>SCIENTIST TRAINING PROGRAMME-STP</b>					
<b>Physiological Sciences - STP</b>					
MSc Audiology	3	6	6	5	5
MSc Neurophysiology	2	2	0	4	3
MSc Cardiac Science	3	1	3	9	3
MSc Respiratory & Sleep	0	3	1	2	2
<b>Life Science -STP</b>					
MSc Clinical Microbiology	3	0	2	1	1
MSc Clinical Immunology	0	0	0	0	0
MSc Haematology and Transfusion Science	0	0	1	1	1
MSc Histocompatibility and Immunogenetics	0	0	0	1	1
MSc Clinical Biochemistry	0	2	4	3	3
MSc Genomics	2	1	1	2	2
MSc Cancer Genomics	0	1	1	2	2
MSc in Genomic Counselling	0	0	2	0	2
MSc Reproductive Sciences - Clinical Embryology and Andrology	0	2	1	1	1
MSc Histopathology	0	0	0	1	0
MSc Reconstructive Science	0	1	0	1	1
<b>Physical Sciences and Biomedical Engineering - STP</b>					
MSc. Medical Physics	3	3	7	6	5
MSc in Clinical Engineering	2	1	2	5	4
<b>Clinical Bio Informatics -STP</b>					
MSc in Clinical Bioinformatics	2	1	1	4	2
<b>Clinical Pharmaceutical Science</b>					
MSc Pharmaceutical Technology and Quality Assurance	0	0	0	3	3
<b>Total STP</b>	20	24	32	55	40

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
<b>Dental</b>					
Diploma in Dental Hygiene	18	18	18	1	18
Degree in Dental Hygiene & Therapy	13	13	13	9	13
Pharmacy Technician	35	45	45	63	0

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
<b>Radiography - Assistant Practitioners</b>					
Assistant Practitioners Radiography - Diagnostic	12	12	12	12	12
Assistant Practitioners Radiography - Therapy	0	0	0	0	0

## 5. Post Registration and Post Graduate Education

### Introduction

Continuing education is crucial once professionals enter their professional registers. It supports transition into the registrant role and supports the development of advanced skills, which enables registrants to be able to respond to the transformation and redesign of clinical services and challenging health crisis. This has been more evident in 2020 with the onset of the Covid 19 pandemic.

HEIW funds staff to undertake post registration/graduate level education these include:

- Advanced and extended Practice education
- Non-Medical prescribing
- Community Health studies
- Specialist Community Public Health Nursing (SCPHN)
- Medical ultrasound education
- Genomic Medicine Education
- Reporting radiography education

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

### Advanced and Extended Practice Education

There has been significant investment in advanced/extended education and over the last few years from Welsh Government and currently the budget per annum is £1.5m. This investment has supported a wide range of clinicians to develop advanced and extended skills and has also supported health services to gain advanced practitioners. Priority areas identified last year continue to be the same for 2021/22. These are:

- Community and Primary care/GP OOHs
- Unscheduled care to include, emergency care, critical care

- Cancer services
- Diagnostics
- Eye Health/Ophthalmology access

At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake post graduate education programmes. HEI's have been able to convert most of their face to face teaching into distance and online learning, which has allowed students to continue with the academic element of the programme. This budget has seen significant increase over the last few years **however the recommendation is that the budget is increased to £2 million for 2021/22.**

### **Non-Medical prescribing Education**

The following courses are funded:

- Independent prescribing.
- Supplementary prescribing
- Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners
- Non-Authorisation of blood transfusion

Investment in these programmes increased for 20/21 to £500k. At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake these programmes. As this budget has seen significant increase over the last few years and with the uncertainty regarding Covid19 therefore the recommendation is that the budget remains at the current level.

### **Reporting radiographers**

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. A new budget was established in 2020/21. HEIW is recommending that the budget of £40k per annum continues for 21/22

### **Medical Ultrasound/Sonography**

The development of Medical ultrasound/sonography skills amongst clinicians is now well established within NHS Wales. In 19/20 the fund started to be accessed across a broader range of professionals e.g. podiatrists and physiotherapists. The level of need amongst the workforce continues to be significant, with some of this education requiring topping up from the advanced practice funding.

**HEIW recommends that the budget increases to £**

### **MSc in Genomic Medicine**

Genetics and Genomic medicine continue to build momentum within healthcare provision. Advances in this field have provided patients with earlier and more accurate diagnosis and more individualised treatment and patient care. Welsh Government has identified a need to increase the capacity and capability of the scientific workforce in genomic medicine, and the

Genomics for precision medicine strategy was published in July 2017, which sets out the Welsh Government's plan to create a sustainable, internationally-competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales. Since then the Topol report (2019) has also been published which contains eight recommendations for genomics specifically, with a heavy emphasis on workforce development and planning.

**HEIW recommends that the budget remains at the current level.**

### **Community Education**

Community health studies programmes actively supports "A Healthier Wales" and the movement of services from secondary care to community/primary care which focuses on keeping people well and at home. Investment in this area can be categorised into three main areas:

- Programmes which lead to a **recordable** qualification i.e. District Nurse, Practice Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Paediatric Community Nurse
- Programmes which may lead to an academic award which is not formally recognised by the NMC.
- Programmes which lead to a **registerable** qualification with the Nursing and Midwifery Council (NMC) i.e. Health Visiting, School Nursing and Occupational Health Nursing.

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

### **Health Visiting**

Health Visiting is delivered through a number of routes:

- Full time: This is a full-time continuous 45 week course with a period of consolidation which takes the student up to 52 weeks.
- Part time: The part time route is undertaken on a part-time basis and usually completed over a period of 2 years
- Modular: Students undertake one or more specific taught modules over an undefined period of time.

The modular route continues to prove a challenge to service in releasing staff to undertake this programme.

Welsh Government policy is for the introduction of skill mix into all clinical teams and for flexible modular routes to education to be available and the modular route meets these requirements. This approach is supported by HEIW as it provides the opportunity for skill mix and better use of the available resources. The Chief Nursing Officers Office and HEIW will work with the NHS to continue to embed this route.

**HEIW recommend maintaining the same level of education provision as in 2021/22.**

The tables below identifies the number of students which it is recommended are commissioned for 2021/22

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Health Visiting (Full-time)	63	58	58	70	58
Health Nursing (Part-time)	27	34	34	18	34
Health Visiting (modules)	30	30	30	6	30
School Nursing (Full-time)	14	14	14	32	20
School Nursing (Part-time)	5	5	5	3	10
School Nursing (modules)	3	3	3	0	0
Occupational Health (Full-time)	0	0	0	2	0
Occupational Health (Part-time)	0	0	0	1	0
<b>Community Health Studies</b>					
District Nursing (Part-time)	80	80	80	78	80
District Nursing Modules (in modules)	123	123	123	92	123
Practice Nursing (Part-time)	20	20	20	30	30
Practice Nursing Modules (in modules)	29	29	29	50	50
Community Paediatric Nursing (Part-time)	0	0	0	11	0
Community Paediatric Nursing Modules (in modules)	24	24	24	10	24
CPN (Part-time)	30	30	30	14	30
CPN Modules (in modules)	60	60	60	14	60
CLDN (Part-time)	0	0	0	7	0
CLDN Modules (in modules)	10	10	10	5	10
Additional Modules	472	472	560	36	560
Return To Practice	140	140	140	138	140

## 6. Healthcare Support Worker Development

Healthcare Support Workers (HCSWs) make up 41% of the NHS Wales workforce and make a valuable contribution to service delivery in all settings with over half of this 41% working in roles supporting nurses and allied health professionals. Workforce profiling suggests that 80% of tomorrow's NHS workforce is in post today, therefore greater priority needs to be given to developing the skills and competences of the current workforce, to better meet the health and care needs of service users today and tomorrow. Without building capacities and capabilities in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's

healthcare needs. There is an urgent need, therefore, to develop and invest in HCSWs working in primary, community and hospital services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer.

In addition, there needs to be equal opportunities for all HCSWs including those who work within Healthcare Science and Facilities Services. HEIW and WEDS previously have worked to fill the education gaps within the HCSW Career Framework and broadened it to include non-clinical areas by developing appropriate work-based learning qualifications. A number of HCSW qualifications sit within Apprenticeship Frameworks and HEIW are working with NHS Wales to develop a Governance Framework for Work Based Learning and looking at the different models for delivery and where HEIW could add value to the learner's experience. This workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sort to increase the numbers of HCSWs undertaking Apprenticeships, which are referenced to within a number of the IMTPs. It is expected that organisations will continue to maximise the use of Apprenticeship funding, which would increase the breadth of support that could be given to organisations from the non-medical education budget.

Other areas for the development of HCSWs outlined within the IMTPs include:

- Primary Care
- Joint Health and Social Care roles
- Theatres
- Critical Care
- Midwifery
- Ophthalmology

## 7. Medical & Dental

The 2020 – 2023 IMTPs refer to areas of **medical recruitment difficulties**, across all grades and specialties, however, at Consultant level there are reported recruitment difficulties across a wide range of specialties including:

- Ophthalmology
- Emergency Medicine
- Anaesthetics
- Intensive Care Medicine
- Microbiology & Infectious Diseases
- Obstetrics and Gynaecology
- Paediatrics
- Sexual Health
- Surgery specialties including Urology, Breast Surgery, ENT and Trauma and Orthopaedics
- Oncology
- General Practice
- Neurology



- Psychiatry
- Radiology
- Histopathology

This pattern is replicated across certain parts of the UK and to address this, in part, the Home Office announced changes to the immigration rules meaning that certain occupations would be added to the shortage occupation list, giving people coming to the UK to work in these roles priority in securing a Tier 2 work visa. In October 2019 the shortage occupations list was updated to include all grades of medical practitioners. The Home Office also streamlined English language testing meaning that doctors who have already passed an English language test accepted by the GMC, do not have to sit another test before entry to the UK on a Tier 2 visa. This change enables Health Boards and Trusts to be able to recruit overseas candidates quickly (see section on impact of Coronavirus).

### **The approach to workforce planning**

With the establishment of HEIW, the approach to workforce planning for the medical workforce was further developed this year. A series of engagement and planning meetings were set up, with a membership comprising the Postgraduate Dean, supported by other leads within HEIW and a range of stakeholders including Heads of Schools, Programme Directors and representatives of the Royal Colleges. These meetings considered a range of workforce information that informed the workforce planning recommendations for this year.

This approach has allowed HEIW to review a larger number of specialties this year and to commence work to build and develop a modelling approach that will support the planning function going forward. Criteria for assessing the decommissioning of training posts was also agreed by the group. Any future decisions to decommission training posts would be agreed with the HEIW Education Training and Commissioning Group and this approach was discussed with the All Wales Medical Directors Group. The final workforce planning recommendations were also shared with the Medical Directors as part of the engagement process for the development of this year's plan.

### **Impact of the Coronavirus Pandemic on medical training**

The Coronavirus pandemic which commenced in early 2020 has had a number of impacts on medical training, some of which are not yet quantifiable.

**Foundation Training:** Emergency capacity planning at the start of the pandemic led to the graduation of the medical students being brought forward to May 2020, with an optional Interim Foundation Year 1 role created to cover the period between graduation and commencing Foundation training in August 2020. The interim placements commenced in May and early June with funding directly allocated to Health Boards via the COVID allocations.

**Core & Specialty Training:** The commencement of the pandemic coincided with the recruitment rounds for August 2020. A programme of contingency arrangements was introduced across the UK to complete recruitment for outstanding specialties. Rotations were also suspended at this point. Final numbers for the recruitment process will not be available until mid in May. Delayed start dates may need to be introduced for certain trainees who, due to visa applications and travel restrictions, are unable to commence their programme as originally planned.

**Completion of Specialty Training:** There is likely to be an impact on specialty training, specifically for those trainees approaching their Certificate of Completion of Training (CCT) and those completing Core training due to the stopping of core work impacting on competence acquisition and assessment. This might mean that a small number of trainees cannot complete their training at their anticipated point of CCT. Solutions are being explored; these include utilising the trainees' six-month period of grace to enable them to complete their logbooks, however, as the country emerges from lockdown and normal activity restarts, this issue might resolve. HEIW is working with the relevant organisations regarding CCT and consultant recruitment.

**General Practice:** The MRCGP examination was suspended in March and GP Specialty Trainees/Registrars due to complete training by August 2020 may not be able to gain their CCT unless an alternative assessment can be developed. The RCGP is working with the SEBs to urgently develop an alternative to the clinical skills assessment (CSA) which may mitigate this risk.

**Tier 2 visas and overseas recruits:** For those medical staff currently employed on a Tier 2 visa, there have been automatic extensions of visas for those who are due to expire in the next 6 months, however, there has also been a suspension of processing of new applications for Tier 2 Visa by the Home Office. This may impact on the number of overseas doctors entering medical training programmes later this year.

## **Medical Workforce Planning Recommendations for Core & Specialty Training**

### **General Practice**

HEIW was successful in the recruitment of 187 applicants into general practice training in the last year. Previous recommendations have been to increase the GP training posts from 136 to 160 and ultimately to 200 by 2021 with a formal target of recruiting up to 160 trainees.

It is recommended that 160 GP training places are advertised with an option to over-recruit to a maximum of 200.

### **Emergency Medicine:**

Previous recommendations have recognised the increased demand for Emergency Medicine, the fact that the Consultant workforce is ageing and that Emergency Units, across Wales are currently understaffed as compared to Royal College recommendations. Several organisations continue to report recruitment difficulties for Emergency Medicine in their IMTPs.

In recent years, the workforce planning recommendations for Emergency Medicine have included recommendations to expand the Acute Common Stem (ACCS) programme. ACCS is the feeder training programme for Emergency Medicine and almost all the Emergency Medicine trainees undertake this training programme before entering higher training in Emergency Medicine. Over recent years, the ACCS training programme has been expanded to enable increased output with the posts to support this coming from the conversion of unfilled higher posts into the lower grade of ACCS and newly funded posts. As the ACCS programme expands, further expansion is required in the Emergency Medicine programme to address the deficit following the conversion of higher posts to ACCS in

previous years. To support this an increase of 5 Higher Training (ST3) posts for is required for Emergency Medicine.

There is also recognition that there remains a requirement to increase the numbers of ACCS trainees to support retention into Higher Emergency Medicine training in North Wales. Trainees in North Wales are likely to remain there as consultants and increasing the number of trainees on this programme will increase the supply of CCTs to take up consultant posts in that region. It is recommended that 2 additional ACCS training posts are created for the North Wales programme.

## **Anaesthetics**

Previous recommendations have recognised the increased demand for Anaesthetics and the fact that both the Consultant and SAS workforce is ageing with an increasing number of anticipated retirements over the next 5 – 10 years. Consultant vacancies are impacted by retirements but also due to consultants choosing to drop sessions or work part time. Consultant recruitment has traditionally been good across NHS Wales, however, more recently several posts are proving difficult to fill due to a lack of applicants and again several organisations are noting recruitment difficulties for consultant anaesthetists in the IMTPs. Anaesthetics has traditionally employed a large proportion of SAS doctors at middle grade and more recently there is difficulty in recruiting to this grade which is an important component of the middle tier.

Demand for anaesthetics steadily increases due to the ageing population, increasing complexity, demand for out of hours consultant cover, increases in post anaesthesia care and peri-operative medicine, the move to 7 day working and ICU requiring 24-hour consultant cover. The consultant workforce works on a sessional basis and increasing numbers are opting to work 10 sessions or less. The Coronavirus pandemic has also highlighted the importance of these consultants in supporting ICU departments.

Fill rates for training in Anaesthetics remain good, however, high numbers of trainees are opting for less than full time training (LTFT). Between 20 -22 trainees gain CCT each year and evidence from CCT destination data shows that the majority of trainees in anaesthetics remain in Wales as consultants post CCT.

In line with all other specialities and following the recommendations of the Shape of Training review, the Royal College of Anaesthetists have submitted a revised curriculum to the GMC which was scheduled for implementation from August 2021. However, due to the impact of the Coronavirus pandemic, the planned changes to the Anaesthetics curriculum will now be delayed by one year.

Requirements for additional posts at the Core training level for 2021, to meet the changing curriculum requirements as a result of these changes, will now not be required until August 2022 and Anaesthetics will be reviewed again next year.

Given the significant moves to LTFT working and the level of anticipated retirements over the forthcoming years it is recommended that an additional 3 Higher Training posts are required in Anaesthetics to address ongoing and predicted workforce shortages at consultant level.

## **Intensive Care Medicine**

There remains a steady increase in demand for intensive care due to the ageing population, associated increases in complexity of patients and the move towards an increased expectation of out of hours care being delivered by consultants. In 2018, The Minister for Health and Social Services announced an allocation of monies to support the development of Critical Care in Wales. The Critical Illness Implementation Group established a Task and Finish Group on Critical Care which reported in July 2019. This report recognised that there was a need for extra critical care capacity in conjunction with a combination of other initiatives and improved efficiencies. The report recognised the need for a phased expansion of level 3 beds and the development of the critical workforce, including the need for an increase in medical training posts. Health Boards have developed phased implementation plans (over a maximum five-year period).

Consultants in ICU have traditionally come via the Anaesthetics training route and in 2012, training in Intensive Care Medicine became a single specialty. However, most trainees continue to dual accredit with other acute specialties such as Acute Medicine leading to a CCT in both ICM and another specialty. This may impact on the final destination of trainees vis a vis recruitment into ICU. To address this, previous workforce planning recommendations have been to increase in ICM as follows:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

Currently, the training programme comprises 27 trainees with varying outputs due to the dual accreditation. It is recommended that an additional 4 Higher Training post are required to increase our ICM workforce in Wales and that ICM requirements continue to be reviewed and again in 2021.

### **Recommendations to support the development of the Major Trauma Network:**

#### **1. Plastic Surgery**

Plastic Surgery is a small specialty and is currently provided as a national service based at Morriston Hospital in Swansea Bay UHB. The British Association of Plastic and Reconstructive and Aesthetics Surgeons' 2018 workforce analysis recommends a ratio of one plastic surgeon per 80,000 population. This would equate to 35 wte in Wales whilst the current establishment is 17.3 wte with the potential for up to 3 consultants potentially retiring within 5 years. There are currently no difficulties in recruiting to Wales with 82% of trainees, over the last 10 years, remaining in Wales as consultants.

It has been agreed, that to support the workforce model for the Major Trauma Centre, 2 additional Higher Training posts are required for Plastic Surgery.

## **2. General Surgery**

There are a number of pressures impacting on training in General Surgery. These include:

- The Grange hospital in ABUHB, which will require middle tier surgical support.
- Over the past decade there has been an increasing need for transplant surgery in Wales and the specialty has become increasingly popular. There are currently 5 Welsh trainees with transplant surgery as their declared sub-speciality interest but only two training posts.
- The separation of vascular training from general surgery a few years ago has now created pressures for Health Boards as the Vascular programme was delivered through reconfigured General surgery posts. Senior vascular trainees (ST5 and above) now need to be on dedicated vascular surgery on call rotas which has not historically existed for this tier and which is now impacting the sustainability of general surgery rotas.
- The staffing for general surgery cover for the MTC has not been formalised but is likely to require additional training posts. This is a valuable opportunity to provide more formal trauma training in Wales.
- Breast surgery will eventually move into a separate speciality which will impact significantly on the make up of the training rotations in Wales and also impact on general surgery on call rotas for Health Boards.

Demand for surgery is increasing due to an ageing population, increased complexity due to co-morbidities and increases in cancer incidence. It is therefore recommended that 4 additional Higher Training posts are required for General Surgery.

## **3. Trauma & Orthopaedics**

The workforce model in Trauma and Orthopaedics was considered during the previous workforce planning round, with a recommendation made for an additional 4 trainees to commence in August 2019. This has been reviewed again this year in the context of the Major Trauma Centre. No change is recommended for 2021.

### **Urology**

Demand for urology is increasing due to increases in prostate and other urological cancers related to an expanding older aged population; approximately 50% of Urology workload is cancer related. The consultant workforce is also ageing with a large proportion of the workforce currently aged 50+ and 55+. There are unfilled consultant posts across Wales and plans to expand posts in a number of Health Boards. There are emerging difficulties in recruitment with some Health Boards reporting recruitment difficulties in their IMTPs. There have also been failures to appoint at consultant level, especially where there is a requirement for sub specialisation.

The five-year Wales Urology training programme is made up of 16 posts with approximately 3 trainees achieving CCT each year.

To support the Cancer agenda and anticipated changes in workforce over the coming years, including shortages at consultant level, it is recommended an additional 4 Higher Training posts are created.



## Neurosurgery

Neurosurgery is a small specialty and is a national service provided from Morriston Hospital in Swansea Bay UHB and Cardiff and Vales UHB. Neurosurgery is a predominantly Consultant delivered speciality. There are a small number of retirements anticipated over the next 5 – 10 years and on review there are sufficient trainees to be able to replace these posts.

Neurosurgery is a small training programme with approximately 1 trainee achieving CCT each year. The training programme expanded considerably from 3 posts in 2010 to current numbers. Most trainees undertake 1 and 2 year post CCT fellowships before taking up either substantive or locum positions. Modelling undertaken by the Society of British Neurological Surgeons looking at workforce requirements over the next 12 years suggest both an over and under supply of trainees depending on an assumption of conservative growth and retirement estimates. Bi-annual workforce surveys are planned to begin in 2020 and there are no plans to expand training numbers in England. National Selection recruitment is being held at 25 in 2020. Across the UK there are currently sufficient numbers of trainees undertaking locums and fellowships.

The training programme in Wales has a good reputation and is able to attract trainees; most trainees would prefer to work in Wales on competition of CCT. The programme is currently producing more CCT holders due to additional trainees undertaking Academic training through the WCAT programme.

Having considered the current numbers of trainees within the Wales training programme and retirements over the next 5 – 10 years, it is recommended that a phased reduction of posts is undertaken in line with trainees completing their training. This would lead to reducing the training programme by 2 posts over the next 2/3 years.

## Obstetrics & Gynaecology

*‘Maternity Care in Wales; A five-year vision for the future (2019 – 2024)’* was published in July 2019. The report includes a recommendation that HEIW will respond to the attrition rate of specialty trainees in obstetrics and gynaecology, by considering alternative entry points to the specialty training programme, additional training numbers and flexibility of training delivery. The Royal College of Obstetrics and Gynaecology O&G Workforce Report 2018 reported that across the UK there was a 30% typical attrition rate from training programmes and from trainees not taking up consultant posts. The report also noted that across the UK approximately 54% of trainees are international medical graduates.

Obstetrics & Gynaecology is a run through programme from ST1 leading to CCT. Entry points are typically at ST1 but more recently ST3 recruitment has commenced for this programme. The programme is made up of 93 posts. Attrition from the programme is usually seen in the early years with trainees transferring to other regions or specialties.

Both the consultant and training workforce is feminising which has the possibility of more of the consultant workforce choosing to work part time. Nationally it is estimated that up to 30% of the workforce will be retiring next 5 years and in Wales this could equate to up to 80 consultants and SAS doctors (in obstetrics and gynaecology there is a high proportion of SAS workforce in this specialty).

It is therefore recommended that an additional 2 ST1 posts are required, in response to *'Maternity Care in Wales, a 5-year vision for the future'* and to address attrition during the early years of the training programme.

## **Paediatrics**

In January 2019, the Royal College of Paediatrics and Child Health (RCPCH) published the 2017 Workforce Census Overview as the first part of their RCPCH State of Child Health Reports with the focus on Wales published in May 2019. This report estimates that the demand for Paediatric Consultants in the UK is 21% higher than the workforce in place in 2017. The report notes that demand for paediatrics is increasing stating that paediatric emergency admissions have grown in Wales by 17.2% between 2013/14 and 2016/17. There has also been an increase in the numbers of children presenting to primary care, secondary care as well as increases in paediatric A&E.

The Paediatrics workforce has a fairly even age profile in Wales, however, there are likely to be a significant number of retirements over the next 5 – 10 years. Within the training programme, there is a move towards more part time working and less than full time training (LTFT) rates have increased across the UK. With almost  $\frac{3}{4}$  of UK trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further and it is not known yet whether this will translate into an increase in part time working when these trainees gain their consultant appointments. The increase in the numbers of trainees opting to train less LTFT coupled with maternity leave and requests for out of programme training is leading to an increase in rota gaps across the training programme. Recruitment into Paediatrics is largely at ST1 with small numbers also available at ST4. Fill rates following recruitment vary each year but are usually range between 80% and 100%. Trainees often commence the programme working 100% WTE and reduce to 60-80% later in the programme.

Paediatrics was reviewed during the previous workforce planning round and at that point the specialty was undertaking work to consider training capacity if additional posts were allocated. As part of this process an additional 4 posts were identified for August 2020 funded through Health Board funding to support changes to their service delivery models. It was agreed to further review the specialty again as part of this workforce planning round.

It is recommended that an additional 4 ST1 posts are required to address the recommendations of the RCPCH workforce report, feminisation of the workforce and increasing numbers of trainees opting for LTFT training, resulting in persistent gaps within this training programme.

It is further recommended that to support recruitment and retention within the Paediatrics training programme, 2 Higher Training Clinical Teaching fellowships are also required.

## **Community Sexual & Reproductive Health (CSRH)**

Community Sexual and Reproductive Health is a relatively new training programme and a small specialty. Consultant recruits have traditionally been drawn from a variety of backgrounds, including O&G, Public Health and General Practice. Whilst there is scope to diversify the workforce, with nurses undertaking a wider range of practices including coil fitting, pressures on General Practice have impacted on this service and Consultant vacancies can be difficult to recruit to.

There is a need to undertake further work in forthcoming years to explore this specialty further alongside GUM and this specialty will now be reviewed in 2021.

### **Internal Medicine**

Training in the Physician specialties is made up of 3 years training in Stage 1 (Internal Medicine) followed by 3 or 4 years in Stage 2 (Higher Medical Training). It is therefore important that the balance between the number of posts available in Stage 1 and Stage 2 are closely aligned and allow for a level of attrition. Currently the ratio of those completing Stage 1 training and eligible for higher training is 1:1 (1 trainee completing per post advertised). Across other training programmes this ratio allows for greater flexibility and more importantly attrition when individuals change training pathways. Within this paper recommendations are being made to increase the number of posts available across the Stage 2 Medical specialties. It is therefore critical that as a minimum, the 1:1 ration currently in place is retained.

From previous Workforce modelling it is recognised that there are a number of Medicine specialties in which Wales is currently projected an oversupply of CCT holders and should therefore be considered for disestablishment. These posts have not yet been incorporated into any workforce plan as it is anticipated that these posts will be reallocated to Internal Medicine (IM3) posts from 2021 onwards to meet the demand of the Internal Medicine training programme. The implementation of the Internal Medicine curriculum will cause significant issues for service delivery across medicine particularly in August 2021 when recruitment into Stage 2 programmes will be frozen due to the introduction of the IM3 year. With this instability in mind there are no plans for 2020 to decommission medicine training posts until the requirements going forward have been explored with Health Boards and service implications during this transition period mitigated.

This complex piece of work will continue to be worked through in the forthcoming year and a number of medical specialties will continue to be reviewed, including the consideration of any implications of these changes and any recommendation for changes.

In reviewing the number of posts available for Stage 1, the workforce plans for the Grange Hospital in Aneurin Bevan Health Board were also considered.

It is therefore recommended that an additional 15 posts are required for August 2021 and that further expansion is reviewed for 2022. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in the following medical specialties.

### **Acute Medicine**

Acute Medicine is a small and relatively new specialty. Acute Care Physicians came into the workforce in Wales from approximately 2009. There are a number of consultants working in this field who come from other specialties according to the Royal College of Physicians census 2018. There is potential for between 6 to 10 consultants to potentially retire from the current workforce within next decade.

The Acute Medicine training programme currently has 12 trainees and the fill rate has been 100% for the past 3 years. Trainees typically go on to secure consultant posts in Wales, however, given the number of anticipated retirements it is unlikely that the current number



of trainees in Wales will be able to replace these retirees especially with an increase in trainees opting to dual accredit with other specialties such as ICM.

Due to retirements an additional 4 Higher Training posts are required to support the expansion of the Acute Care Physician consultant workforce.

## **Respiratory Medicine**

There is a long term, well described recruitment issues across the UK within respiratory medicine. The British Thoracic Society report highlights the large number of vacancies across the UK with 50% of hospitals reporting having vacant posts – a situation mirrored in Wales and likely to worsen based on our recent snapshot survey.

In Wales there are currently a number of vacancies for Respiratory Consultants and a number of Health Boards are also planning to increase their number of posts; this combined with an increase in the numbers of consultants choosing to work part time and a number of planned retirements anticipated over the next five years means that there could be up to 25 consultant vacancies over the next five years (STC estimate). Within this specialty there are also a number of dual qualified consultants who split their jobs between respiratory medicine and another specialty such as acute medicine or critical care. It should be noted that a number of the ICM trainees will also be dual accrediting with this specialty.

There are 29 trainees within the respiratory medicine training programme and the programme successfully recruits at ST3 with a 100% fill rate each year. There has been a steady increase in the number of trainees requesting to work LTFT - in 2012 there were 2 LTFT trainees and this has increased to on average 7 or 8 trainees and it is unclear at present whether the trend to train LTFT will translate into part time working at consultant level. There is also a high proportion of trainees taking time out of training for maternity leave.

Demand for respiratory consultants has been increasing across Wales and the rest of the UK over the last decade. This is driven by a number of factors including:

- Increased sub-specialisation within respiratory medicine
- A drive to improve lung cancer mortality with national optimal cancer pathways being the most recent development
- Improved and more complex high-cost treatments, especially biological therapies
- Respiratory medicine is the major contributing speciality for provision of unscheduled medical care across every hospital in Wales. Unscheduled care pressures are likely to continue to increase, and as acknowledged in the NHS Winter plan 2019/2020, approximately 50% of the increased admissions during winter are because of respiratory conditions.

Demand will also increase over the next decade due to the advent of lung cancer screening nationally. The demand is both unmapped and likely to be great as wide-scale rollout of these programmes driven by national policy is implemented.

The Coronavirus pandemic of 2020 has also highlighted the importance of the role and demonstrated the need for an increase in respiratory physicians. It is therefore recommended that an additional 2 Higher Training posts are required to support future workforce requirements.

## **Gastroenterology**

The National Endoscopy Programme for Wales was established in response to increasing demand from the incidence of cancer, increased screening programmes as a result of the Single Cancer Pathway and an increased focus on earlier diagnosis. The National Endoscopy Programme Action Plan 2019 – 23 identifies actions to develop sustainable endoscopy services which includes a focus on upper gastrointestinal endoscopy. Wales has an ageing population which in turn leads to increasing incidence of cancer and along with eight national screening programmes demand for Gastroenterology is increasing. Whilst the contribution of the wider workforce is recognised and plans are being devised to increase skills levels to undertake non-medical endoscopy, not all the work can be undertaken by a non-medically trained endoscopist.

Nationally there is a picture emerging of recruitment difficulties and two organisations in Wales reported recruitment difficulties in their IMTPs. Workforce surveys undertaken by the British Society of Gastroenterology and Royal College of Physicians (2018) note that at a UK level there is emerging evidence of failure to appoint to consultant positions due to lack of suitable applicants. The workforce census carried out by the RCP in 2018 notes that in North Wales current consultant numbers are below the recommended levels per head of population. There are anticipated to be an increasing number of retirements both in Wales and the rest of the UK due to the ageing of the workforce.

It is recommended to support future workforce requirements and the Single Cancer Pathway work that 2 additional Higher Training posts are required.

## **Renal Medicine**

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

## **Diabetes and Endocrinology**

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

## **Clinical and Medical Oncology**

Both specialties are small with 16 trainees in clinical oncology and 6 trainees in medical oncology. Trainees are increasingly opting to train less than full time, undertake fellowships and out of programme training and the majority of trainees take up consultant posts in Wales. Retirements are starting to increase within these specialties and within Wales there has been an increase in the difficulty to recruit to consultant posts, with one organisation reporting recruitment difficulties for Consultant Oncologists in its IMTP.

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020). The incidence of new cases is rising by approximately 1.5% a year and is set to rise by at least 2% a year for the next 15 years. More patients are now surviving their cancer for at least 10 years. Advancing age is the biggest risk factor for cancer with 77% of all cancers occurring in those aged 55+. This is a particular challenge in Wales as 33% of the population is aged 55+ as compared with 30% in the rest of the UK. An additional factor affecting the increase in demand is the additional complexity of treating older patients with cancer which requires additional support.

The new Single Cancer Pathway, implemented in Wales with aim to streamline the diagnostic pathway and ensure patients receive first treatment within 62 days of first suspicion of cancer, includes starting treatment within 21 days of diagnosis. Advances are also taking place in cancer treatments and management. The NHS Cancer Workforce Plan: Phase 1: delivering the cancer strategy to 2021, highlighted that HEE had already identified the need to invest in 746 consultants working in cancer but had concluded that they needed an additional 10% increase in the number of oncologists with an increase in the number of trainees over 3-15 years to support growth and transformation. The CRUK report - Full Team Ahead: Understanding the UK non-surgical cancer treatments workforce (December 2017) investigated the current and future needs, capacity and skills of the non-surgical oncology workforce across the UK. It notes regional variation in the workforce across UK with clinical oncologists making up 8.9% of the workforce in Wales (UK average 8.6%) and medical oncology 2.8% (UK average 5.1%) and that Wales has the lowest number of medical oncologists per million population compared to the rest of the UK. This document highlighted the need for investment in training numbers as the workforce modelling used, predicted a shortfall of 23% within medical oncology and 19% within clinical oncology consultant numbers by 2022.

The Royal College of Radiologists produced a Wales workforce summary in 2018 for clinical oncology. It identified a current workforce shortfall of 26% which is significantly higher than the UK average and likely to grow substantially over the coming years. The summary commented that there is significant regional variation in Wales with the number of clinical oncologists per million in Wales overall being on par with the rest of the UK.

**Clinical Oncology** – it is recommended that 4 additional Higher Training Posts are required per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments

**Medical Oncology** – it is recommended that 3 additional Higher Training posts are required per year for 5 years to support the increased incidence of cancer and the Cancer agenda.

### **Medical Microbiology and Combined Infection Training**

Medical Microbiology and Combined Infection Training was reviewed during last year's workforce planning round with a recommendation that the training programme was expanded to enable workforce changes outlined by Public Health Wales (PHW) in a paper presented to Welsh Government.

Demand for Medical Microbiology continues to increase with a noted increase in antimicrobial resistance (AMR), Healthcare Associated Infections (HCAI), increased complexity of infections, emerging infection threats and the move towards delivering healthcare in the community. This has also been highlighted by the Coronavirus pandemic that commenced during early 2020.

The Welsh Government has signed up to the UK AMR Action Plan with health security becoming a greater public health priority whilst recognising that Health Protection/Infection Services are fragile.

There is a recognised national shortage of trained medical staff and these shortages are also present for nursing and scientific staff. There are currently a high number of vacant Consultant posts within the Wales Medical Microbiology establishment, with only approximately 71% of posts filled – if the RCPATH guidelines are considered, this percentage

rate would be lower. Retirements will be increasing over the next 5 years and as noted last year the current number of trainees gaining CCT over that time are not likely to be sufficient to replace the retirements and the current vacancies. PHW continued to report recruitment difficulties in their current IMTP.

Last year Welsh Government agreed with Public Health Wales (PHW) to invest in the Clinical Infection workforce and PHW committed to employing additional consultants in infection.

It is therefore recommended to continue the recommendation from last year's plan; 3 additional training posts are required for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.

## **Radiology**

Radiology has seen a significant expansion in recent years, resulting from recommendations in previous workforce plans amounting to an expansion of approximately 30 posts. This has resulted in an overall increase in trainees from 42 in July 2016 to 72 in August 2019 and further for August 2020.

The increase in demand for imaging is noted and the Business Case for the National Imaging Academy identified a need of 20 training posts.

It is recommended to maintain an intake of 20 trainees per annum, as agreed last year, to maximise the capacity of the Imaging Academy and that this is reviewed again for the 2022 intake.

## PRIORITY WORKFORCE AREAS

### Critical Care

In July 2018 the Minister for Health and Social Services announced an additional £15million for Critical Care in Wales. A task and finish group was established and the Report of the Task and Finish Group on Critical Care was published on 2 July 2019. The report considered a number of areas including, critical care capacity, Outreach teams, PACU and long-term ventilation. The report also made a number of recommendations to Welsh Government including specific recommendations for the workforce:

- Better utilisation of the existing critical care workforce
- Development/expansion of the critical care workforce to meet professional standards
- To consider ways to manage critical care staffing across regions rather than just within UHBs
- Increase in the number of training post graduate training places for medical staffing, and consider training routes for nursing including ACCPs
- Funding should be provided on an indicative basis to allow health boards to develop robust implementation plans which take account of remodelling existing resources, interdependencies/impact of the development and confirmation they are definitely able to recruit any necessary staff

HEIW has reviewed Health Board Implementation Plans and IMTP/Annual Plans in regard to workforce planning for the critical care workforce and to inform any recommendations within the Education and Training Plan. It is recognised that the coronavirus pandemic, which commenced in March 2020, will have impacted on the health boards implementation plans for critical care, as emergency planning for the pandemic saw an immediate expansion of critical care capacity across all health boards.

### Infection, Prevention and Control (IP&C)

There is a clear need to commission more courses and develop careers in the field of infection prevention and control. HEIW will work to develop more specialists to ensure that leadership in research and education is present to support the NHS, community, primary health care, and the wider social care sector of care homes, hospices, and domiciliary care.

HEIW is supporting the work of the Welsh Government Nosocomial Transmissions Group (NTG) which has been set up to advise, support and provide direction on the actions needed to minimise nosocomial transmission and enable the safe resumption of services.

To support the workforce and education requirements of the NGT HEIW advised a two staged approach would be required. Firstly, develop a consistent, standardise and evidence-based approach to Infection, Prevention and Control (IP&C) training adopting a once for wales approach. Secondly, to develop a workforce plan for IPC services to address the challenges of recruitment, offer alternatives to the composition of the skill mix within MDTs and review the provision of specialist education.

## Considerations for the Education and Training Plan 2021/22

**Nursing:** The plans indicate that there is a requirement for small numbers of additional nursing workforce for the development of outreach teams and PACU. Nursing within critical care comes from the Adult Branch with any additional skills training delivered in house. In recent years the education commissions for adult nursing have increased and there is good availability for pre-registration placements for third year nursing students in critical care. Over the last few years Health boards have made limited use of HEIW advanced practice funding to develop staff with critical care skills. HEIW has reviewed the uptake of critical care education over the last 3 years and although the uptake has seen an increase in 2019 only 24 staff undertook education relevant to that area of health care. HEIW is in the early stages of developing a working group to look at current critical care education provision within Welsh universities to develop a standard set of learning outcomes for the use across Wales. This year it is reassuring to note that a number of the Implementation Plans and education commissioning requests indicate that organisations are planning to increase their Advanced Critical Care Practitioners posts; whilst some organisations have indicated that they will be developing these staff in house, a number have requested access to funding for the MSc Critical Care. Advance practice monies are allocated to organisations by HEIW and the requests for MSC Critical Care (10 for nursing and 1 for pharmacy) will be considered as part of this year's plan. Critical care is set as a national priority area for health boards when allocating their advanced practice education funding. There will also be the potential to explore the contribution of the Physician Associate, mental health nurses and ODP's alongside the development of ACCPs.

**Medical:** The increase in demand in critical care has been recognised and the ICM training programme has been reviewed over a number of previous Education and Training Plans, leading to recommendations to increase trainees over the past four planning rounds. There are currently 27 trainees on the programme with varying output due to dual accreditation. The training programme has increased as detailed below with a recommendation to increase a further 4 trainees as part of the 2021/22 Education and Training Plan:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

**AHP:** The Implementation Plans indicate that organisations are planning to expand the number of roles for AHPs in critical care to support rehabilitation and discharge. Mainly this appears to be for Physiotherapist and OTs although critical care units also employ small numbers of Speech and Language Therapists and Dieticians. Over the past five years there have been increases to the numbers of Allied Health Professions pre-registration training places. These will be increased in this year's Education and Training Plan and the (small) demand from increased appointments within critical care have been taken into consideration as part of these recommendations.

**Clinical Psychologists:** It is recognised that there is an increase in demand for psychologists across the service and a need to change the model for the development of this workforce. Commissioning of education to support the development of the psychology



workforce has been placed into phase 2 to allow for the recommendations of work surrounding the future shape of this workforce is available.

Whilst these changes will not affect the current recruitment plans for critical care, moving forward work is underway to explore different training routes to develop and broaden the clinical psychology workforce including the masters level education for Clinical Associate Psychologists (CAP) role.

## **Learning Disabilities**

The Learning Disability Improving Lives Programme made recommendations aimed at improving health outcomes and reducing inequalities in health. To support this work, we will take action in the coming year to grow the number of applicants to pre-registration learning disability nursing courses. We will undertake a marketing campaign highlighting the role of the Learning Disability Nurse and routes of entry to pre-registration degrees and explore with the universities the possibility of dual qualifications LD/MH to potentially increase the attractiveness of this field.

## **Primary Care Model for Wales**

The challenges facing unscheduled and primary care are well known and HEIW has worked over recent months with Welsh Government and the NHS across a number of areas. Examples includes:

- the potential development of a Primary Care Hub Support and Governance Framework to support NHS Wales' efforts to sustain and transform the expanding workforce in primary care. HEIW has had preliminary discussions with Chief Executives and Health Board Primary Care leads and these discussions will be taken forward during 2020, initially at an exploratory stakeholder workshop organised by HEIW.
- training an expanding primary care workforce requires space for consulting and teaching. Officials from Welsh Government have welcomed HEIW's suggestion to discuss potential near term initiatives to appropriately increase available Learner Accommodation Funding in the Primary Care estate.
- building upon the significant increases in recruitment to GP Specialty Training achieved during 2019.
- following the successful introduction of the 1+ model of GP training in 5 District Schemes during 2019, the model will be embedded in all 11 schemes in Wales in 2020. HEE has now signalled its intent to introduce this model throughout England by 2022.
- to help accommodate the expanding health professional trainees in the general practice learning environment, the production of new training practices and new GP trainers is being significantly increased from 2020 onwards.
- development of an integrated pre-registration pharmacy programmes to increase the contribution of pharmacists and pharmacy technicians
- changing the optometry workforce
- increase the number of advanced practitioners and staff with extended skills
- increase the number and utilisation of physician associates to support unscheduled and primary care
- increase the use of the wider workforce e.g. nursing, allied health professionals, paramedic and pharmacy in unscheduled care and primary care
- continue investment in education and training for non-registered (both clinical and non-clinical) staff

- develop workforce tools to support workforce modernisations e.g. online verification of death training resource for non-medical staff
- roll out of the behavioural science approach resulting in a less risk averse culture and practice
- increase in non-medical prescribing to upskill the workforce

## Optometry/Eye Care

### Postgraduate qualification commissioning

Eye care is delivered across all sectors by a wide range of healthcare professionals in primary and secondary care in both a scheduled and unscheduled service. Given the aging population and the development of new treatments, demands on all eye care services are set to increase. Eye care pathways that utilise multidisciplinary teams in primary (including optometry practices in community) and secondary care are currently in use or under development in all health boards. The care pathways provide greater access to eye health care closer to patient's homes.

Most health boards IMTPs include the intention to expand the options for primary care based ophthalmology solutions and/or multidisciplinary teams provision of glaucoma services, for example in value based clinical pathways. Additionally, the use and expansion of Ophthalmic Diagnostic Treatment Centres (ODTCs) is recommended. To enact these recommendations, transformation at primary care optometry practices with appropriately qualified staff is required. With ODTC models in all health boards transformation has begun. Training optometrists to operate referral refinement in AMD and the management of patients with glaucoma can achieve service transformation in a sustainable manner in all cluster regions.

Independent Prescribing registration for optometrists in audits has shown to enable them to manage 85% of patients in primary care optometry practices. This releases capacity for GPs and secondary care eye casualty.

HEIW will ensure there is at least one optometrist in every cluster in Wales with higher qualifications and Independent Prescribing registration in over the next 3 years up to (2023) to support a reduction in demand for ophthalmology.

### Current numbers of optometrists with higher qualifications

Health Board	IP	Medical Retina	Higher Cert in Glaucoma
<b>Aneurin Bevan</b>	6	5	0
<b>Besti Cadwaladr</b>	1	7	1
<b>Cardiff and Vale</b>	1	7	1
<b>Cwm Taf Morg</b>	2	6	1
<b>Powys</b>	1	1	0
<b>Swansea Bay</b>	1	4	0



<b>Hywel Dda</b>	3	12	1
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### Projected numbers of optometrists with higher qualifications by 2023

Health Board	IP	Medical Retina	Higher Cert in Glaucoma
<b>Aneurin Bevan</b>	12	12	12
<b>Besti Cadwaladr</b>	14	14	4
<b>Cardiff and Vale</b>	12	10	9
<b>Cwm Taf Morg</b>	8	8	8
<b>Powys</b>	4	4	3
<b>Swansea Bay</b>	10	10	8
<b>Hywel Dda</b>	7	9	8

The publication of the NHS Wales Clinical Workforce Guidance for Eye Health Care Services' plan from Welsh Government made several recommendations to support multidisciplinary teams in eye care. HEIW already supports the allied health professions and nursing workforce by funding postgraduate qualifications. Publication of the Royal College of Ophthalmologists Ophthalmic Common Clinical Competency Framework (OCCF) in 2019, creates a common educational pathway for secondary care for allied health professions and nursing teams to upskill. It includes a set of clinical competencies suitable for supporting the delivery of eye care to specific groups of patients in hospital eye care services. It assesses those competencies to defined standards in several key areas of ophthalmology. The OCCF may be useful tool to help secondary care service provision by making best use of the nursing and AHP workforce to support ophthalmology.

### Endoscopy

The National endoscopy programme for Wales was introduced as part of the Welsh Government initiative to ensure that services were able to meet the increasing demands for this service as part of the support for the single cancer care pathway. The demand for services is currently significantly higher than the available core services, the development of a sustainable solution is of paramount.

HEIW will work with the National endoscopy programme to develop a standardised approach to endoscopy demand and capacity across wales, development and commissioning of the endoscopy training programme, identify capacity gaps within endoscopy, to include all bands of staff and to develop sustainable and transformational roles to accommodate the demand.

## Mental Health

HEIW will undertake a review of the current workforce model and work with the Mental Health Network, Social Care Wales and Welsh Government to develop recommendations for future roles. Development of roles will focus on a sustainable long-term workforce.

The education mental health practitioner is a newly developed role within England and early indications are that this would be an opportunity to commission places in Wales specific to the CAMHS workforce with a focus on early intervention and prevention in line with Welsh Government “together for mental health, delivery plan 2019-2022”. Similar roles will be explored for the entire mental health workforce with a view to commissioning appropriate training and education programmes.

## Psychology Provision

The strategic review of health professional education has a second phase that will include the procurement of the Clinical Psychology Doctoral programme which is currently commissioned from Bangor university and a Cardiff and Vale/Cardiff university collaboration. Numbers for these programmes are relatively small however IMTP's each year identify that more numbers of trainees need to be commissioned. This training programme is the most expensive one to fund as trainees are employed on a band 6 salary and HEIW also covers faculty costs.

There is evidence that new and emerging roles within psychology services need to be considered to support the work of the clinical psychologists. One example is the **Clinical Associate Psychologists (CAPs)** which is a new grade of professional psychologist which is emerging in the NHS in England. The roles are open to psychology graduates who undergo one year of training at master's level to become part of the applied psychology workforce at pre-registration level. There are a copious supply of these graduates exiting from Cardiff university annually. CAP's are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The introduction of clinical associates in psychology, along with other emerging roles, will help to increase access to psychological therapies. The British Psychological Society (BPS) are working with education providers to ensure quality standards in education and training for associate psychologists, just as they already accredit psychology courses throughout the UK. HEIW has had initial engagement with the chair of the National Psychological Therapies Management Committee (NPTMC), which currently reports to the Together for Mental Health National Partnership Board. Further engagement is required to determine if this role is something required within Wales. Early indications are that it would be, and this is an exciting opportunity to expand the psychological workforce.

**HEIW recommends that following completion of the second phase of the strategic review these are commissioned from 2022 and recommends that Clinical Psychology Doctoral programmes commissioned should be increased to 32.**

## **Other national priorities**

### **Dental**

Oral health care in Wales is delivered predominantly in primary care settings with independent contractors in General Dental Practice, however dental services operate across all healthcare sectors. The dental team provide routine, urgent and out of hours emergency dental services. Dental specialist care is also available in primary and secondary care settings. Most dental speciality training is undertaken at Cardiff Dental School and District General Hospitals situated in Local Health Boards.

In order to meet current and future oral health needs, evidence suggests that there needs to be increased access to dental teams, specifically those professionals that can deal with the needs of an ageing and more vulnerable population. The emphasis on dental care is likely to shift from multiple treatments to prevention of disease and the dental team is well placed to address this. The introduction of dental contract reform will allow greater participation from Dental Care Professionals (DCPs) that would allow the capacity of the whole system including those working across the community sector to increase.

Greater numbers of consultant/specialist dental staff need to be trained, along with additional skilled DCPs to meet identified needs. In general, Wales does not have a problem recruiting undergraduate dental professionals, however there is a lack of dental expertise as there is a failure to retain many of the young professionals that are trained. Policies need to be developed to attract and encourage dental professionals to train, live and work in Wales on a long-term basis to sustain the workforce supply.



**GIG**  
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WALES

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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Report of the Director of Finance</b>		
<b>Report Author</b>	Rhiannon Beckett		
<b>Report Sponsor</b>	Eifion Williams		
<b>Presented by</b>	Eifion Williams		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the HEIW Board with a report on the financial position for June 2020 (Month 03), the forecast for year end and proposed amendments to the in-year Financial plan.		
<b>Key Issues</b>	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 3 of the 2020-21 financial year and the actions needed to be in balance at year end.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	
<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. For the HEIW Board to note the financial position reported at month three and the underlying reasons for the key variances to budget.</li> <li>2. To consider and agree the proposed amendments to the in-year Financial Plan.</li> </ol>		

# **Report of the Director of Finance**

## **1. INTRODUCTION**

The report sets out the financial position as at the end of June 2020, reported against updated budgets that have been derived from the 2020/21 Resource Plan which was drawn from the 2020-21 to 2024-25 IMTP Financial Plan and updated by the allocation letter received from Welsh Government. The reported financial position of HEIW as at Month 3 is £981,502 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 30<sup>th</sup> of June 2020 and identifies the reasons for any financial variation against the budgets set. Although it is early in the financial year, the COVID-19 pandemic and lockdown situation is continuing to impact on pay and non-pay expenditure and commitments by limiting opportunities for recruitment, training and education services activity. Detailed consideration is being given by budget holders and service managers to re-profile Commissioning activity to address the ongoing impact of the pandemic in-order to recover training and education opportunities that have been adversely affected and this will result in the need to revise the in-year financial plan during 2020/21.

## **3. PROPOSAL**

The Board is asked to note the financial position reported by HEIW for Month 3 and consider the summarised explanations of the key variations described for each Directorate. The Board is also asked to consider the proposed amendments to the in-year Financial Plan in order that HEIW delivers a balanced financial position at year end.

## **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 current year financial plan within the 2020-23 IMTP.

## **5. FINANCIAL IMPLICATIONS**

### **4.1 Revenue Financial Position as at Month 03**

HEIW is reporting an underspend of £982K against the profiled budgets for the three month period to the 30<sup>th</sup> of June 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 underspends also in non-pay budgets as a result COVID-19 restrictions impacting on conferences, events and travelling costs.

The underspends on commissioning activities in Nursing budgets are as a result of lower actual recruitment against the targets set for universities. The underspends in Medical budgets are mainly related to gaps in recruitment to Training Grade posts. During the Executive Team meeting on the 15<sup>th</sup> July 2020, the financial underspend of £982k against delegated budgets for the three months to 30<sup>th</sup> June 2020 was

reported and discussed by the Executive Team. The current reported staffing position was also considered and measures to address the vacancy situation as HEIW plans the action for the post COVID-19 'new normal' phase. The Job evaluation position for HEIW replacement posts is currently up to date with no backlog and every vacancy is being reviewed on a case by case basis.

The month 3 position was reported to WG on day 5 and further detail has been shared through the monitoring return submitted on day 9 in accordance with the required WHC reporting timetable. The monitoring return submitted is included as Appendix 2.

The table below shows the high-level variance on the delegated budgets of the Executive Directors.



**As at 30th June 2020**

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
<b>INCOME:</b>					
Welsh Government	(54,571,446)	(54,571,446)	0	0	0
Other Income	(166,423)	(139,815)	26,608	15,908	10,699
<b>Total Income</b>	<b>(54,737,869)</b>	<b>(54,711,261)</b>	<b>26,608</b>	<b>15,908</b>	<b>10,699</b>
<b>Expenditure</b>					
Board & Executive	432,300	385,408	(46,892)	(24,883)	(22,009)
Finance	250,161	225,950	(24,211)	(18,118)	(6,093)
Planning, Performance and Corporate Services	422,077	408,976	(13,101)	(4,428)	(8,673)
Digital and IT	1,264,041	1,139,210	(124,831)	(84,425)	(40,406)
Medical & Pharmacy	24,070,999	23,807,193	(263,806)	(191,906)	(71,900)
Nursing	27,759,680	27,361,963	(397,717)	(284,995)	(112,723)
Human Resources and Organisation Development	664,977	527,426	(137,551)	(99,003)	(38,547)
<b>Sub-Total Expenditure</b>	<b>54,864,235</b>	<b>53,856,125</b>	<b>(1,008,110)</b>	<b>(707,758)</b>	<b>(300,352)</b>
<b>Total</b>			<b>(981,502)</b>	<b>(691,849)</b>	<b>(289,653)</b>

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

Directorate	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
	£	£	£	£	£
Board and Executive		(26,556)	(20,336)		(46,892)
Chief Executive Reserve			0		0
Finance		(19,169)	(5,042)		(24,211)
Planning, Performance and Corporate Services		3,481	(16,582)		(13,101)
Digital and IT		(79,824)	(45,007)		(124,831)
Medical & Pharmacy	26,608	(118,035)	(79,186)	(66,585)	(237,199)
Nursing	0	(32,561)	(2,176)	(362,980)	(397,717)
Human Resources and Organisation Development		(100,201)	(37,350)		(137,551)
<b>Total</b>	<b>26,608</b>	<b>(372,865)</b>	<b>(205,679)</b>	<b>(429,565)</b>	<b>(981,502)</b>

The analysis attached as Appendix 1 provides the key reasons for the underspending, by Directorate. The key reasons for the underspend variances are vacancies against budgeted staffing levels for Pay Budgets, lower costs in education and training support activity and travelling expenses in Non-Pay budgets and lower placements than planned in commissioned education and training placements budgets.

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

## 4.2 Capital

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.

## 4.3 Balance Sheet

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

	<b>2020/21 Opening Balance £000s</b>	<b>30<sup>th</sup> June 2020 £000s</b>	<b>Movement £000s</b>
<b>Non-Current Assets:</b>			
Fixed Assets	2,595	2,469	(126)
<b>Current Assets:</b>			
Trade and other receivables	1,074	544	(530)
Cash & bank	7,465	99	(7,366)
<b>Total Assets</b>	<b>11,134</b>	<b>3,112</b>	<b>(8,022)</b>
<b>Liabilities:</b>			
Trade and other payables	(7,328)	(14,523)	(7,195)
Provisions	(130)	(130)	0
<b>Total Liabilities</b>	<b>(7,458)</b>	<b>(14,653)</b>	<b>(7,195)</b>
	<b>3,676</b>	<b>(11,541)</b>	<b>(15,217)</b>
Financed by:			
General Fund	3,676	(11,541)	(15,217)
<b>Total Funding</b>	<b>3,676</b>	<b>(11,541)</b>	<b>(15,217)</b>

- The movement on non-current assets reflects depreciation charged 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 £14.5m, an increase of £7.1m since the start of the financial year. The main balances include:
  - Accruals for the Medical division in the month total £3.3m. £1.65m of this balance relates to the costs of GP Trainees in June that had not been invoiced. A further £0.5m is an accrual of student salary costs in health boards and £0.3m for junior doctor relocation costs.

- Accruals in the month for the Non-Medical division total £5.0m, including £1.8m for NHS Wales (including student salary reimbursement) and £3.8m 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.
  - £3.9m of invoices awaiting payment on the accounts payables system in line with the 30-day payment timescale.
- Resource allocation funding of £8.5m was received from Welsh Government in June 2020 and the cash balance at the end of the month of June was below £0.1m. Funding will be drawn down in line with the projected cash requirements of each month, and therefore will not be on an equal twelfths basis. The level of creditors at 30th June results in a negative general fund balance, but this is offset by the cash that will be drawn down over the remainder of the year when the creditors are paid.

### 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 June 2020, HEIW paid 87.8% of non-NHS invoices within this target. This is an increase from the 85.71% reported as at month 2, but the in-month position is still below the required level. A breakdown of the position, along with a comparison to month 3 in 2019/20 is given below:

Non-NHS Invoices PSPP Performance 2019/20 & 2020/21 - By Number of Invoices (Target of 95%)								
	2019/20				2020/21			
	Total Number	Total Passed	Total Failed	% Passed	Total Number	Total Passed	Total Failed	% Passed
April	489	467	22	95.50	354	334	20	94.35
May	312	301	11	96.47	311	236	75	75.88
June	502	486	16	96.81	453	412	41	90.95
<b>Cumulative</b>	<b>1,303</b>	<b>1,254</b>	<b>49</b>	<b>96.24</b>	<b>1,118</b>	<b>982</b>	<b>136</b>	<b>87.84</b>

Non-NHS Invoices PSPP Performance 2019/20 & 2020/21 - By Value (Not a target)									
	2019/20					2020/21			
	Total Value £	Total Value Passed £	Total Value Failed £	% Passed	Total Value £	Total Value Passed £	Total Value Failed £	% Passed	Total Value £
April	5,721,999	5,683,470	38,529	99.33	8,204,823	8,181,539	23,283	99.72	
May	6,578,201	6,570,551	7,650	99.88	6,912,407	6,874,559	37,848	99.45	
June	6,496,133	6,474,082	22,051	99.66	6,603,862	6,583,414	20,448	99.69	
<b>Cumulative</b>	<b>18,796,333</b>	<b>18,728,103</b>	<b>68,230</b>	<b>99.64</b>	<b>21,721,092</b>	<b>21,639,513</b>	<b>81,580</b>	<b>99.62</b>	



The primary reason for the failure of the target was the delay in paying a number of low value DSA University invoices. Since these invoices are not matched to a Purchase Order each one needs to be individually reviewed and authorised prior to payment. Due to higher priority demands across the service earlier in the financial year these invoices could not be processed within the deadlines.

An additional issue in 2020/21 is that the total number of invoices paid has dropped by nearly 14% from the same period last year, and therefore the percentage impact of any failures is higher.

Whilst it is not a target, it should be noted that the percentage value of invoices paid is consistent with 2019/20, with 99.62% of the total value paid within 30 days. This highlights that the invoices that failed the target are of relatively low value (average of £600 per invoice).

Due to the reduced number of invoices being paid this year, recovering the target to 95% will be a challenge. In order to do this the following actions are being taken:

- Additional support has been provided to specifically target the DSA invoices. The processing of these is now back to the required level and this will continue to be monitored.
- A PSPP dashboard has been prepared allowing analysis of payment performance on a directorate and cost centre level. This is presented monthly at one of the finance team meetings allowing business partners to review and deal with any emerging issues.
- Trackers to monitor invoices on hold are updated regularly and where issues remain these are discussed with the relevant team.

## **6. Revisions to the 2020/21 Resource Plan**

An in-depth review of the financial position at 3 months and the resource requirements for HEIW for 2020/21 has been undertaken. Based on analysing the available information, at this stage of the year it is understood that the underspending will continue to grow over the remaining months of the year. Within Nursing commissioning budgets, the start date for a small number of health-visiting professional courses has been delayed for 5 months as a result of the pandemic which will reduce the cost of the courses in this year. In addition, some under-recruitment and a level of attrition in student numbers has resulted in underspending that will continue for the duration of the year. These items and a lower number of students taking up the Bursary than planned in 2020/21 will contribute to a funding surplus at year-end. The following detail describes the elements of this in more detail.

- Delay in HV Course Start Date - £0.6m
- Reduced Bursary Take Up - £1.6m
- Under recruitment of Students - £1.6m

An initial discussion has been held with WG finance colleagues to discuss the financial position reported at Month 03 and the management of the HEIW Financial Position over the year ahead. Given that there will be underspends in other budget areas of HEIW that are likely to accumulate over much of the remainder of the year, the possibility of returning the underspend on the commissioning budget resources identified for the above items, which amount to £3.9m, was discussed with WG colleagues.

In addition to underspends associated with commitments being less than planned in the current year, there are some areas where there are likely to be cost commitments which exceed the resources originally budgeted for in the year. The table below identifies potential additional costs that could be incurred as a result of the impact of Covid-19. The £1m costs that could be incurred to enable Medical, Dental and Pharmacy trainees to progress appropriately to the completion of their courses and other new commitments to support the strategic objectives of HEIW would consume the likely £1m underspending to accumulate in Pay and Non-Pay budgets by year end.

During the discussion with WG colleagues, the transfer forward of the non-recurring £0.6m development resource available in the current was also proposed. This would result in the planned £1.6m development fund in 2020/21 reducing to £1m and the 2021/22 development fund increasing to £1.6m. This arrangement would enable HEIW to progress sufficient items in the current year and have the additional resource made available in the next financial year.

Further reviews will be undertaken during the year and their outcomes will be reported to the Board and their anticipated impact on the 2020/21 Resource Plan

Additional Covid-19 Costs and Medical/Dental/Pharmacy		2020/2021	Notes
		£	
1	ITU Higher specialty training 4 posts	130,000	£330k included in Commissioning paper for 8 in 2020/21 HB Cost
2	Interim FY1 posts 139	-	
3	GP Extensions	50,000	Cost of participation in online exam only
4	LTFT Trainees-extra sessions	-	Small number paid for by HEIW within TGS allocation
5	Leadership Fellows	3,000	
6	Foundation trainees-8 additional graduates	-	Managed within existing budgets
7	One additional Paediatric Emergency Medical post Feb 20 to Aug 21	-	Managed within existing budgets
8	Trainees outstanding/untaken leave	-	Max risk across 376 posts £5.7m HB costs
9	Surgical Trainees	-	Managed within programmes
10	8 month extension for Pre registration Pharmacists 6 @£13k	78,000	Risk that of 100 pre reg Pharmacists only 70 replied
11	Dentistry- some trainees requiring extension of 3 months	30,000	Risk mitigated in core training
12	One Foundation Doctor shielding requiring bespoke post.	28,000	
<b>Total</b>		<b>319,000</b>	

New Commitments		
1	Made in Wales (Grow your own)	92,000
2	CDSM	7,200
3	MH posts	60,000
4	Simulation Strategy	50,000
6	Support in secondary care team	120,000
8	Business case initiatives	200,000
9	Welsh risk pool Pre reg Pharmacists	29,000
10	General management Grad Programme	35,000
11	Succession Planning	108,000
13	Digital Solution for BAME Risk Assessment	45,000
<b>Total</b>		<b>746,200</b>

## 7. RECOMMENDATION

The Board is asked to note the financial position reported for HEIW at month 3, the summarised explanation of key variations by Directorate, the Capital position, Balance Sheet, PSPP performance and revised Resource Plan requirements.

The Board is also asked to discuss and agree:

1. The return of £3.8m of resource to WG in 2020/21.
2. The re-purposing of £1m of available resource to address new commitments anticipated in the current year.
3. The transfer forward of £0.6m of development funds into the 2021/22 financial year.

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

## **REPORT OF THE DIRECTOR OF FINANCE**

The following analysis of the key underspends, by Directorate, is provided below: -

### **1. Board and Executives**

- The underspend of £26.6K on pay is as a result of 2 wte vacancies with recruitment now anticipated in August/September and the appointment at to the Interim Director of Nursing post at less than 1 wte.
- An underspend on Non-Pay of £20.3K 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 £19.2K on pay budgets is predominantly as a result of three 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. A new permanent member of staff started in May. This will reduce the underspend trend in future months.
- There is a favourable variance of £5K 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 £3.4K as a result of 2 wte vacant posts that have been filled by a secondee and an agency member of staff. One post has now been appointed to substantively with an expected start date in August and recruitment to the second post is expected in January.
- There is an underspend of £5.5k against non-pay budgets as a result of charges for utilities and other variable costs associated with Ty Dysgu, for example photocopying charges, being lower than budgeted.

### **4. Digital and IT**

- There is a favourable variance against Pay budgets of £79.8K as a result of a number of vacant posts within the team. Appointments are planned for August, September and October.
- There is an underspend against non-pay budgets of £45k 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 £26.6k against the other income target as a result of lower than anticipated income from revalidation and CPD courses for Dental and GP.
- The underspend on pay of £118k is as a result of a number of administration and clerical vacancies across a range of teams which is only partly offset by agency costs. There are also vacancies in clinical lead roles including the SAS lead, lead for Simulation and Deputy Foundation lead.
- The underspend on non-pay of £79.2k is as a result of lower than anticipated spend on training expenses, lecture fees and travel and subsistence in the year to date.
- Commissioning budgets are underspent by £66.6k in month, predominantly due to a variance of £37k in respect of under-recruitment to training grade posts, £18.8k underspend due to lower activity in training expenses and training, travel and subsistence in Pharmacy budgets, underspend at £5K in the GP returners budget and £5k in Welsh Clinical Academic Training.

## 6. Nursing

- The underspend in Pay budgets of £32.6K relates predominantly to the delay in appointing to senior posts within the nursing team and also within the Workforce Modernisation team that has now transferred into the Nursing Directorate. The Workforce Modernisation team vacancy has been appointed to, but there is a delayed start due to Covid-19. The start date for the Head of Science post is unconfirmed to date.
- 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 £363K is reported in month 3 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 underspend variance reported in month 3 is as a result of lower recruitment than planned to HCSW and SCPHN course placements. The remainder is due to the higher number of students opting to take out student loans instead of the bursary option.
- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and expenditure is in line with budget in month.

## 7. Human Resources and Organisation Development

- The underspend of £100.2K in Pay budgets is due to the high number of vacancies at 10.7 wte across the core budgets within the Directorate with only 1.7 wte offset by agency staff.
- A Non-Pay variance of £37.4K is predominantly due to underspends on training, consultancy, professional fees and conference budgets largely due to the impact of Covid-19 restrictions.



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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	<b>HEIW Integrated Organisational Performance Report 5, July 2020-21</b>		
<b>Report Author</b>	Chris Payne		
<b>Report Sponsor</b>	Julie Rogers		
<b>Presented by</b>	Julie Rogers		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Board with a performance report of the first quarter in 2020-21.		
<b>Key Issues</b>	<p>This is the first performance report for 2020-21 covering the period 1st April to 30th June 2020. The impact of the COVID-19 pandemic has meant the start of the financial year has been unusual in terms of the requirements from a planning and performance perspective. Therefore, the format of this report differs from previous formats to account for the additional reporting requirements for this period.</p> <p>It is an integrated report that takes stock of our approach to continuing and reinstating work relating to our IMTP and the performance dashboard, alongside highlighting work undertaken in response to COVID-19 and additional performance data that we have started to gather in relation to Welsh Government requirements. As a result, we have pulled together one report for this iteration to the end of Quarter 1.</p> <p>We will be working to finalise an overarching framework to support our approach to performance reporting in line with audit requirements during the next few months.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>Note the Q1 performance update.</li> </ul>		

# **Integrated Organisational Performance Report 5**

## **July, 2020-21**

### **1. INTRODUCTION**

This paper provides the Board with the first performance report for 2020-21, covering the period 1<sup>st</sup> April to 30<sup>th</sup> June 2020.

### **2. BACKGROUND**

The impact of the COVID-19 pandemic has meant that the start of the financial year has been unusual in terms of the requirements from a planning and performance perspective. The format of this report differs from previous formats and includes four key elements (1) our performance against the IMTP objectives during the period; (2) our corporate performance in line with the agreed elements of the integrated performance framework; (3) our performance in response to COVID-19; and (4) our performance in relation to activity as outlined in the Operational Plan for Q1.

The full report for 2020-21 can be found in **Appendix A** with accompanying narrative.

### **3. PURPOSE**

To provide Board with assurance on the approach HEIW has taken to maintain performance throughout Quarter 1 against the four key elements being monitored and progressed during what has been a challenging quarter in supporting both the COVID-19 response and maintaining agreed operational activities.

It is important to note that there are no significant performance concerns to report to the Board for Q1 despite the change to planned work and implementation of new ways of working.

During Q1, despite initially agreeing with the Board to pause the large majority of our IMTP objectives, we have still been able to make good progress in a number of areas. Key successes and areas of progress to highlight include;

- Finalising our education and training plan for 2021 which accounts for a substantial amount of our future budget expenditure. This has received a positive response from senior peer groups in advance of ministerial decision later in 2020.
- We maintained our multi-professional recruitment processes with extremely pleasing indications of increased numbers in GP specialty and pharmacy training building on the success of previous rounds
- We accelerated and focused on supporting COVID-19 response by developing a COVID-19 playlist and implementing the COVID-19 Colleague Health and Wellbeing Strategy which reached 37,500 hits in less than one month.
- We have successfully appointed to an interprofessional structure to take forward our strategic approach to Simulation Based Education to build on the excellent learning during the pandemic.



- We completed our consultation on Compassionate Leadership principles which provided helpful suggestions to support a further consultation round in Q2.
- We continued to develop our Leadership portal which has been accessed widely across NHS Wales providing a variety of Leadership and Management materials alongside testing 'virtual classroom functionality'.
- We developed a new concept for interactive practice manager education and training. The tool will facilitate self-assessment of skills and knowledge and will assist in professional development through appropriate signposting.
- We commenced work on the HEIW Biodiversity group building on the positive suggestions generated at the March staff event and through the positive impact on the environment generated through increased home working.
- We increased availability and usage of the EDUROAM network to junior doctors, trainers and HEIW staff at sites where the network is broadcast after a successful pilot.

In terms of our education and training commissioning work we undertook a considerable amount of activity to minimise disruption to education and training programmes during this time and to deploy students and trainees in an appropriate way to support the response. There were no significant changes to the fill rates on programmes.

In other areas such as quality management processes normal ways of working were paused, and alternatives put in place to balance risk. No additional quality management issues have been identified during the period.

The shift to online teaching and education as an alternative to face to face has been tangible in a number of areas, including our CPD activity.

We have been able to maintain low sickness levels and have delivered small improvements in compliance rates for PADR and Statutory & Mandatory Training, although this remains an area of focus.

Our response to COVID-19 has been regularly reported to both Board and Welsh Government at timely intervals and we are proud of the breadth of support we have been able to offer the NHS Wales system during the crisis whilst also ensuring that our staff have the ability to work virtually.

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

##### **Development of Performance Framework reporting and high-level data**

In Q1 of 2020-21, we have continued with work to develop 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.

A requirement of recent audit reports has been that we develop and document a clear Performance Management Framework for HEIW. This work is ongoing and will be restarted in Q2 to 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.

### **Data collection and processes**

We continue to work with sections and teams to revise and consider approaches to data collection. Progress has slowed as a result of COVID-19 but we aim to restart our approach to enhancing data collection and validity during Q2 and look forward to engaging with Board to further understand performance reporting requirements

## **5. FINANCIAL IMPLICATIONS**

There are no specific financial implication relating to this report.

## **6. RECOMMENDATION**

It is recommended that Members:

- Note the Q1 performance report in Appendix A

<b>Governance and Assurance</b>			
<b>Link to IMTP Strategic Aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
N/A			
<b>Financial Implications</b>			
There are no financial implications arising from this report.			
<b>Legal Implications (including equality and diversity assessment)</b>			
N/A			
<b>Staffing Implications</b>			
N/A			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
N/A			
<b>Report History</b>	26 September 2019 – Public Board – Performance Report 30 January 2020 - Public Board - Performance Report 2 26 March 2020 – Public Board – Performance Report 3 30 May 2020 – Public Board – Performance Report 4		
<b>Appendices</b>	Appendix A – Integrated Organisational Performance Report 5, July, 2019-20 + Dashboard		



**Health Education and Improvement Wales**  
**Integrated Organisational Performance Report 5, 2020-21, July 2020**  
**1 April 2020 – 30 June 2020**

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Section 1: Performance against IMTP Objectives

Section 2: Performance Dashboard and Narrative

Section 3: Performance in response to COVID-19

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## INTRODUCTION

This is the first performance report for 2020-21 covering the period 1st April to 30th June 2020. To date, the impact of the COVID-19 pandemic has made the start of the financial year abnormal in terms of the requirements from a planning and performance perspective.

The format of this report differs from previous formats of the Integrated Organisational Performance Report to account for the additional reporting requirements for this period, and this format, or a variation of it, may be retained for future reporting in 2020-21 and beyond, as appropriate.

It is an integrated report that takes stock of our approach to continuing and reinstating work relating to our IMTP and the performance dashboard, alongside highlighting work undertaken in response to COVID-19 and additional performance data that we have started to gather in relation to Welsh Government requirements. As a result, we have pulled together one plan for this iteration to the end of Quarter 1.

This report therefore includes four key elements

- (1) our performance against the IMTP objectives during the period;
- (2) our corporate performance in line with the agreed elements of the integrated performance framework;
- (3) our performance in response to COVID-19 in Q1;
- (4) our performance in relation to activity as outlined in the Operational Plan for Q1.

## EXECUTIVE SUMMARY

Performance reported for Q1 of 2020-21 shows that there has been a range of impact on HEIW's performance in all areas due to COVID-19. The period has been challenging and whilst we took the decision to pause a number of our intended strategic objectives, this provided an opportunity to support the NHS Wales system in dealing with pandemic from a workforce, education and training and leadership perspective. This has enabled us to support new ways of working internally and with stakeholders and it is imperative that we reflect on the impact of these interventions whilst we respond to the challenges of the 'new normal'. These have included the development of multi-professional training playlists to enable the continuation of training, alongside providing a suite of electronic resources to enhance workforce wellbeing and compassionate leadership. Alongside this, prior to the peak, we facilitated the training of 950 NHS colleagues in critical and acute care. We were extremely pleased to be able to support the workforce through enabling students and trainees to support workforce demands.

Alongside work in relation to COVID-19, we are also pleased to have continued to drive forward our Leadership agenda and to have finalised our education and training plan for 2021, which has received a positive response from senior peer groups in advance of ministerial decision later in 2020.

### **Performance against IMTP objectives**

The COVID-19 pandemic had a significant impact on the delivery of strategic objectives in Q1 of 2020-21. The majority of objectives were paused at the beginning of the financial year to enable the organisation to focus on proactive support for the crisis, and in recognition that NHS colleagues would not be able to contribute to HEIW objectives in the circumstances. Further detail can be found in Section 1, 'Performance against IMTP Objectives' of progress against those agreed to proceed during Q1. As we moved towards the end of Q1 we agreed with Board on the rephrasing and deferral of the 42 agreed objectives and those arrangements are to be put in place and monitored during the remainder of the financial year.

### **Performance dashboard and narrative**

Performance across business areas in Q1 was similarly affected, in some cases presenting a very different picture of organisational performance in such unprecedented circumstances. Quality management processes were paused to allow NHS colleagues to concentrate on responding to the clinical needs of the pandemic, all face-to-face CPD was halted and a significant number of events were developed for online delivery. ARCP continued to be undertaken with challenges of moving to virtual settings and the need to consider the impact of COVID-19 on progression. In terms of corporate performance, we continued to demonstrate the resilience of the organisation during another period of significant change, again with the lowest sickness rate of all NHS Wales organisations, and small improvements in compliance rates for PADR and Statutory & Mandatory Training. We have shown we are able to adapt accordingly and effectively to manage our work and to deliver our remit. In addition, included on the dashboard for Q1 is a new metric showing the number of words translated into Welsh so far this year compared to 2019-20. This comes just ahead of the arrival of a Welsh Translation Manager and a review of translation services for the organisation. Further detail can be found in Section 2, 'Performance Dashboard and Narrative'.

### **Performance in response to COVID-19**

Regular updates have been provided to Board throughout the quarter and, as such, the information included in this report aligns with those provided, alongside highlighting a high-level infographic. Further detail can be found in Section 3, 'Performance in Response to COVID-19'.

**Performance against Operational Plan for Q1**

In line with Welsh Government requirements, we produced a plan that focussed the HEIW approach to 5 key themes. The plan was approved at May Board and implemented. Our approach to monitoring and reporting during Q1 was driven by the requirements of Welsh Government and, as agreed with Board, it comprised weekly reports as well as formal bi-monthly reports to Board. We developed an indicative action plan to identify and monitor progress against key activity in relation to each of the five themes that we articulated in our Q1 operational plan. Further detail can be found in Section 4, 'Performance against Operational Plan for Q1'.



## SECTION 1: PERFORMANCE AGAINST IMTP OBJECTIVES

At the beginning of Q1, as the COVID-19 crisis hit, we reviewed our IMTP for 2020-23 and, of the 42 objectives listed within the IMTP, we paused the majority of non-essential programmes to enable staff to focus on key pieces of work to support the response to the COVID-19 crisis. We were also mindful that most of the objectives required significant input from our NHS partners that were heavily involved in dealing with the crisis. In May, as the situation eased, the IMTP was reviewed again and the decision was taken to restart some objectives, to pause or defer some of the deliverables with a view to reactivating these later this year or next year.

3 objectives have either been deferred or had specific objectives deferred, 19 have continued during Q1 or restarted during the period, whilst a further 20 objectives are to be re-phased across upcoming quarters.

During this quarter, we saw some important staff changes which have had an impact on the delivery of some of the objectives. The SRO for two objectives left the organisation and a replacement is being sought. It has been agreed that International Recruitment will fall into the portfolio of the Deputy Director of Workforce and OD, while the education and training will align with the work relating to Staff and Associate Specialist Doctors' professional development. Stephen Griffiths retired as Director of Nursing at the end of June and Angela Parry was appointed as interim Executive Lead to replace him.

In Q1, Strategic Aim 1, our attention was focussed on the wellbeing objective which we accelerated in order support the NHS workforce in direct response to the challenges presented by COVID-19. The majority of other objectives under this strategic aim were initially paused and pushed back but a small number continued as normal and are on track.

The majority of objectives under Strategic Aim 2 were paused in order to focus on the COVID-19 response and some activities were deferred until 2021-22, such as the objective relating to SIFT and the development of career pathways. During the quarter we have progressed our approach to Simulation Based Education through the appointment of an infrastructure of Associate Deans to drive forward our multi-professional approach to this key area of work.

The seven objectives under Strategic Aim 3 relating to Leadership were all initially paused in Q1. Throughout the COVID-19 period, whilst pausing some elements, we have accelerated the development of the digital leadership portal, which has contributed greatly to our response and provision of online training. Preparatory work continued in the background and these objectives will now be reactivated during Q2 and Q3.

The objectives under Strategic Aim 4 were developed in response to service delivery challenges and many were originally paused at the start of the crisis but have now restarted or are scheduled to restart later in the year. Two areas that were considered high priority were Critical Care and Mental Health and these have been prioritised and refocussed in light of COVID-19.

In terms of the two internally focused Strategic Aims (5 and 6), in the main, these objectives have continued and are on track. The wellbeing objective was prioritised for HEIW in its response to COVID-19. The Quality Improvement objective was paused in Q1 and will be restarted in Q3 and the QI hub deliverable has been deferred until 2021-22. Our

communications objectives were refocussed in Q1 to focus on key priority areas such as wellbeing and leadership.

The following section gives further detailed update on the performance objectives taken forward during Q1 as agreed with approval from Board in May 2020.

**Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'**

**Strategic Objective 1.1: Lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future**

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

Whilst the development of a multi-professional CPD strategy was put on pause during Q1, the procurement process for the purchase of the CDSM system has been undertaken and the system purchased for a one year trial period, training has been given to Champions who have taken on the role of super-users to cascade the training to other members of staff. the testing period of the 'Y Ty Dysgu' Course Management System has been ongoing. Interest in the system has gained momentum and the potential for the development and delivery of online learning will be further exploited. Full implementation will continue in 2020-21. The internal review work is continuing, and data is being collected and interrogated. Due to COVID-19, the delivery of CPD has undergone some positive changes.

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

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

In Q1, this objective was accelerated and redirected to focus on COVID-19 position. HEIW played a significant role nationally throughout phase 1. The team had consulted with staff on the development of the HEIW Health and Wellbeing Strategy with a view to testing it locally before adapting it nationally, and the Wellbeing Matters document (2nd edition) was issued in March 2020. The COVID-19 playlist was developed and implemented and the COVID-19 Colleague Health and Wellbeing Strategy was developed and issued and reached 37,500 hits in less than one month. The team has continued to support the work of the Health and Wellbeing subgroup of the COVID-19 Workforce Cell. National resources are curated and local Health Board / Trust best practice resources continue to be added to the playlist such as dedicated pages such as bereavement and domestic abuse support signposting. A HEIW internet page will be launched in July to provide ongoing support and resources to both NHS and Social Care staff. This objective will therefore continue and be accelerated into Q2 as it is vital to press on with much of this as the objective directly relates to COVID-19, A Healthier Wales and the national Workforce Strategy for Health and Social Care.

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

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

During early Q1 it was decided to pause this strategic objective and to redirect support to data modelling and workforce intelligence in the light of COVID-19. It was also agreed to accelerate the work to improve the quality and completeness of data to produce robust data, to produce up to date workforce analysis and to scope and undertake an analysis of the options for a single platform specification and robust business case, as these were determined to be essential priority activities for 2020-21.

The Analytics team created an NHS Wales COVID-19 sickness dashboard that pulled together daily sickness reports from every organisation and enabled NHS Wales wide sharing of this data. The dashboard enables organisations to interactively understand how their workforce compares to other organisations.

The lessons from COVID-19 to date have reinforced the gaps that exist in our data access and NHS systems. A new requirement has therefore arisen, whereby we need to work with Welsh Government and partners on learning lessons from COVID-19 to reshape the data landscape, building the case for investment and new systems. The development of a strategy for workforce intelligence (including a capability building programme to build capacity and capability) and the scoping of a Centre of Excellence for workforce intelligence functions have been deferred and will be included in the plan for 2021-22.

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

**Strategic Objective 2.1: Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education**

**Executive Lead: Push Mangat / SRO: Chris Payne**

During Q1, simulation based training (especially clinical skills and human factors) formed the backbone of COVID19 preparedness. In early June, we were able to appoint the new Associate Dean for Clinical Skills and Simulation. We were also fortunate to be in a position to appoint to 2 additional part-time roles and gained funding for 2 further part-time roles to support the Simulation agenda. Work has commenced to define the internal team structure and to develop the external faculty team roles and expectations for Q2. Work is also gathering pace to establish 2 groups: a Simulation Strategy Advisory Group to help formulate and define strategy and articulate national approaches, and a Simulation Leads Network in Wales. We are also planning to identify and share best practice and develop new opportunities to facilitate simulation-based learning through the Y Ty Dysgu course management system.

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

**Executive Lead: Julie Rogers / SRO: Chris Payne**

We have revised the focus of the deliverables to ensure they are aimed at capturing the digital learning and opportunities to embed in practice created by COVID-19. It has been agreed to refine a digital capability implementation plan detailing planned work both internally to HEIW, and those identified externally for pilot implementation (Finance/Nursing) for agreement by the Executive Team.

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

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

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

At the beginning of the pandemic, it was agreed to complete the consultation on the Compassionate Leadership Principles and to then pause this objective. Whilst the response to the consultation was low, the responses were all supportive and included some helpful suggestions to strengthen the Principles. The Principles will be amended to reflect this

feedback and go back out for a 4-week consultation in Q2 in partnership with Social Care Wales.

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

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

In early Q1, it was agreed that the team would continue with the development of the Digital Leadership Portal. The team have continued to work on the contractual issues and have used the portal to contribute to the all Wales COVID-19 response and supported new ways of working. They have also sourced and developed Leadership and Management materials/tools for digital portal content library and developed 30 bite size digitised learning to support PCA Induction. They have also piloted and tested Virtual Classroom functionality to support PCA Induction. In addition, they developed a range of digital content (playlists) to share education, leadership and Health and Wellbeing resources across NHS Wales to aid the COVID-19 response.

End user testing for this bi-lingual Leadership Portal, 'Gwella', will be undertaken throughout July. Accessibility testing will be undertaken throughout August to ensure compliance and best practice is adopted when launching this portal. The launch of 'Gwella' will widen access to a range of evidence based compassionate leadership resources across health and social care, raising awareness of the need and the evidence base for a consistent approach to compassionate leadership.

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

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

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

It was agreed to restart the objective in Q1 to revise the deliverables, taking into account the impact of COVID-19 on proposed plans for engagement with NHS partners.

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

**Executive Lead: Angela Parry / SRO: Wendy Wilkinson**

At the beginning of the pandemic, it was agreed to pause the National Endoscopy Board and to continue plans to develop a national training programme for endoscopy. It has been subsequently agreed to reactivate this objective in late Q1 as it is considered critical to wider NHS recovery plans. The Programme Board has been reactivated and will continue to focus on the implementation of the national training programme for endoscopy and review of workforce models.

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

**Executive Lead: Alex Howells / SRO: Charlette Middlemiss**

It was agreed to pause this objective at the beginning of Q1 though work has been progressed in the background, including the development of resources for non-clinical staff in Primary Care whereby the structure of the new level 2 Primary Care Administration and Reception Qualification has been agreed and is now at final stages of ratification. In addition, a new concept for interactive practice manager education and training has been

developed. The tool will facilitate self-assessment of skills and knowledge and will assist in professional development through appropriate signposting.

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

**Executive Lead:** Angela Parry / **SRO:** Kerri Eilertsen-Feeney

At the beginning of Q1 it was agreed to continue with the transfer of the team into HEIW and to continue with work that could be done within existing constraints. It then became clear that the TUPE transfer could not progress and the team was redeployed due to COVID-19. In June, the team were finally TUPE transferred across to HEIW.

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

**Executive Lead:** Push Mangat / **SRO:** Clem Price

At the beginning of Q1, it was agreed that this was a priority and was refocussed to support COVID-19. The Workforce Modelling Group was put in place with work plan aligned to the workforce cell. Work focused on preparing the multi-professional workforce for the impact of COVID-19. Upon review, it was agreed to restart, refocus and accelerate this work in Q1 in order to support COVID-19 work and wider support for the COVID-19 response. It will be necessary to include phase 2 requirements in the revised deliverables given that there will be a major focus and input potentially for remainder of the year. A review was undertaken of the Health Board IMTPs, education commissioning requests and available critical care implementation plans to make an assessment of the workforce planning requirements for critical care (based on pre-COVID-19 work). Critical Care was also reviewed as part of this year's medical workforce planning round. This work has informed the recommendations with respect to critical care included within the Education and Training Plan.

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

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

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

This objective was refocussed to support COVID-19 and the team undertook a procurement exercise to contract an Employee Assistance Programme. The COVID-19 staff health and wellbeing resources were made available to all NHS staff on the intranet including MaPS and Silvercloud. The team also implemented the Cuppa Catch Up and staff coaching sessions providing regular feedback and dialogue specifically with HEIW staff. It was therefore important for this objective to continue in Q1. Arrangements have been made for the Bronze Corporate Health Standard Assessment to take place in March 2021. The Employee Assistance Programme Task and Finish group will assess current provision through Health for Health Professionals and make a recommendation to pause or proceed with a tender specification. Dedicated intranet pages for COVID-19 have been developed which include Decision Trees for both Emotional and Physical support, and a financial page which includes financial education from the Money Advisory Service, Neyber and Trade Unions. The partnership with Neyber has been agreed and will be implemented in July, which will provide financial education, advice and access to low cost loans. A mini Health Needs Assessment specifically for COVID-19 was held in June with 106 responses, the results of this will be communicated during July with a programme of health promotion to support staff.

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



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

In Q1, the Welsh Language Scheme and associated consultation process was considered by the Board in May 2020 and approved and a number of flexible online welsh language lessons were made available for staff and a welsh language online blog series was created and made available on the staff intranet. Approval was also given by the Executive Team to appoint a new Welsh Language Translator and Trainee Welsh Language Translator. There was also heavy usage of the welsh language translation services throughout the period. It was agreed to continue this objective in Q1, but the team have been requested to include to examine elements of the Welsh Language Scheme in the context of home working given this is our new way of working. The online public consultation process on the Welsh Language Scheme will be undertaken between June and September with a view to the scheme being approved during Q3. Internal training capacity for staff will also be increased following the appointment of two new members of staff.

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

**Executive Lead Julie Rogers/ SRO Emma Kwaya-James**

This objective was paused in Q1 whilst legal advice was sought and agreed to restart this work in Q1. The Board is scheduled to review the Strategic Equality Plan in July during Q2 with a view to submitting the plan to Welsh Government in October 2020 during Q3.

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

**Executive Lead: Julie Rogers / SRO: Chris Payne**

This objective continued in Q1 with a light touch approach to support new ways of working with COVID-19. The crisis has provided an ideal opportunity to test our ability and feasibility of increased home working and the benefits this provides to the environment. The first meeting of the HEIW Biodiversity group was held in Q1 and has built on the discussions generated at the staff event held in March 2020.

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

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

**Executive Lead: Julie Rogers / SRO: Angharad Price**

At the beginning of Q1, it was agreed to continue to implement the communications and engagement strategy as much as possible with some of the aims of the strategy being achieved as part of COVID-19 response work. However, some elements of the strategy such as the roadshows and stakeholder events have been put on hold. The half yearly review of the strategy has also been delayed as resources are redirected to focus on delivery of key COVID-19 communications (both internal and external targeted communications and engagement), particularly internal bulletins and external social media and direct stakeholder comms and engagement. As a direct result of HEIW's involvement in the COVID-19 response the organisation has received media attention putting HEIW in the spotlight and in turn raising awareness of the organisation. During this quarter, the team continue to work with colleagues in departments across the organisation to prepare for the merger of the 3 legacy organisation websites into one. The team also released the new HEIW corporate branding which has been positively received by staff. In addition, the team are working on the preparation of promotional materials ready for a return to more normal arrangements and opportunities for awareness raising.

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

**Executive Lead: Julie Rogers / SRO: Angharad Price**

This objective was paused in early Q1. However, bespoke communications and engagement support continues to be provided to key programmes such as health and wellbeing, leadership and specific HEIW COVID-19 response work.

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

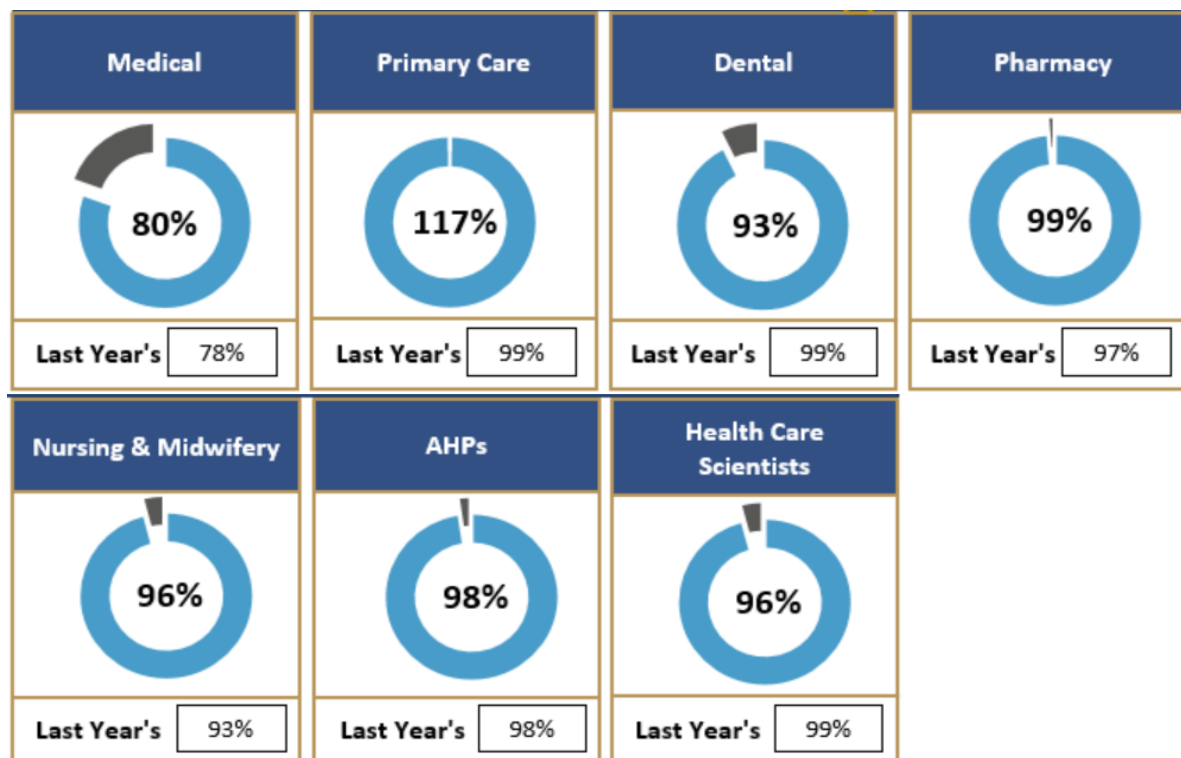
**Executive Lead: Julie Rogers / SRO: Chris Payne**

This objective continued during Q1 and the team continued the scoping and identification of Eduroam availability across all NHS Wales sites. They developed a rollout plan to increase availability and usage of the network and completed a very successful pilot, and Eduroam is now available to Junior Doctors, Trainers and HEIW staff where Health Boards sites broadcast it. Plans to increase the size of the digital team were taken forward and two posts were filled in May 2020. However, the recruitment of the Director of Digital appointment was paused during Q1 and will be reactivated in July.

## SECTION 2: PERFORMANCE DASHBOARD AND NARRATIVE

### 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.



There are no changes to fill rates for Medical (Secondary Care and Foundation), GP, Pharmacy, AHPs and Health Care Scientists since March 2020.

In Dental, there was one vacancy in Dental Specialty Training, having little impact on the fill rate reported in March 2020.

In Nursing & Midwifery, the fill rate is lower (96% compared to 97% in March 20). The number of nurse commissions has increased year on year and we are reliant on universities to recruit enough high quality candidates to work in the NHS in Wales. This increase has led to a slight reduction in fill rates, and the commissioning and communications teams are working with universities to market programmes to the widest range of potential new registrants as possible.

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 work to this end, and the definition and the associated elements will be tested, reviewed and amended as appropriate over time.



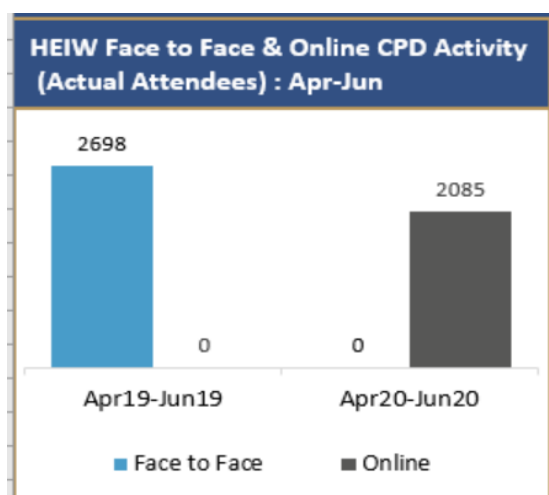
## Continuing Professional Development (CPD) Course Activity

CPD activity is delivered and commissioned in a number of ways across HEIW and is a key focus in our IMTP.

In early 2021, 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 2020 to 30 June 2020 compared to the same period last year. As expected, there has been a significant increase in attendees at online events, as HEIW cancelled all face-to-face events over the period.

The vast majority of CPD provision stems from the Pharmacy and Dental Deaneries, and RSU.



### Dental

Due to the COVID-19 pandemic the Dental section postponed all face-to-face courses and study days until September 2020. This had a great impact on the number of dental professionals normally trained during this period and work has been undertaken to develop online provision in key areas.

Training programmes have been prioritised to ensure the trainees are able to achieve satisfactory completion and complete their training.

- The Welsh Dental Therapy (WDTFT) study day programme continues to run using Microsoft Teams.
- The section has utilised the pilot course management system within HEIW to offer training material to Dental Foundation and Dental Core trainees (DFT and DCT). 19 playlists have been developed to date and the material is then discussed with their Training Programme Director on Teams.
- Material continues to be developed to ensure dental trainees are provided with the relevant learning material.

Alongside this there has been training developed to support the government position and develop the workforce for a return to the 'new' form of dentistry.

Since April 2020 four public playlists have been created for the profession to support this phase, and we continue to work with colleagues to develop further material:

- **“Dam it! - It’s Easy!”** <https://ytydysgu.heiw.wales/go/2elj81>
- **Team Tactics** <https://ytydysgu.heiw.wales/go/gld34q>
- **Getting Back to Practice in Wales** <https://ytydysgu.heiw.wales/go/m5fuly>
- **De-escalation in Wales – from emergency/urgent services only to normal routine services** <https://ytydysgu.heiw.wales/go/w687bf>

A survey of the whole dental profession in Wales has been undertaken to ascertain the needs in terms of CPD and education and training. As we enter the next phase of planning, we are preparing education and training in key areas using the relevant intelligence.

The present circumstances require a different approach to delivering CPD and a step away from the traditional mechanisms of a planned programme across an academic year. A CPD proposal has been developed and the section are already putting steps in place to consider how we offer CPD training from September 2020.

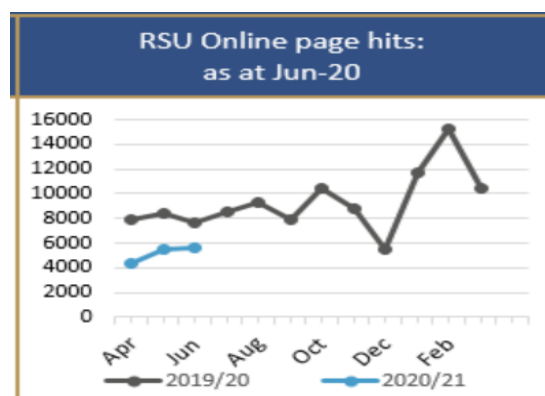
### RSU

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.

Our 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.

The COVID crisis has had a significant impact on our face-to-face CPD delivery. All face-to-face events have been postponed or cancelled up to the end of August, in the first instance. Our three regional CPD leads have been offered to clinical service until the end of July.

We are exploring how we can best support the educational needs of the workforce over the coming months. Following the return of our CPD leads in August, we will use this time as an opportunity to utilise virtual delivery models as an alternative to face-to-face events and to embrace a blended learning approach.



Our online CPD website remains available and contains 378 open access modules and educational resources on a range of clinical and non-clinical topics. The data shows a

decrease in the number of page hits this quarter compared to the same period last year (April 7939, May 8433 and June 7710). However, we anticipated this as a direct impact of the COVID crisis and, potentially, an indirect impact of the temporary suspension of the Medical Appraisal process by the CMO on the 27 March.

To support GPs during this time, and as part of mental health awareness week in May, we developed and launched a new module entitled Mental Health during COVID-19. This resource focused on the impact of COVID-19 on GPs, patients and all healthcare workers

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. The last module of the programme was due to take place in May but was postponed. We plan to utilise the HEIW Leadership portal to complete the 2019/20 programme and deliver the 2020/21 programme virtually.

### Pharmacy

In the period 1 April to 30 June 2020, the Pharmacy team ran one webinar: COPD/Asthma – An introduction to the All Wales management and prescribing guidelines. This webinar received a record registration of 200 delegates with 131 delegates attending the live webinar on the night. The delegation was made up of: 53% pharmacy; 40% GPs; 6% nursing; and 1% others. Evaluation of the outcomes show that over 96% acknowledged a change in knowledge and more than 88% stated that they are confident/fully confident as a result of the HEIW training event.

The Pharmacy team are currently working with stakeholders to review the CPD programme of events for Sept-Dec 20. This is expected to continue as virtual, with the aim to re-introduce face-to-face events from January/February 2021 onwards.

## Quality and Outcomes

### Quality Management

Targeted Visits planned for the first quarter of the current financial year were postponed due to social distancing requirements and the need to ease the burden on the services arising from the COVID-19 pandemic.

Whilst active visits have been postponed, the need to ensure patient safety and effective learning environments has remained as important as ever. Therefore, quality management activity has focussed on working with our stakeholders and the GMC in order to develop alternative approaches to activity. The key pieces of work undertaken during the last quarter are outlined below:

#### 1. Concerns Management

The Quality Unit have taken forward the following steps to ensure that concerns are appropriately managed during the pandemic. These steps include:

- Triangulating evidence from end of placement feedback and responses to risk reports in order to obtain an accurate view of the status of all risks prior to the pandemic. In addition, assurance around all training concerns in enhanced monitoring were discussed with Local Education Providers (LEP) Executive Teams at the Commissioning Visits undertaken in the last financial year.
- Given the potential for existing learning environments to change as a result of trainee redeployment during the pandemic, steps were taken to ensure that LEPs had alternative approaches to local quality control.
- Engagement meetings with Associate Medical Directors (Education) across Wales have commenced and will continue into the next quarter. The purpose of these meetings is to discuss progress around new and existing training concerns as well as provide an opportunity to provide guidance and support to ensure ongoing compliance with training standards.

## **2. Field Hospitals**

The COVID-19 pandemic has resulted in the need for new training environments to be established either to directly manage COVID patients or to ensure that trainees have the opportunity to achieve the competencies outlined in the curriculum. The GMC require that all training sites are approved and, in order to expedite the process, a concise approval process has been developed in order to enable HEIW to obtain assurance around three key areas as outlined below:

- The integration of field hospitals into existing LEP governance structures.
- Assurance around key patient safety related areas such as clinical supervision, working within competence, induction approaches to raising and managing concerns.
- Capacity to provide education at field hospitals and the arrangements for educational leadership.

## **3. Regulator Engagement**

The Quality Unit have provided the GMC with an update on the current status of all relevant training concerns. In addition, we have engaged with the GMC in order to discuss our approach to quality management during the pandemic, which was deemed to be in line with their expectations.

## **4. Exit Strategy**

In the period 1 April to 30 June 2020, consideration has been given to how quality management activity will resume in the coming months. Training environments will have undoubtedly changed and new approaches to resuming normal activity are being developed across Wales that will inevitably impact on training. Therefore, the timeframes and rationale for planned visits will require review. This work will be undertaken in the next quarter, in addition to piloting a virtual visit to establish whether this would provide us with an effective way of working in the future.

## **GMC Trainee Survey Results**

The 2020 survey has been postponed to a later date due to COVID-19 and so there is no further information to report at this time.

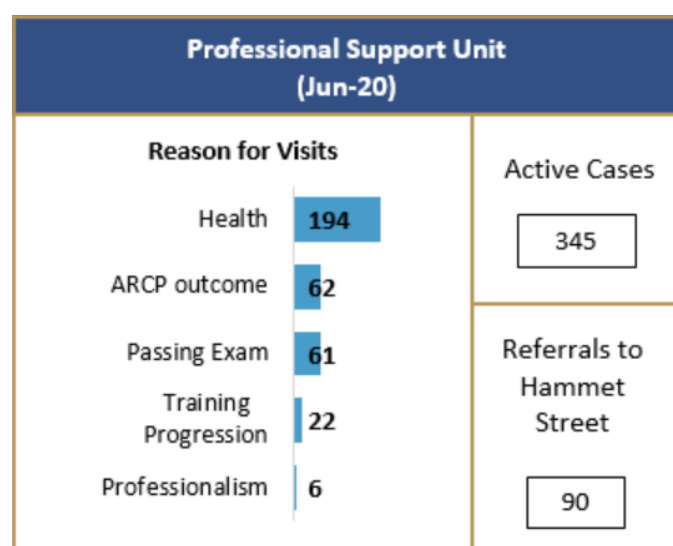
## Annual Review of Competence Progression (ARCP)

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.

In late 2019-20 (and early 2020-21), for upcoming annual reviews, guidance was 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 new outcomes have been used for ARCPs conducted in the period 1 April to 30 June 2020, but have not yet been uploaded to Intrepid. The system is currently being updated and tested in order to record the new outcomes and to make them available for reporting. For this reason, the ARCP outcomes are not provided in this report.

There were no RCPs or ARCPs for Dental training programmes in the period. Interim RCPs for DFT and DCT take place in February and March each year and were reported in the March 2020 report. Final RCPs are due to take place in July for both programmes.

## Professional Support Unit (PSU)



At 30 June 2020, there were 345 active cases (compared to 369 at 31 March 2020). An additional 90 cases were receiving psychological support from Hammet Street Consultants (the same as at 31 March). The PSU team manage the case load on weekly basis; new cases are opened, and existing cases are reviewed and closed if support has been completed. At 30 June, we had received 25 requests for support for the month, compared to a total of 38 new cases in June 2019 and 32 new cases in June 2018.

Due to COVID-19, many trainees will have experienced some effect on their personal or professional lives but data actually shows a decrease in uptake of support since the start of lockdown in March 2020 compared to the same point in previous years. This is mirrored across all four countries of the UK (as reported in the COPMeD PSU Group Meeting in June 2020),

as trainees have focused on service provision. We have seen significant reduction in requests for exam support, as all Royal College exams have been cancelled, with only RCGP setting dates (they will restart in a new format from July).

However, the disruption to training progression due to COVID-19 is widely documented in scientific media and is evident in the stories we hear in Wales. The PSU is currently preparing for:

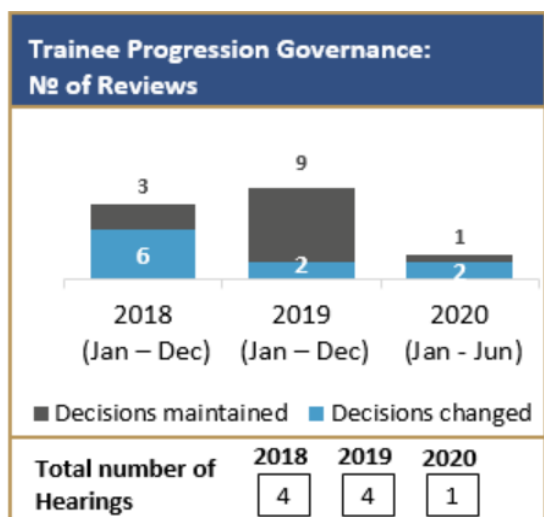
- Being able to support anyone who feels they need help once the Royal Colleges start exams by organising virtual group 'Exam support' sessions and one-to-one meetings for anyone who needs them.
- The potential psychological effects of trauma and emotional injury resulting from the current outbreak. To help protect people we are organising our services by recruiting mentors, promoting wellbeing, providing online training and resources and one-to-one meetings for anyone who needs them.
- Trainees requiring further specialist psychological support have an opportunity to access Hammet Street Consultants Ltd via the PSU.

The decrease in new cases has not led to reduced need for PSU support, though, due to the complexities of current support needs. The PSU service typically experiences higher demand in line with Annual Reviews of Competency Progression (ARCP) under normal circumstances, but the PSU will now also be contacting every trainee with Outcome 10.2 (one of the new COVID-related outcomes, see also the section on ARCPs), as well as anyone with Outcome 2 (Development of specific competences – additional time not required) and Outcome 3 (Inadequate progress – additional training time required).

### Trainee Progression 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.



The data shows the number of decisions at the Review stage of Appeals that have been maintained and changed in 2020 (Q4 of 19-20 and Q1 of 20-21), compared to 2019 and 2018.

In the period 1 April to 30 June 2020, we used new arrangements for conducting virtual appeals. We held 1 full appeal, which led to the change of an Outcome 4 to an Outcome 3. After the virtual appeal process, we conducted a reflective exercise involving the participants, from which we have concluded that the virtual appeal process worked well with no loss of quality. Several benefits of operating virtually were highlighted for the future, including reduced costs and improved support from potential panel members due to the savings in travel and the reduced time commitment.

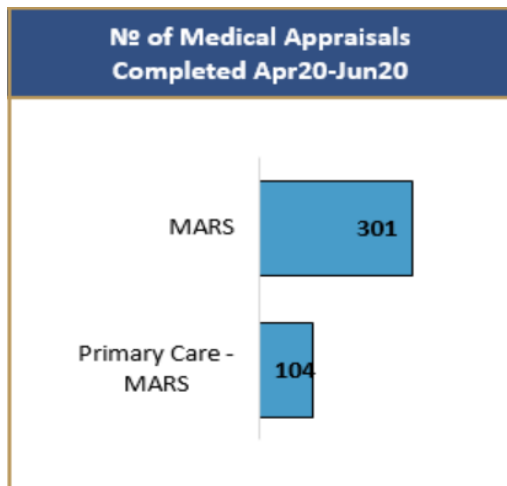
## Medical Appraisal and Revalidation

One of HEIW's responsibilities is to support and improve professional standards through revalidation, appraisal and CPD in line with the requirements of the regulators.

Following the GMC's temporary suspension of the Revalidation Process, and the CMO's recommendation to suspend the medical appraisal process in Wales on the 27 March, the Revalidation Support Unit paused the GP Appraisal process.

To further support the COVID response, our GP Appraisers were offered to clinical service until the end of July, releasing over 120 sessions to support Primary Care services across Wales.

We are working closely with stakeholders and appraisal leads across the four nations in preparation for the recommencement of the appraisal process. Plans are in place for future appraisal meetings to take place remotely in the first instance, with training and best practice learning modules to be developed before any planned relaunch.



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 – 30 June 2020 (405). It should be noted that the appraisal completed data is based on the date the appraisal summary is agreed, not the date of the meeting. Therefore, these completed appraisals will have taken place prior to the suspension of appraisal on the 27 March.

This data is not comparable with the same period last year due to the temporary suspension of medical appraisal. Appraisals due to take place during this period are classed as an 'approved missed' appraisal, therefore affected doctors will not be due to undertake their next appraisal until 2021.

MARS is part of a suite of online resources that also includes the **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. As at 31 May 2020, there were 130 registered on the DAS system, which is approximately 92% of all Community Dentists.

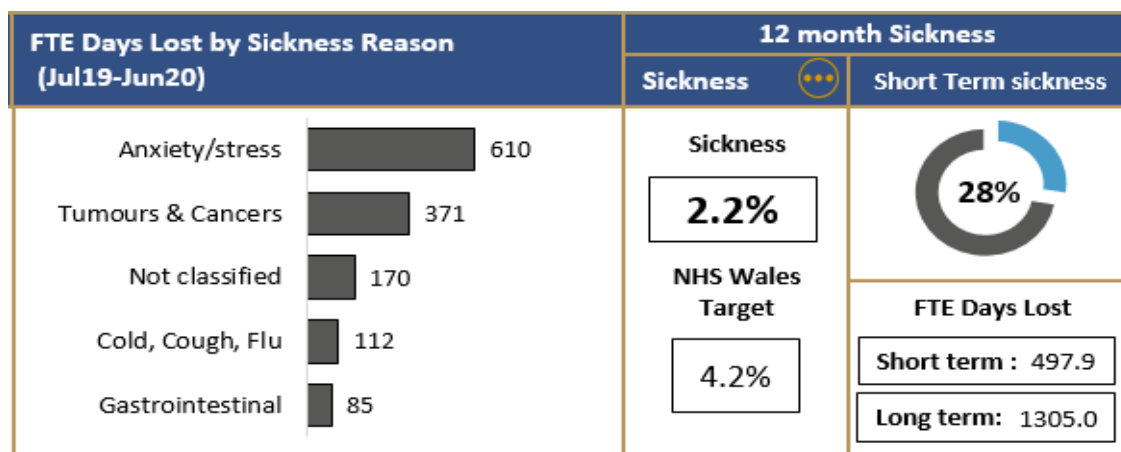
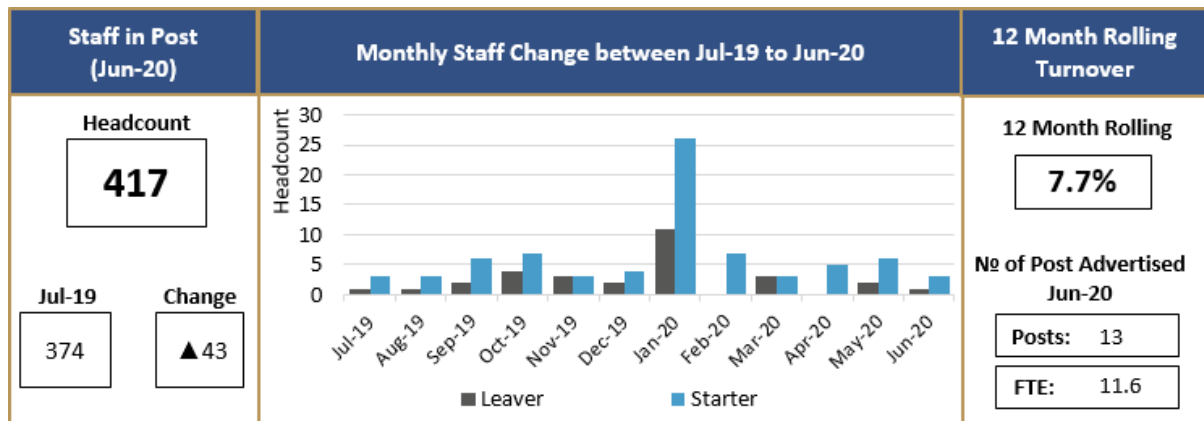
On 2 March 2020, HEIW launched the **Orbit360™** system, a multi-source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and colleague feedback. At 30 June, 566 users had registered on the system. In April there were 135 active surveys, in May 51 and in June 86. The number of surveys active on the system will be directly impacted by COVID and the subsequent temporary suspension of the appraisal and revalidation processes. To aid doctors who are doing remote consultations, we have introduced functionality to make it easier for doctors to download online codes which can be sent to patients following virtual/telephone consultations, in order for them to provide feedback.



## Corporate Performance

### HEIW Performance Metrics

This section outlines how HEIW is performing as an organisation as at the end of June 2020.



### Workforce Movement

In June 2020, the headcount for HEIW was 417, which represents an increase of 11 staff since 31 March 2020. This demonstrates that HEIW was able to continue to recruit and induct new staff during a period when the organisation changed its way of working to encompass home working for the whole organisation due to the impact of COVID-19.

### Turnover

The 12-month rolling turnover rate for HEIW for the period July 2019 to June 2020 was 7.7%, a reduction of 1.8% since the previous end of year report. This remains a low turnover rate but at a level which continues to support business continuity and organisational memory whilst also bringing in new thinking and new ideas.

### Sickness

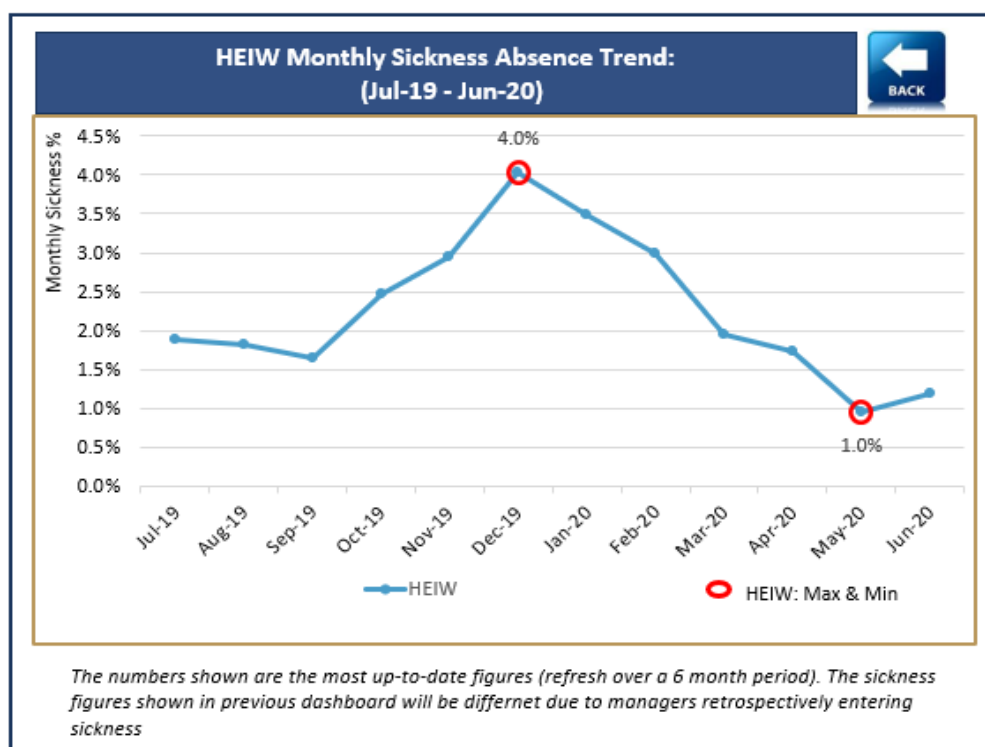
HEIW continues to have the lowest sickness rate of all the 11 NHS Wales organisations, with a rolling 12-month sickness rate of 2.2% (July 2019 – June 2020). This sickness rate has remained significantly below the NHS Wales sickness target of 4.2% and has reduced from the previously reported end of year figure of 2.6%. When examined in the light of periods of

## Appendix A – HEIW Performance Report

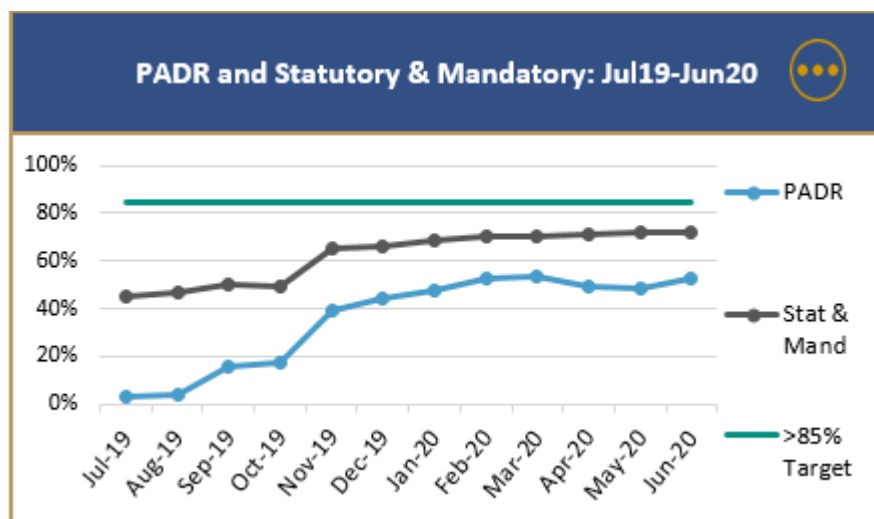
organisational change and then latterly the impact of COVID-19, the current rates indicate a good degree of organisational resilience and positive health.

The ratio of short-term sickness absence to long-term absence has remained static at 28% to 72% respectively. Given the overall low levels of absence, any single long-term episode has a significant impact on the overall picture within the organisation and the small number of cases that HEIW are sympathetically and appropriately managing. The most days lost to sickness are for reasons of anxiety/stress and account for 610 days in the last rolling 12-month period, a reduction of 93 since the previous end of year report. Days lost to anxiety/stress are generally related to long-term sickness episodes, which are managed sensitively and with input from the People Team.

When the sickness absence trend is examined on a monthly basis (as opposed to the rolling basis) over a six month period to June 2020 (see graph below) the data indicates a distinct fall in overall absence levels since December 2019 when there was a peak of 4%. The May figures indicated a low of 1% with a marginal increase to 1.2% in June. Whilst some more investigative work needs to be carried out, the high levels around November to February are consistent with predictable peaks in respect of seasonal colds and flu whilst the very low figures in the last quarter may correlate with the national 'lockdown' and the move to home working whereby staff were essentially screened not just from COVID-19 but from the normal ailments and bugs transmitted via social contact. Equally, being able to work from home may also impact on sickness thresholds, i.e. the point at which an individual would report as being sick. This latter issue would benefit from further investigation.



## Personal Appraisal Development Review (PADR)

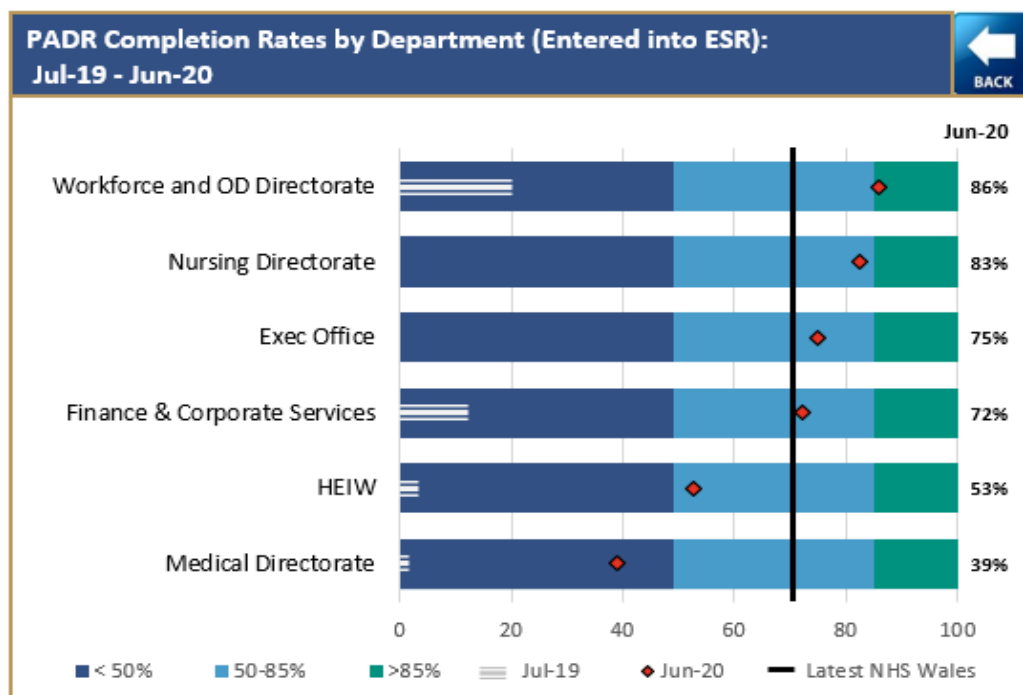


Personal Appraisal Development Review (PADR) forms part of contractual arrangements for all staff. HEIW PADR takes a values-based approach, with the outcome being an agreed personal development plan for ongoing improvement. PADR gives the individual staff member the opportunity to discuss their performance against agreed objectives.

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 (excluding GP Appraisers/Pharmacy Assessors/Facilitators whose prime employment is generally elsewhere) was 53% at 30 June 2020. This remains the same as was reported for the year ending March 2020. This can be interpreted in a positive light as the period that is being reported on has been one of early organisational disruption with all staff moving at the end of March to a fully home working arrangement. This was accompanied by work streams specifically in respect of education provision, being diverted and adapted to reflect and react to major service change and challenges.

As can be seen from the table below, which breaks compliance levels down by Directorate, the Medical Directorate continues to be the lowest performing area although the compliance levels have risen marginally from 38% to 39.35% since March 2020, which, again, is positive given the environment noted above.



The compliance figures for the Medical Directorate over the last four months are as follows:

March 2020 – 38%  
 April 2020 – 33%  
 May 2020 – 35%  
 June 2020 – 39.25%

The above figures correlate to a reduction in compliance levels at the height of the pandemic, and a steady increase as the situation improved and an element of normalisation occurred.

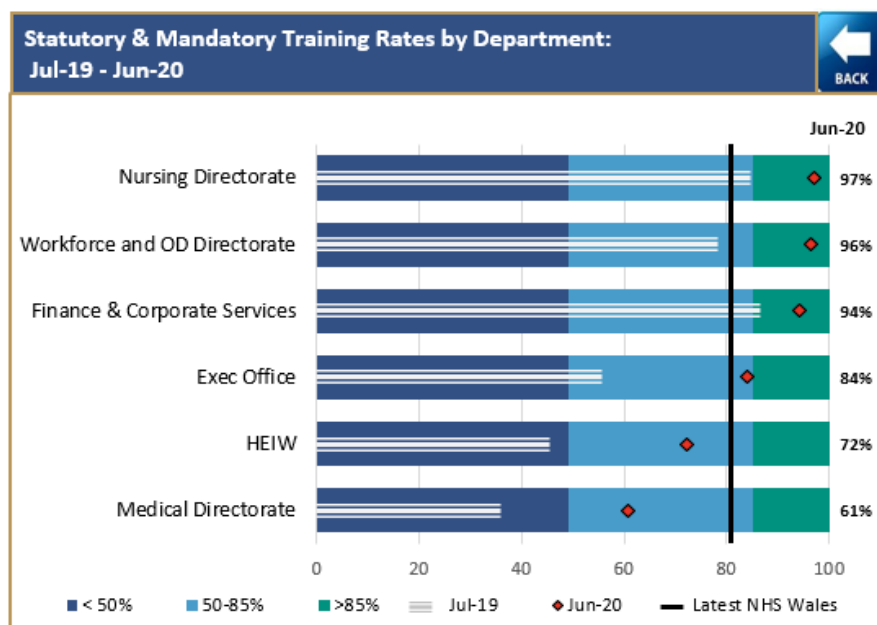
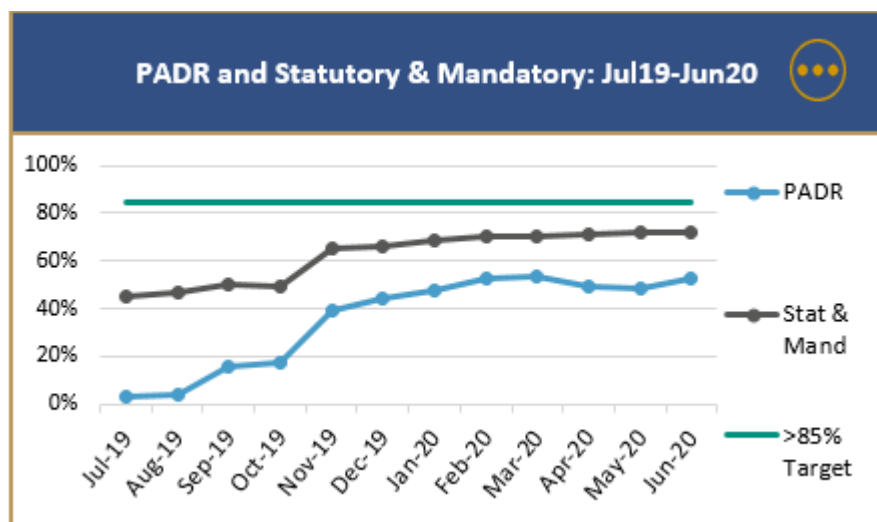
Other issues that need to be considered and which relate to the impact of the change to home working include:

- Home working impacted on connectivity in that many managers did not have access to management functionality in ESR and could not input the PADR completion data.
- Home working removed the ability to undertake physical face-to-face PADRs, with managers initially holding off undertaking them with the expectation of a return to normal office working.

Now that home working has bedded in and there is an understanding that this will be a new norm of working within HEIW there is an expectation that PADRs return to an upward trajectory with a renewed emphasis on their completion. This will, however, take a couple of months before it feeds positively into the compliance figures.

### **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:

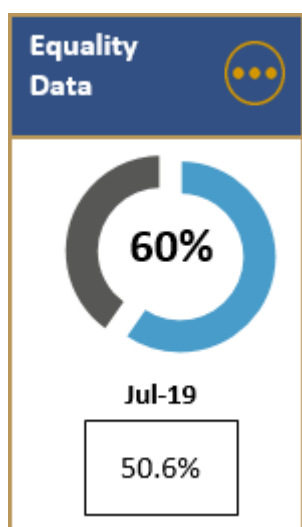
- Equality and Diversity (Treat me Fairly)
- Fire Safety
- Health and Safety
- Infection Control
- Information Governance
- Moving and Handling
- Prevention and Management of Violence and Aggression
- Resuscitation
- Safeguarding Adults
- Safeguarding Children

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.

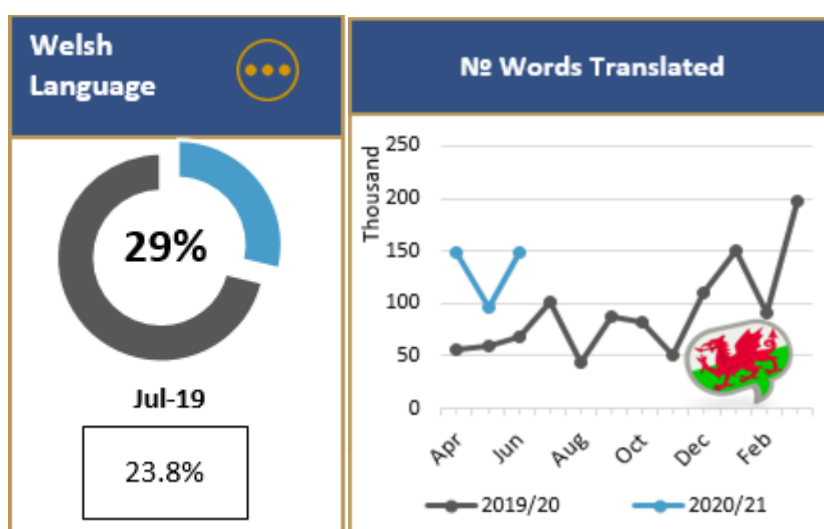
The figure for Statutory and Mandatory Training compliance at HEIW for all core staff (excluding GP Appraisers/Pharmacy Assessors/Facilitators) at 30 June 2020 was 72.38%. This represents an improvement of 2.38% since the end of year figures were reported. However, it remains short of the 85% target figure and whilst it remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements, the People Team and the wider Workforce & OD teams will continue to support and encourage staff in this process.

### Equality Data



Compliance in recording equality data has improved slightly since March 2020, with the compliance rate increasing to 60%, from 59% in March. Although this is not a significant increase, this can be considered positive given the circumstances in the period.

### Welsh Language



Compliance in compiling Welsh language data has also improved slightly since March 2020, with the rate increasing to 29%, from 28% in March. As above, this can be considered positive in the circumstances.

Included here for the first time is data to show the number of words translated into Welsh in 2020-21, compared to the previous year. In Q1 this year, just under 400k words were translated into Welsh, more than double the number translated in the same period last year (just over 180k), and this is expected to continue to grow. There are some known peaks of work related to Board and Committee Meetings and corporate documentation, but the work is otherwise still largely unpredictable.

HEIW is still a new organisation and its remit and workforce is growing, so this is likely to place a greater demand on the translation service. A new Translation Manager is expected to join the organisation later this year, when the work to develop a strategic translation unit will begin, not only to service the demand in HEIW, but also to help colleagues across the NHS in Wales to enhance their existing translation services.

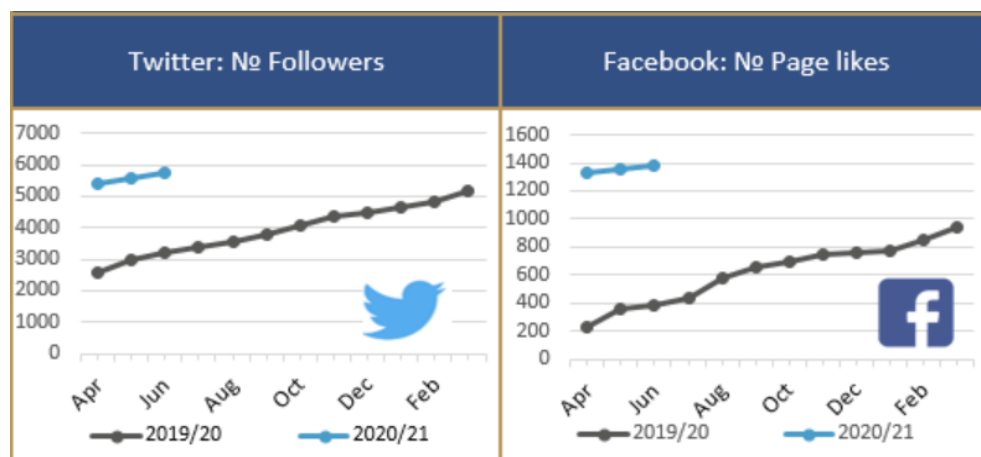
### Home Working Survey

HEIW issued its first Home Working pulse survey prior to the lockdown in March to anticipate possible challenges, which included technology and furniture. Staff were asked to respond to a second survey in April to review how they were feeling having worked at home for one month. The most recent and third survey was undertaken in May, which included a section on employee wellbeing. The most prominent concern was around balancing work requirements with parental responsibilities whilst the schools were closed. Overall, each survey demonstrated a positive trend upwards, where colleagues felt settled and supported, describing it as a positive experience. Many staff suggested that they would like a balance of office and home working to become part of the new normal. The Health Needs Assessment Survey was circulated in June 2020. Ty Dysgu reopened on Thursday 9<sup>th</sup> July, with staff under no obligation to return to the office to work at the current time. Questions are currently being prepared for a possible fourth survey to be issued in the near future.

### 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



## Appendix A – HEIW Performance Report

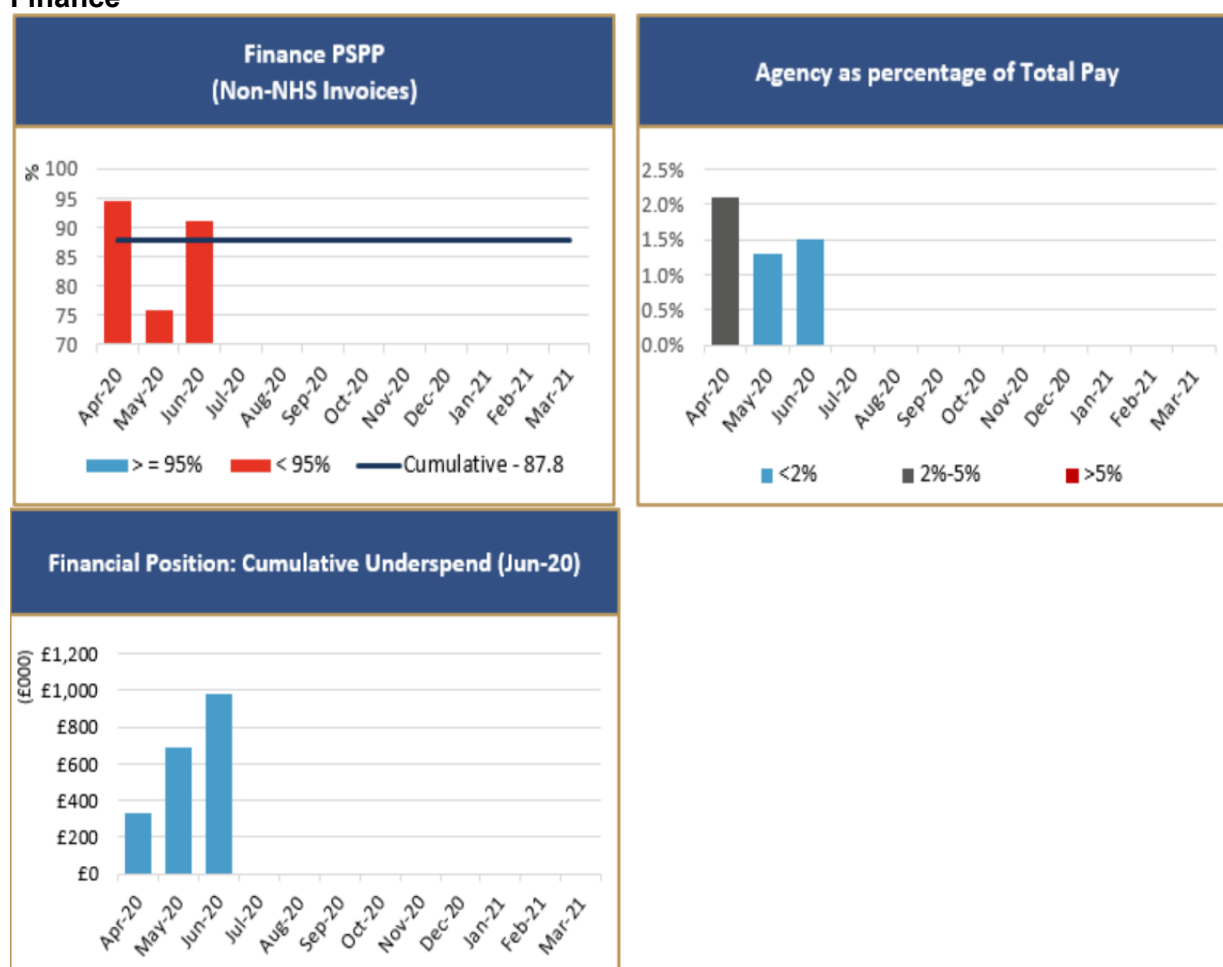
Internally, we continue to share regular COVID-19 and wellbeing related information to staff via the intranet, as well as sending out direct emails. In addition, we have been sharing a number of opportunities for staff to get involved and shape ongoing HEIW and NHS Wales programmes of work, plus a number of staff training sessions. Following the successful trial of a virtual staff open forum in May we held another in June; these will be continuing for the foreseeable future.

We are continuing to progress the merger of the three legacy organisation websites into one HEIW website. Horizon scanning has been taking place using social media and online media as resources allow. However, the implementation of an information database has been delayed due to resources being diverted.

The new HEIW branding and guidelines have been launched with a lot of positive feedback and some suggestions on changes to further support staff. These changes were made within the first week and departments are beginning to use the new guidance to help establish the HEIW brand visually.

Externally, we have continued to regularly post and share COVID-19 messages and resources on social media, as well as send messages directly to stakeholders such as students, trainees, trainers, employers and partners. In June, we added a further 10 new resources to the COVID-19 section of the HEIW website. In total for June, this section was viewed over 800 times.

### Finance





## Appendix A – HEIW Performance Report

At 30 June, HEIW has not met the PSPP target of 95%. This is due to the delay in processing and paying a number of low value invoices that are not matched to purchase orders, and therefore need to be individually reviewed and approved. Additional support has been provided to specifically target these invoices and the position will continue to be monitored throughout the year.

The reported position for June (month 3) for HEIW is a cumulative surplus of £981k. The underspend position in Pay budgets (£373k) is due to vacancies across HEIW staffing establishments. The underspends in Non-Pay budgets (£206k) are as a result of reduced training and education activity as a result of the COVID-19 lockdown restrictions. The significant underspend in Commissioning budgets (£430k) are primarily as a result of under recruitment to Nurse education placements and the underspends in Medical budgets are related to under recruitment to medical training grade posts and Pharmacy. There is also an underachievement of income of £26k to the end of the period.

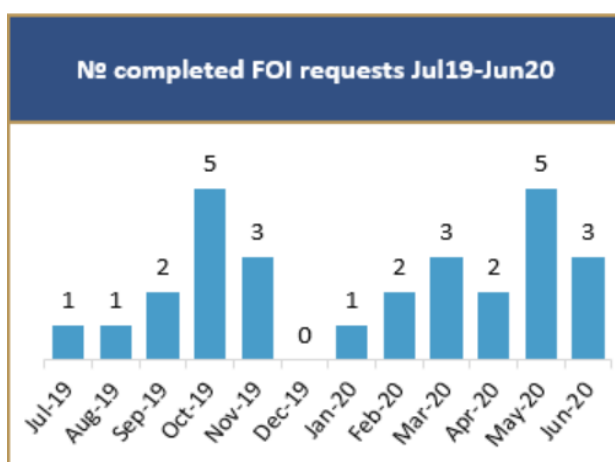
Expenditure on agency staff reflects the number of vacancies in the organisation.

### Disciplinary & Grievance

People Team (Jun-20)
Disciplinary & Grievance
0
No Complaints
0

There were no disciplinaries, grievances or complaints in the period.

### Freedom of Information Requests



HEIW received 10 FOI requests between 1 April 2020 and 30 June 2020. The compliance rate (response within the 20 working days) was 100%. 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.

### **Health & Safety**

Health and Safety	
Mandatory Training (Jun-20)	
Fire Safety	56.5%
Health & Safety	60.3%
No of Incidents Apr20-Jun20	
	0

### **Accidents and Incidents**

In the period 1 April to 30 June 2020, there were no health and safety accidents or incidents reported/recorded.

### **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'.

### **H&S Training**

At 30 June, all volunteer H&S roles were filled to the required capacity and all role holders were trained to the level required to undertake the roles. No training was undertaken by volunteers during the period. H&S training has continued to be provided to new starters via induction.

### **H&S Committee**

The Health and Safety Committee was cancelled in the first quarter. The next meeting is in September 2020.

### **Policies, Procedures and Guidance**

A review of the Health and Safety policy was approved by the Board in May 2020.

### **Risk Assessment**

An internal risk assessment was developed in order to develop plans and proposals for staff to return safely to work in Ty Dysgu from 9 July (if appropriate in individuals' circumstances). In addition, the following have been undertaken or are in train:

- a comprehensive plan for staff to work safely in Ty Dysgu including revised arrangements to comply with social distancing.
- arrangements for reception to be fitted with a new protective screen and communal toilet doors to be fitted with locking systems

## **Appendix A – HEIW Performance Report**

- a wide range of COVID-19 signage throughout the building
- regular water testing and checks for the prevention of Legionella and a major water treatment exercise
- a cleaning station with supplies of sanitisers and wipes, and additional dispensers to be located throughout the building
- opening of the building for collections and services as required over the period.

## SECTION 3: PERFORMANCE IN RESPONSE TO COVID-19

We have ensured regular updates have been provided to Board throughout the quarter and, as such, below details our latest summary of activity in terms of the HEIW response. The latest update for Q1 was provided at the end of June and is attached for information.



BDS%20Update%20p  
aper%20final%20-%2

This provides details of how HEIW has responded and supported NHS Wales whilst also reflecting on our approach to supporting our own staff including:

- Communications and Engagement
- Multi-professional Education & Training
- Workforce Modernisation
- Workforce wellbeing
- Leadership

Some key areas to highlight from the report:

- In conjunction with NHS Wales Employers, BMA Cymru Wales and Welsh Government, a joint statement was issued on annual leave, study leave and public holiday arrangements for doctors and dentists in training during the COVID-19 pandemic. 12 principles were agreed to ensure consistent and fair national arrangements are in place for doctors and dentists in training.
- Implementing plans to implement Junior doctor rotations from August.
- Facilitated new approaches using virtual technology to replace Clinical skills Assessments within General Practice training.
- Supported Return to practice opportunities
- HEIW has met with all Universities individually and analysed each cohort or every course to determine whether graduation is predicted to be delayed due to the COVID-19 pandemic. Where delays were identified HEIW has worked with the Universities and the Service to develop innovative ways of restructuring education (both academic and placements) to ensure all delays are mitigated or reduced to a minimum.
- HEIW has provided ongoing and significant influence and expertise in the development of the BAME risk assessment e-tool, this has been implemented within HEIW to support risk management for staff potentially returning to work in the office.
- Continued progress and development of the Leadership portal and access to Compassionate leadership resources.
- Significant development and use of multi-professional online resources to facilitate and enhance training opportunities.

HEIW has continued to prioritise its response to COVID and to look for opportunities to support other NHS organisations. As we end the quarter and organisations reflect on their learning from the crisis, as well as their ongoing COVID needs, we are seeing a steady and constant increase in requests for HEIW support.

The infographic provides some high-level detail of the support provided:



## SECTION 4: PERFORMANCE AGAINST OPERATIONAL PLAN FOR Q1

### Q1 Operational Plan - Performance

For the final 6 weeks of Q1, in line with requirements of Welsh Government we produced a plan that focussed on 5 key themes.



The plan was approved at May Board and implemented. Our approach to monitoring and reporting during Q1 was driven by the requirements of Welsh Government and as agreed with our Board, it comprised weekly reports as well as formal bi-monthly reports to Board.

We developed an indicative action plan to identify and monitor progress against key activity in relation to each of the five themes that we articulated in our Q1 operational plan;

#### ***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 in practice
- maintaining a focus on emergency planning and crisis response
- enabling staff and HEIW to operate effectively as a virtual home-based organisation.

#### ***Education and 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 and 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:***

## Appendix A – HEIW Performance Report

- 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 2<sup>nd</sup> 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 and engagement in Q1 means:***

- maintaining regular staff, stakeholder and Board updates
- restarting staff open fora, piloting Microsoft Teams
- horizon scanning, sharing and 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.

Throughout the period, COVID-19 delivery, performance, impact and risks were also overseen through our Crisis Management and response meetings, through which we managed and oversaw our response to COVID-19 and the risks associated with delivery. We also met with Welsh Government to review our approach and received positive feedback.

All actions identified have been progressed and taken forward as appropriate within initial timescales, alongside implementing the rephrasing of previously approved IMTP objectives and deliverables which have been detailed previously in the report. Key activities taken forward during the period include:

#### Managing response to COVID-19

Key details provided in Section 3.

#### Education & Training – New ways of working

Developing a multi-professional plan to enable education and training to implement new normal procedures and processes.

#### Compassionate Leadership

- Developing and testing of Digital Leadership Portal 'Gwella' - This will provide an externally facing Leadership landing page with access for NHS & Social Care Wales to a range of evidenced based collective and compassionate Leadership tools and resources.
- Continuing to develop and enhance Compassionate Leadership Playlists.
- Developing opportunities to utilise 'virtual classrooms' to support education and training.

Communications and Engagement

- Weekly Staff bulletins produced
- Regular stakeholder updates produced and promoted
- COVID-19 webpages updated regularly
- Bi-Monthly Board updates

Workforce Wellbeing

- Produced documentation, guidance and systems to facilitate the return of staff to the building during Q2 if they wish to do so.
- Implemented modifications to 'Ty Dysgu' to facilitate staff return.
- Implemented the use of BAME risk assessments to support staff return.
- Provided access to continually updated electronic wellbeing resources.
- Provided opportunities for staff to engage and interact with one another to mitigate social isolation.

As such, our Q1 plan provided a foundation for the development and submission of our Q2 plan on the 3<sup>rd</sup> July. We intend to align our performance management and monitoring under the quarterly reporting approach moving forward to ensure alignment and avoid duplication of reporting of COVID-19 and operational activities. To support this, we are in the process of developing new mechanisms and hope that by the end of the quarter we will be able to utilise Performance software (VERTO) to enhance reporting and monitoring capability.

**END**

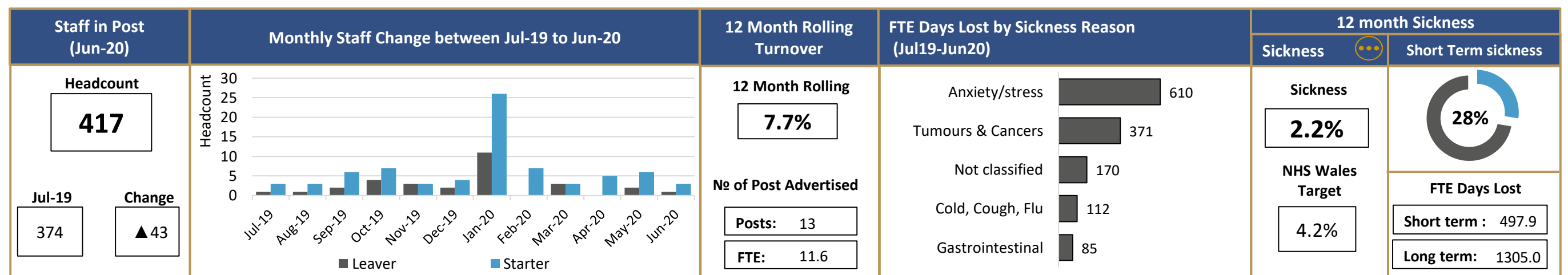
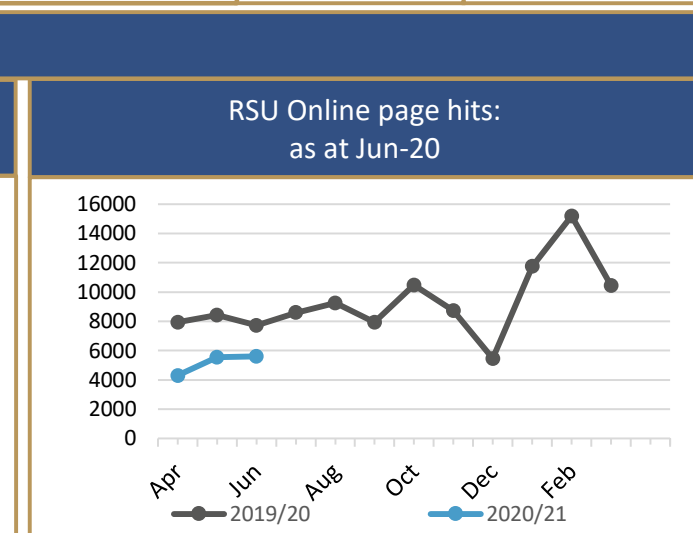
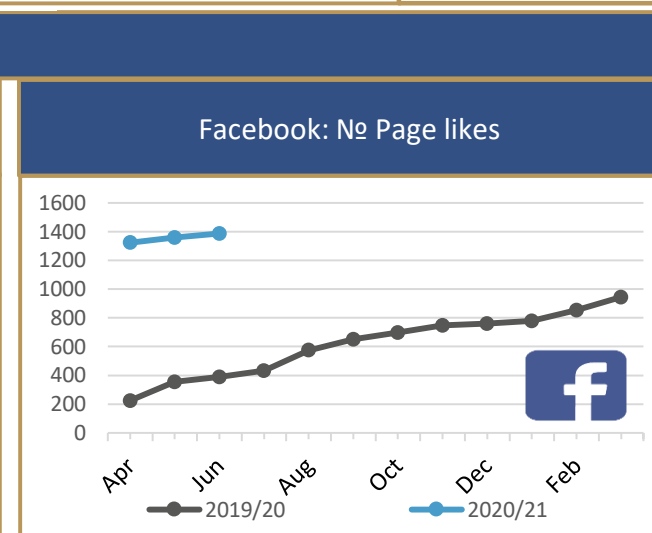
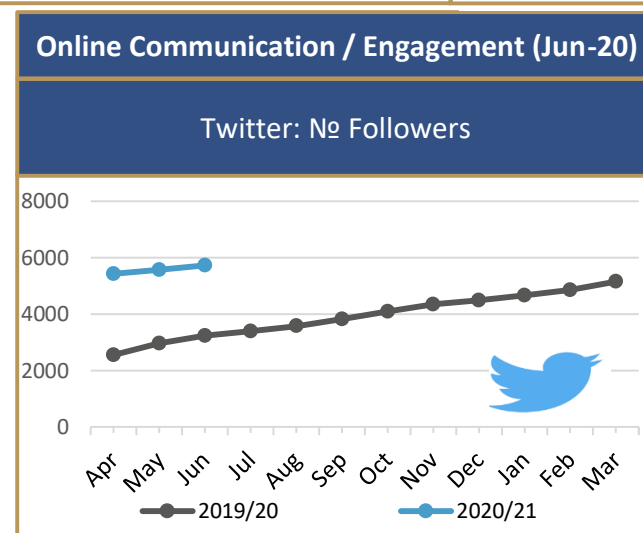
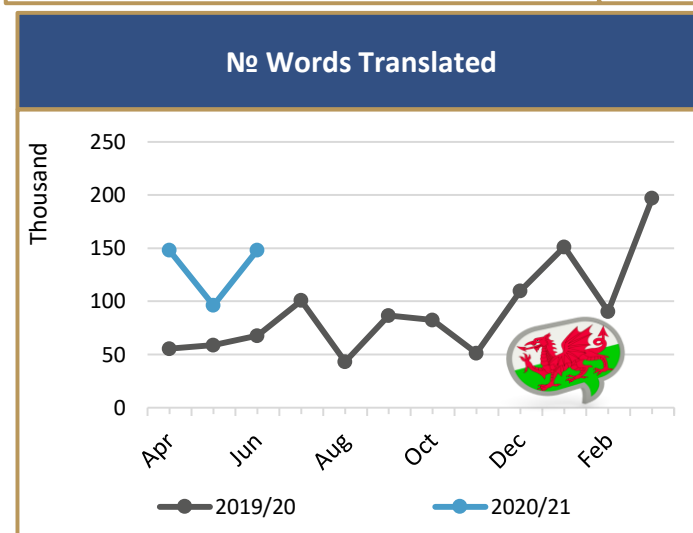
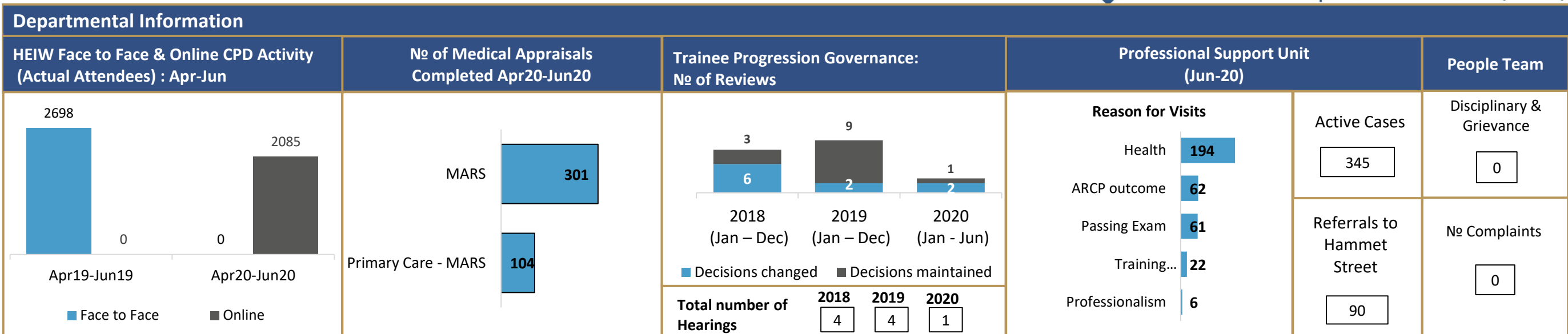


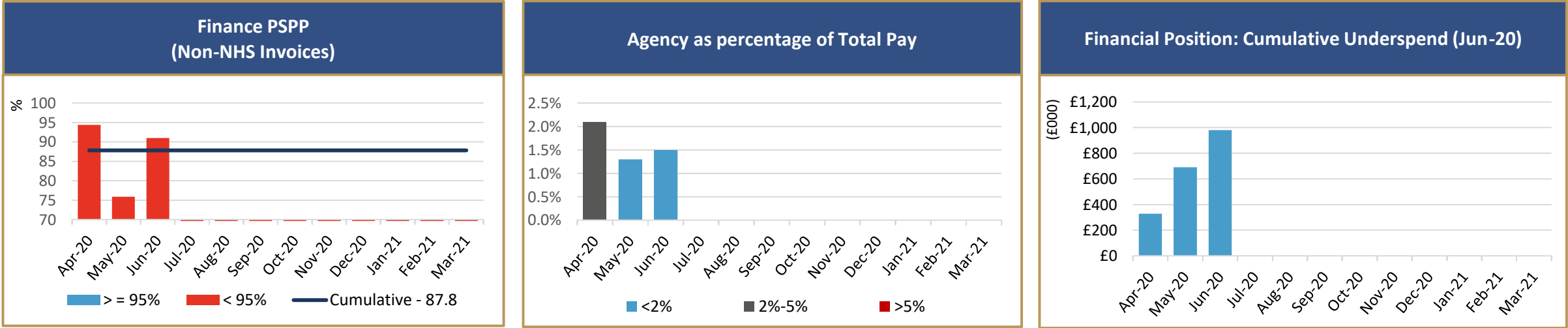
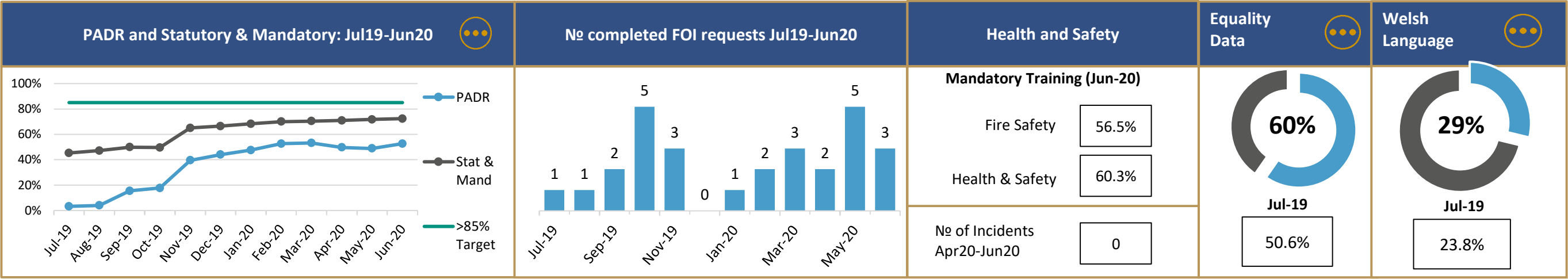
# Health Education and Improvement Wales Performance Dashboard (2020/21)



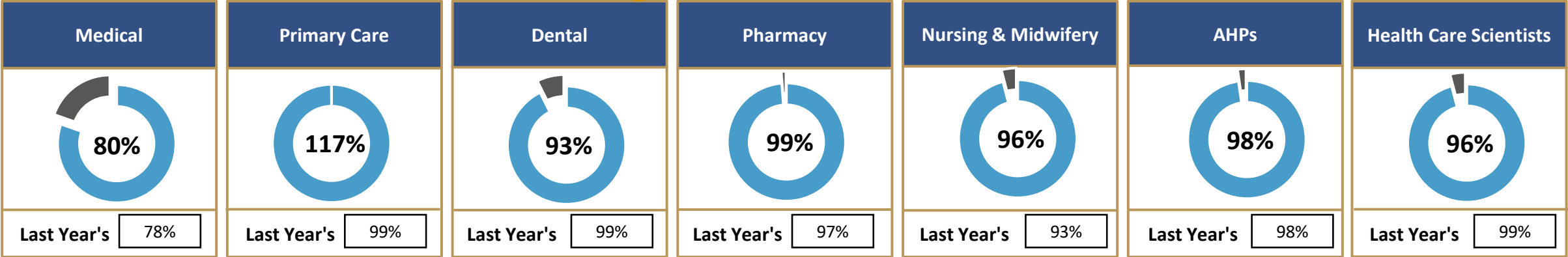
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CYMRU  
**NHS**  
WALES

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

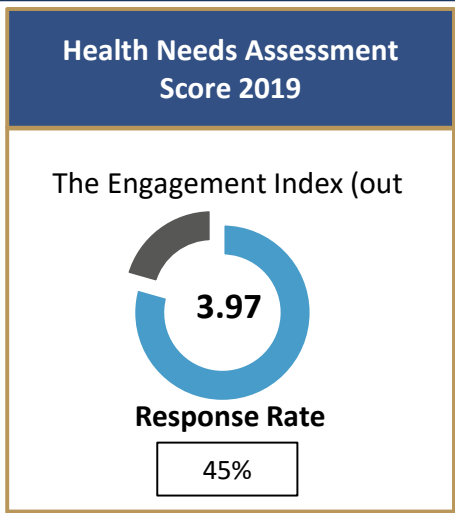
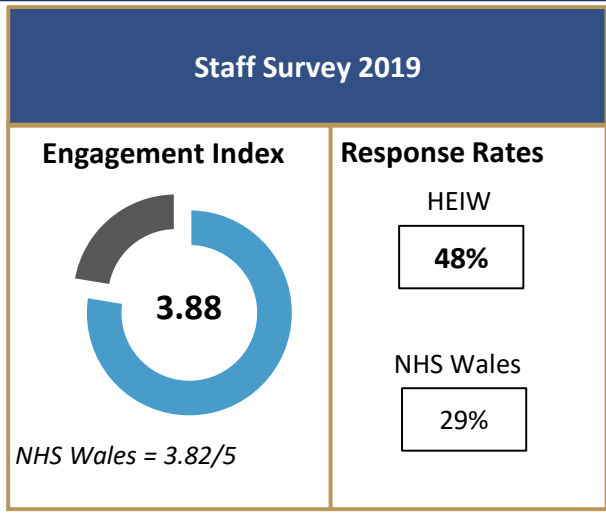
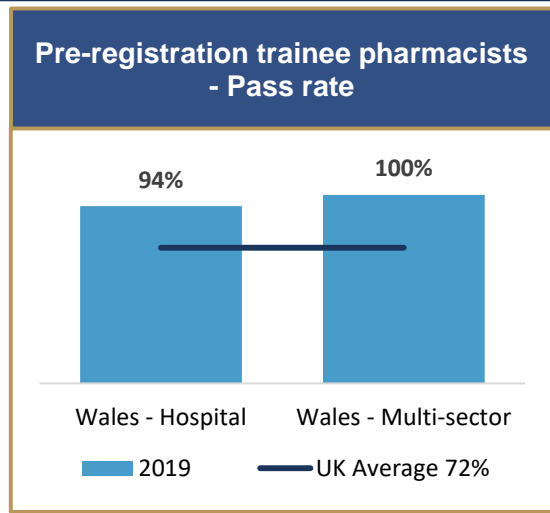
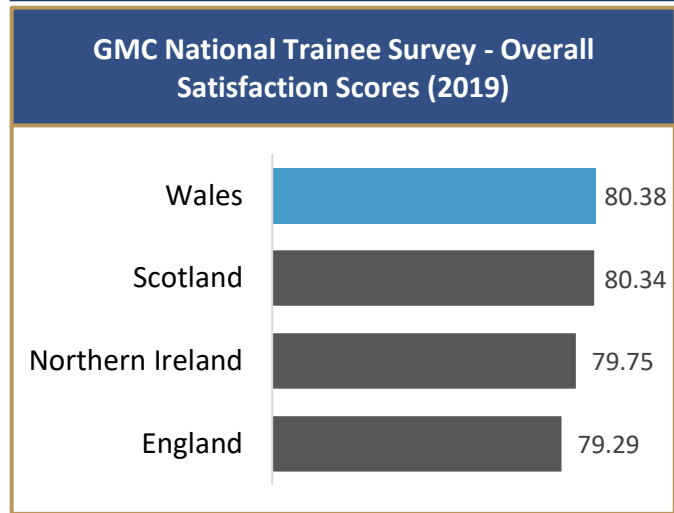




Recruitment to Commissioned Places (Recruitment Rate) - Jun-20



Benchmarking Information - 2019





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

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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.3</b>
<b>Report Title</b>	<b>Amendments to the Risk Management Policy</b>		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To highlight proposed changes to HEIW's Risk Management Policy and to ask the Board to approve the amended policy.		
<b>Key Issues</b>	<p>The Structured Assessment and the Internal Audit Report on HEIW's Risk Management made several recommendations on HEIW's management of risk.</p> <p>Implementing these recommendations requires HEIW to amend its Risk Management Policy (RMP). The amended draft RMP is attached at appendix 1.</p> <p>The amended RMP was considered by the Audit and Assurance Committee on 16 July. The Committee recommended the approval of the policy by Board subject to clarification of the recording of the Risk Appetite on the Corporate Risk Register Proforma.</p> <p>This report highlights the proposed amendments to HEIW's RMP and asks for Board approval of the amended policy.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	<p>Members are asked to:</p> <p>consider the proposed amendments to the HEIW's Risk Management policy (Appendix 1) and to approve the amended policy.</p>		

## **AMENDMENTS TO HEIW'S RISK MANAGEMENT POLICY**

### **1. INTRODUCTION**

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

### **2. BACKGROUND**

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

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

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

The proposed amendments to HEIW's Risk Management policy are detailed below:

- Risk Management Policy updated to confirm process for escalating risks from a directorate risk register to the Corporate Risk Register(CRR).
- HEIW Risk Registers standardised . Standardised documentation includes guidance on identifying risk owners and deadlines for mitigation action.
- Standardised template to be introduced for Risk Register.
- The HEIW Risk Management Policy updated and revised to:
  - include the setting of a recommended minimum risk score of 14 for an item to be included on the CRR.
  - provide clarity on the need for Directorate Risk Registers together with programme and project registers.
  - provide a cross reference to the guidance on the risk scoring system to ensure consistency across the organisation.
  - confirm that the Datil Risk Management System is not being used within the organisation to capture and record identified risks.

#### **Audit Wales review of Counter-Fraud effectiveness.**

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

#### **Recording Risk Appetite**

In accordance with the recommendation of the Audit and Assurance Committee Risk Appetite levels are now recorded on the following basis: None, Low, Moderate, High and Very High.

### 3. PROPOSAL

That the updated Risk Management Policy be approved by the Board.

### 4. GOVERNANCE AND RISK ISSUES

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

### 5. FINANCIAL IMPLICATIONS

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

### 6. RECOMMENDATION

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

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



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

## **RISK MANAGEMENT POLICY**

**Executive Sponsor & Function:** Board Secretary

**Document Author:** Board Secretary

**Approved by:** HEIW Executive Team

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

**Scope:**

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

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

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

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

**Equality Impact Assessment Outcome:**

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

**Review Date:** July 2021

**Version:** v2

## **Policy Statement**

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

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

## **Policy Commitment**

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

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

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

## **Introduction**

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

## **Section 1 – General**

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

#### ***Scope***

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

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



## ***Aim***

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

## ***Objectives***

This policy will:

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

## ***Strategic Context***

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

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

## ***Roles and Responsibilities***

### ***HEIW Board***

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

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

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

### ***Chief Executive***

The Chief Executive is the responsible officer for HEIW and is accountable for ensuring that HEIW can discharge its legal duty for all aspects of risk. As the accountable officer, the Chief Executive has overall responsibility for maintaining a sound system of internal

control, as described in the annual governance statement. Operationally, the Chief Executive has designated responsibility for implementation of this policy to the Board Secretary.

### ***Board Secretary***

Is responsible for:

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

### ***Executive Directors***

Are responsible for:

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

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

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

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

### ***Directorate Managers***

Directorate Managers are responsible for:

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

### ***All staff***

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

## **Allocation of Responsibility for a risk**

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

### ***Training***

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

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

#### ***Level 2 – Risk Owners***

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

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

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

## **Section 2 – Categories of Risk**

### ***Strategic Risk***

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

### ***Corporate Risk***

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

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

- Operational Risk
- Project / Programme Risk

- Educational Risk
- Financial Risk
- Public Relations Risk

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

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

Health and Safety Risk is subject to a specific policy.

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

### ***Information Risk***

Information Risk is subject to a specific policy.

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

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

Business Continuity Risk is subject to a specific policy.

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

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

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

### ***Fraud Risk***

To ensure enough focus is given to counter-fraud, and the steps taken to mitigate the risk of the same, it is a requirement that Fraud be a standard item on each Directorate Risk Register.

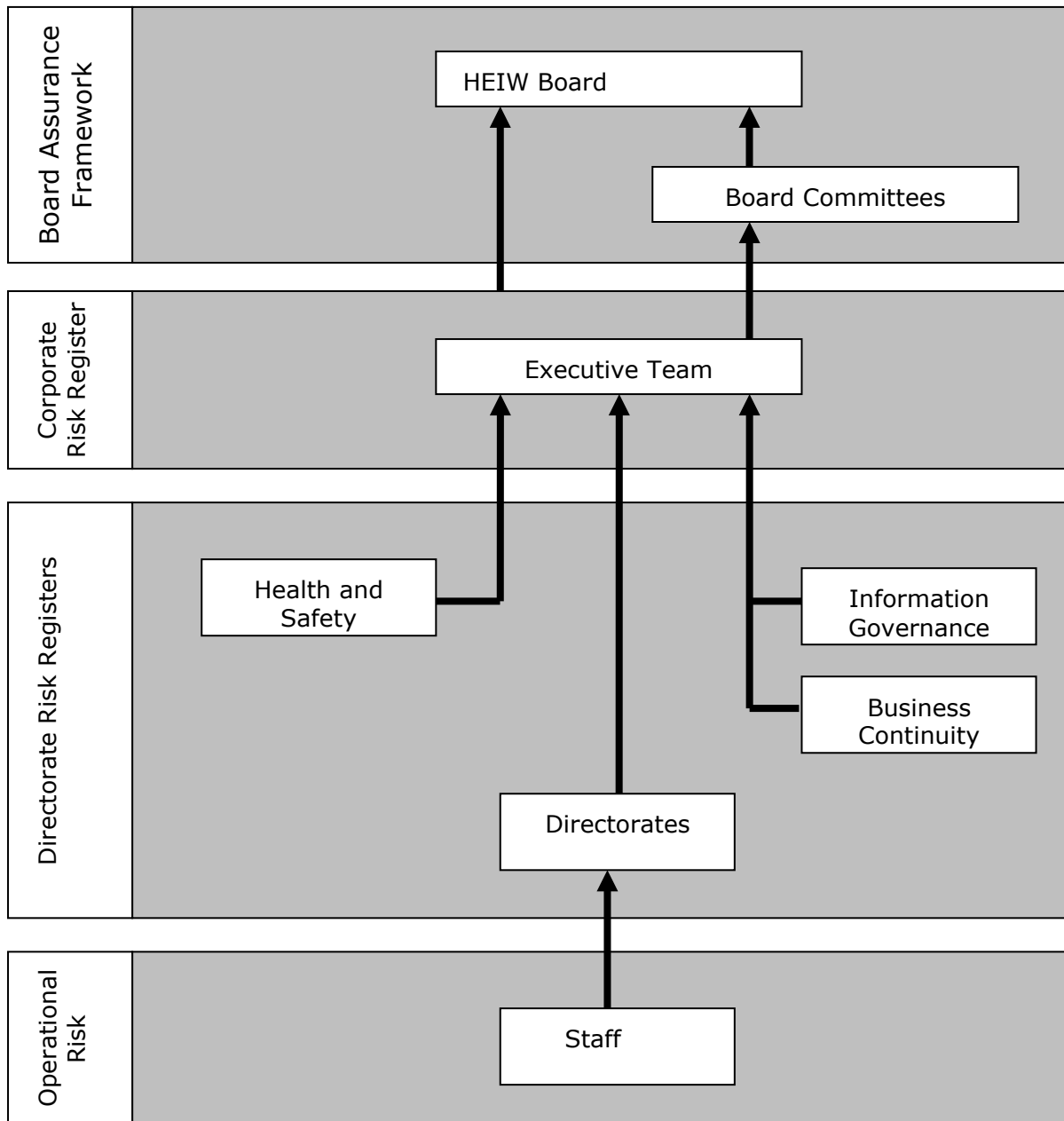
## **Section 3 – Management of Risk**

### ***Introduction***

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

## ***Risk architecture***

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



## ***Risk Appetite***

HEIW's risk appetite is set on an annual basis by the Board, when the decisions are being made around the organisation's strategic priorities for the following year. The purpose of setting the risk appetite is to ensure that all staff throughout HEIW are aware of it and understand the amount of risk to which the organisation is prepared to be exposed whilst going about their day to day business. HEIW's Risk Appetite levels are detailed in Annex 1.

### ***Identification and capturing of risks***

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

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

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

### ***Risk Registers***

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

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

### ***Ongoing risk Management***

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

### ***Escalation***

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

Not having capacity or authority to manage a risk should not be viewed as a lack of capability, but rather a recognition that a risk is either so severe that it needs to be managed

at a higher level, or possibly that it transcends more than one area of business or Directorate. It is anticipated, although this is not a binding requirement, that such a risk when being escalated onto the Corporate Risk Register will have a minimum risk score of 14.

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

## **Removal**

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

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

## Annex 1

### Risk Assessment and Scoring

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

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

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

### Risk Scoring Matrix

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

LIKELIHOOD	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical



### ***Risk Appetite Levels***

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust not control.

## Annex 2 – Template for the HEIW Risk Register

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

Date Added	Ref (Risk Area)	Risk Description and [Executive/Manager] Owner	Inherent Risk			Risk Appetite	Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moder. High V.High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
1.		[If .....then ..... impact]  [Insert the name of the owner]					[please populate this section in accordance with the above guidance]					



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

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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.4</b>
<b>Report Title</b>	<b>Temporary Amendments to HEIW's Standing Orders</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To seek Board approval for Temporary Amendments to HEIW's Standing Orders in accordance with a Welsh Government circular and Regulation.		
<b>Key Issues</b>	<p>The Welsh Health Circular – “Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers” (WG Circular) confirmed the following amendments to HEIW's Standing Orders:</p> <ul style="list-style-type: none"> <li>• Deadline for holding the AGM extended to 30 November 2020;</li> <li>• Maximum tenure for an Independent Member extended.</li> </ul> <p>The amendments are temporary and will cease to have effect on the 31 March 2021.</p> <p>The amendments were considered by the Audit and Assurance Committee on 16 July who recommended that they be approved by Board.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the temporary amendments to the HEIW Standing Orders (the amended wording for the Standing Orders is detailed on page 12 of the WG Circular at Appendix 1).</li> </ul>		

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

## **1. INTRODUCTION**

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

The Standing Orders of HEIW must be made in accordance with directions and or Regulations given by Welsh Ministers.

In response to the COVID pandemic the WG Circular is directing HEIW to amend its Standing Orders in accordance with the circular and the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 ("the Regulations") as further detailed below.

## **2. BACKGROUND**

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

In March 2020 the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings to before the 30 November 2020. The extension will apply in 2020 only.

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

On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the Regulations came into force. The purpose of these Regulations is to extend the maximum tenure of office for an Independent Member for a time limited period until 31 March 2021.

## **3. PROPOSAL**

The amendment to the Standing Orders in respect of the AGM will extend the deadline for holding this meeting to no later than 30 November 2020. Although, it must be noted that HEIW will be holding its AGM on 24 September 2020 which is in accordance with its current Standing Orders.

The Regulations will enable an Independent Member who is nearing the end of their statutory maximum tenure of office to be eligible for re-appointment.

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

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

NHS Bodies are required to make, vary and revoke Standing Orders for the regulation of their proceedings and business as per Annex 5 of the Welsh Health Circular - Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers.

## 5. FINANCIAL IMPLICATIONS

There are no financial implications.

## 6. RECOMMENDATION

Members are asked to:

- **approve** the temporary amendments to the HEIW Standing Orders (the amended wording for the Standing Orders is detailed on page 12 of the WG Circular at Appendix 1).

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

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 9 July 2020

**STATUS: COMPLIANCE**

**CATEGORY: GOVERNANCE**

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

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

**For Action by:**

Chairs of Local Health Boards and NHS Trusts

Chair of Health Education and Improvement Wales

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

Directors of Corporate Governance/Board and Joint Committee Secretaries

**Action required by:**

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

**Sender:**

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

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

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

**Enclosure(s):**

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

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

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

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

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

**Background**

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

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

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

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

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

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

The Regulations temporarily dis-apply the following:

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

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

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

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

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



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

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

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

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

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

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

- **Local Health Boards**

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

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

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

- **Welsh Health Specialised Services Committee**

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

- **Emergency Ambulance Services Committee**

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

- **Public Health Wales NHS Trust**

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

- **Velindre University NHS Trust**

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

- **NHS Shared Services Committee**

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

- **Welsh Ambulance Services NHS Trust**

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

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

HEIW under Regulation 15 of the Health Education and Improvement Wales Regulations 2017 must make standing orders for the regulation of its proceedings and business, including provision for the suspension of all or any of the standing orders. HEIW may vary, revoke and remake its standing orders. Standing orders of HEIW or a committee

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

### **Action Required**

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

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

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

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For Local Health Boards – July 2020

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

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

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

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

Page 34 – Annual General Meeting (AGM)

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

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

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

**1.4 Appointment and terms of office**

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

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

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

**1.5 Appointment and terms of office**

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

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

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For Local Health Boards – July 2020

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

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

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

- 1.4.1 The *Chair*, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The ***Vice Chair*** and two other ***Independent Members*** shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For Local Health Boards – July 2020

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

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

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

- 1.4.1 The ***Chair***, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The ***Vice-Chair*** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

### For NHS Trusts – July 2020

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

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

#### 1.3.1 [Delete as appropriate]

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

The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 3 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

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

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

Page 33 – *Annual General Meeting (AGM)*

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



# Temporary Amendments to the Model Standing Orders

## Reservation and Delegation of Powers

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

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

#### Page 10 – 1.2 Tenure of Board members

- 1.2.1 Independent Members and Associate Members appointed by the *Minister for Health and Social Services* shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 7 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

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

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

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



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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.5</b>
<b>Report Title</b>	<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>		
<b>Report Author</b>	<b>Dafydd Bebb, Board Secretary</b>		
<b>Report Sponsor</b>	<b>Dafydd Bebb, Board Secretary</b>		
<b>Presented by</b>	<b>Dafydd Bebb, Board Secretary</b>		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide an update in respect of the Health and Social Care ( Quality and Engagement ) (Wales) Act 2020 and its key implications for HEIW		
<b>Key Issues</b>	<p>The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act) became law on 1 June 2020.</p> <p>The Act covers four principal areas:</p> <p>Duty of Quality Duty of Candour Establishment of a new Citizens' voice body Enabling NHS Trusts to have Vice Chairs</p> <p>This paper focusses on the implications for HEIW arising from the implementation of the Duty of Quality and the Duty of Candour.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to note this paper for information.		

# **Health and Social Care (Quality and Engagement) (Wales) Act 2020**

## **1. INTRODUCTION**

The purpose of this paper to provide a brief outline of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act), which became law in Wales on 1 June, and to highlight the implications of the Act for HEIW.

## **2. BACKGROUND**

The act covers four principal area: Duty of quality, Duty of Candour, Establishment of a new Citizens' Voice Body and enabling NHS Trusts to have a Vice Chair. Of these four principal areas only the Duty of Quality will have a direct impact upon HEIW and this is considered further below. The paper also outlines the impact that the Duty of Candour will have on patient facing organisations.

### **Duty of Quality**

This new overarching Duty of Quality will apply to all NHS organisations. It will require HEIW to secure improvements in the quality of services provided to service users. This will apply across all functions and will include a duty to provide an Annual Report setting out how we have complied with the new Duty of Quality.

Under the Act the Minister will be required to issue guidance to HEIW on publishing the Annual Report and securing improvements to our services. Welsh Government has already asked to engage with HEIW on drafting guidelines for how we will report against delivering the Duty of Quality. Given this a meeting is being organised between Welsh Government, the Director of Nursing, the Medical Director and the Board Secretary.

### **Duty of Candour**

The new Duty of Candour will not apply to HEIW as we are not patient facing and do not provide direct care.

The Duty of Candour will require providers of direct patient care to follow a process when a patient suffers an adverse outcome during the course of care or treatment and suffers harm. Under this process there is no element of fault. The aim is to encourage a culture of openness and focussing on putting things right thereby improving public confidence.

## **3. PROPOSAL**

This paper is for information.

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

HEIW will be required to comply with the provision of the Act in respect of the obligations to secure improvements to its services and providing an Annual Report in respect of the same.

## 5. FINANCIAL IMPLICATIONS

Compliance with the act will require some additional resource for HEIW but this is not anticipated to require additional staff.

## 6. RECOMMENDATION

Members are asked to note this paper for information.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
The requirement to secure continual improvements to the education and training will directly benefit trainees and students and will have a positive impact on Quality, Safety and the Patient Experience.			
<b>Financial Implications</b>			
No material implications			
<b>Legal Implications (including equality and diversity assessment)</b>			
HEIW will be required to comply with the provision of the Act relating to the Duty of Quality.			
<b>Staffing Implications</b>			
N/a			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The Health and Social Care Act will aim to secure long term improvements to the education and training provided by HEIW and have a positive impact on the wellbeing of patients.			
<b>Report History</b>	n/a		
<b>Appendices</b>	n/a		



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Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.6.1</b>
<b>Report Title</b>	<b>Committee Chair's Report – Audit and Assurance Committee</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Gill Lewis, Chair		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
<b>Key Issues</b>	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 23 June 2020 and 16 July 2020.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the content of the report for assurance.</li> <li>• <b>Approve</b> the Temporary Amendments to HEIW's Standing Orders (this is a separate item for the July Board at agenda item 4.4)</li> <li>• <b>Approve</b> the revisions to the Risk Management Policy (this is a separate item for the July Board agenda at agenda item 4.3).</li> </ul>		

## **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 23 June 2020 and 16 July 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.
- **Approve** the Temporary Amendments to HEIW's Standing Orders (this is a separate item for the July Board at agenda item 4.4).
- **Approve** the revisions to the Risk Management Policy (this is a separate item for the July Board agenda at agenda item 4.3).

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

## Appendix 1

Meeting Date	30 July 2020	Agenda Item	4.6.1
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	23 June 2020 and 16 July 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 23 June 2020 and 16 July 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.			
<b>23 June 2020:</b>			
The Committee received the <b>Counter Fraud Self Review Tool Process Summary for 2019/2020</b> which had achieved an overall assessment of ‘Green’. However, the Committee was concerned that an ‘Amber’ rating had been applied to the ‘Inform and Involve’ sections. This was because the uptake of the additional sessions by Teams within HEIW had been low. The Director of Finance reassured the Committee that he would raise the matter with the Senior Leadership Team to ensure that member of the Counter Fraud Team were invited to attend internal directorate/departmental meetings to raise fraud awareness.			
The Committee considered the draft <b>Accountability Report</b> which contained the Annual Governance Statement (AGS), Remuneration and Staff Report and the Welsh Parliament Accountability and Audit Report. Subject to the further amendments suggested by the Committee being made to the draft Accountability Report, the Committee recommended the final document be submitted to the Board for approval at its meeting on 25 June 2020.			
<b>Final Annual Report and Head of Internal Audit Opinion for 2019/20:</b> The Committee noted that the Head of Internal Opinion assessed that, taking into account all of the internal audit reports undertaken in respect of HEIW during 2019/20, reasonable assurance could be taken by the Board in HEIW’s system of governance, risk management and internal control.			
<b>Final Accounts 2019-2020:</b> The Committee reviewed the Final Accounts for the accounting period 1 April 2019 to 31 March 2020. It was noted and that HEIW had met its financial duty to break-even against its Revenue Resource Limit and Capital Resource Limit over the period; and had achieved 95.2% for the creditor payment. However, subject to the clarification required regarding the cross checking of the staff numbers within the Remuneration & Staff Report, and the additional text under Section 8, the Committee recommended that the Accounts be submitted to the Board for approval on 25 June 2020.			



The Committee received the **Audit of Financial Statements Report (ISA 260) and Letter of Representation** and noted that the Auditor General for Wales was issuing an unqualified audit opinion on the HEIW Accounts for 2019/20.

The Committee thanked HEIW's staff and Audit Wales for their work in completing this year's Annual Accounts.

#### **16 July 2020:**

The Committee was updated on the **Medical Directorate ESR compliance with mandatory training and PADR** from the Medical Director. The Committee was reassured that steady progress was being made and acknowledged that there were legacy cultural challenges within the Directorate that were being addressed to improve compliance.

The Committee received the **Counter Fraud Progress Report** and noted that HEIW would be participating in the National Fraud Initiative for 2020/2021 which was aimed to help Public Bodies build their fraud detection capability through data matching at a national level. The findings from the initiative would be evaluated locally by the Counter Fraud Team and would also feed into the national work undertaken by Audit Wales.

Internal Audit provided an update in relation to its review of **Governance Arrangements during COVID 19** and the progress being made with its internal audit plan for 2020/2021.

Audit Wales provided an update on the changes that had been undertaken with the **Audit General for Wales Programme of NHS Performance Audit Work for 2020/2021** and how the existing elements of the work programme were refocussed on adding value to existing activities.

The Committee noted that the approach to the Audit Wales **Structured Assessment for 2020** had been adapted for a shorter and more focussed review. The audit work would be undertaken virtually to include a range of formal interviews however, both Internal Audit and Audit Wales would combine certain elements of their audit work to avoid duplication and the burden on NHS bodies.

Audit Wales presented their report on the **Effectiveness of Counter Fraud Arrangements in HEIW** which was a local companion report to the public sector wide review of counter fraud services. The Committee considered the local findings within the report but it was felt that the Committee needed to consider the local report alongside the national report in order to provide a more contextual discussion. Both reports would be considered at the October Committee.

The Committee considered the **Evaluation of Committee Effectiveness** and welcomed the positive reflection for a full year of operation. The report had also highlighted a number of areas for increased focus during 2020/2021 which would be scheduled into the Committee's Forward Work Programme. The evaluation is attached to this report as Appendix 2.

The Committee considered and approved the **Temporary Amendments to HEIW's Standing Orders** and is recommending them to Board for approval (this is a separate item for the July Board at agenda item 4.4).

The Committee received the **Information Governance Report** and noted the progress being made with the development of the Information Asset Register and the commencement of the Head of Cyber Security.

The Committee considered and approved the revisions to the **Risk Management Policy**, subject to the agreement by the Executive Team of the capturing of the risk appetite within the risk register (this is a separate item for the July Board at agenda item 4.3).

The Committee considered the **Audit Recommendations Tracker** and, whilst it was pleased with the overall position, it was not good practice for deadline dates not to be set. However, it was recognised that due to the COVID 19 Pandemic restrictions and the uncertainty with returning to 'normal' working, it had made it difficult to predict new deadline dates. It was clarified that over the coming weeks there would be an increased focus on ensuring progress was being made and actions completed.

The Committee received following for information and noting:

- Education, Commissioning & Quality Committee Annual Report 2019/2020
- NHSCFA 2020 Strategic Intelligence Assessment Covering 2018-2019
- HEIW and Health Inspectorate Wales (HIW) Memorandum of Understanding (MOU)

#### **Key risks and issues/matters of concern of which the Board needs to be made aware:**

None identified

#### **Delegated action by the Committee**

- The Committee considered and approved the **Temporary Amendments to HEIW's Standing Orders** and is recommending them to Board for approval (this is a separate item for the July Board at agenda item 4.4).
- The Committee considered and approved the revisions to the **Risk Management Policy**, subject to the agreement by the Executive Team of the capturing of the risk appetite within the risk register (this is a separate item for the July Board at agenda item 4.3).

#### **Main sources of information received**

- Counter Fraud Self Review Tool Process Summary 2019/2020
- Accountability Report:
  - Annual Governance Statement
  - Remuneration & Staff Report
  - Welsh Parliament Accountability and Audit Report
- Internal Audit Final Annual Report and Head of Internal Audit Opinion 2019/2020
- Final Annual Accounts 2019/2020
- Audit Wales Audit of Financial Statements Report (ISA 260) and Letter of Representation
- Medical Directorate ESR Compliance with Mandatory Training and PADR

- Counter Fraud Progress Report
- Internal Audit Progress Report
- Audit Wales Progress Report
- Update on the AGW Programme of NHS Performance Audit Work
- Structured Assessment 2020 – Project Brief
- Audit Wales National Study on Reviewing Counter Fraud Arrangements
- Evaluation of Committee Effectiveness
- Temporary Amendments to HEIW's Standing Orders
- Information Governance Report
- Procurement Compliance Report
- Review of Risk Management Policy
- Audit Recommendations Tracker
- Education, Commissioning & Quality Committee Annual Report
- NHSCFA 2020 Strategic Intelligence Assessment Covering 2018-2019
- HEIW and HIW Memorandum of Understanding

<b>Highlights from sub-groups reporting into this committee</b>
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n/a
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<b>Matters referred to other Committees</b>
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None identified.
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## APPENDIX 2



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

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

## EVALUATION OF THE AUDIT AND ASSURANCE COMMITTEE EFFECTIVENESS REVIEW

### 1. INTRODUCTION AND BACKGROUND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In accordance with Section 8.2.1 of HEIW's Standing Orders, the Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

Undertaking an annual self-assessment provides assurance to the Board that the Committee is discharging its duties effectively. The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Assembly Government's Citizen Centred Governance Principles.

### 3. FINANCIAL IMPLICATIONS

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

### 4. RECOMMENDATION

The Audit and Assurance Committee is asked to:

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

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





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Improvement Wales (HEIW)

## AUDIT AND ASSURANCE COMMITTEE: SELF ASSESSMENT CHECKLIST

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

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

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

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

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

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

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

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

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

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





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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.6.2</b>
<b>Report Title</b>	<b>Committee Chair's Report – Education, Commissioning and Quality Committee</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Ruth Hall, Chair		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
<b>Key Issues</b>	<p>This report focuses on the key issues raised at the Education, Commissioning and Quality Committee meeting held on 2 July 2020.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> <li>• <b>note</b> the report for Assurance.</li> <li>• <b>review</b> the performance of the Committee as set out in the Committee Annual Report for 2019-2020 (this is a separate item for the July Board at agenda item 4.7)</li> </ul>		

## **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 2 July 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)

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

## Appendix 1

Meeting Date	30 July 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)	Angela Parry and Professor Pushpinder Mangat		
Date of last meeting	2 July 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 Education, Commissioning &amp; Quality Committee on 2 July 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.</p> <p>The Committee received a <b>Briefing on the Four Nations Discussions on Quality Issues during the Visit to NHS Education Scotland</b>. It was highlighted that complaints handling was an important part of the training experience and that a trainee should be kept informed at all stages of the process. Any lessons learnt needed to be shared to ensure the loop was closed and learning embedded. In terms of the quality assurance process, it was highlighted that the approach in Scotland and Northern Ireland was much the same as Wales. Feedback on the modified visits in Wales would be shared with the other nations.</p> <p>The Committee received a presentation by Pushpinder Mangat that outlined the learning and opportunities for education and training in Wales as a result of the NHS' response to COVID-19. It was agreed that the presentation be converted into a briefing paper on the '<b>new normal</b>' so that lessons learnt could be captured for the purposes of implementation and monitoring.</p> <p>An update was received on the approach to phasing the engagement, procurement and commissioning of the <b>Health Professional Education Contracts</b>. The Committee noted the timelines and engagement plans that would ensure the new education programmes commenced in September 2022.</p> <p>The <b>draft Annual Education and Training Plan</b> was considered by the Committee which had been developed following a review of the primary workforce drivers within IMTPs and national service priorities. As a result of the COVID 19 Pandemic, the Committee raised concerns in relation to the lack of resilience in the current NHS workforce that had been highlighted during the NHS' response to the crisis and also the potential impact of COVID 19 on trainers which needed to be monitored to ensure there was sufficient capacity to support delivery of the Plan.</p> <p>The Committee received an update regarding the work being undertaken to <b>evaluate post registration education provision</b>. It was highlighted that this was</p>			

an opportunity to undertake a benefits realisation exercise to measure the value added to healthcare provision against the financial investment.

**Quality Assurance Review of Post Graduate Medical Education (PGME) During COVID 19 Pandemic:** The Committee was reassured and encouraged that despite the service pressures in response to COVID 19 that HEIW had maintained its regulatory accountability and had adopted an alternative approach to quality management during the crisis.

The Committee approved the **draft Committee Self-Assessment Checklist** which would be completed over the coming weeks. The evaluation would be considered at the October Committee.

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 Committee received an update on the **work-based learning and Apprenticeships Framework in Wales** and noted the potential additional resources that may be required to facilitate implementation.

The Committee considered the **Open University Annual Report on Nurse Education for 2018-2019** and was exploring the potential to widen access to Health Professional education and learning with the Open University into other professional disciplines.

#### **Key risks and issues/matters of concern of which the Board needs to be made aware:**

None identified

#### **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 4.7)

#### **Main sources of information received**

- Presentation on Moving Education and Training to the New Normal
- The Strategic Review of Healthcare Education in Wales Phase Two
- Annual Education and Training Plan
- Evaluation of Post Registration Education Provision
- Quality Assurance Review of Post Graduate Medical Education (PGME) during COVID 19 Pandemic
- Draft Committee Self-Assessment Checklist
- Draft Committee Annual Report
- Work Based Learning and Apprenticeships
- Open University Annual Report on Nurse Education

#### **Highlights from sub-groups reporting into this committee**

N/A

#### **Matters referred to other Committees**

N/A



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

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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.7</b>
<b>Report Title</b>	<b>Education, Commissioning and Quality Committee Annual Report 2019/2020</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The main purpose of the Education, Commissioning and Quality Committee Annual Report is to assure the Board that the system of assurance is fit for purpose and operating effectively. The report summarises the key areas of business activity undertaken by the Committee during 2019/2020.		
<b>Key Issues</b>	This report summarises the key areas of business activity undertaken by the Committee during 2019/2020 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	The Board is asked to: - <b>Note</b> the Annual Report 2019/2020 for assurance purposes.		

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

### **1. INTRODUCTION**

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

### **2. BACKGROUND**

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

### **3. ASSESSMENT**

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

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

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

### **5. FINANCIAL IMPLICATIONS**

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

### **6. RECOMMENDATION**

The Board is asked to:

- **Note** the Annual Report 2019/2020 for assurance purposes.

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



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

### Committee Chair's Reflection

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

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

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

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

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

### 1 Introduction and Background

The purpose of the Education, Commissioning and Quality Committee is to **advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.

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

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

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

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

Other officers of HEIW attend to support key matters.

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

## **2. Planning and Review**

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

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

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

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

## **3. Key Achievements**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Date: May 2020**



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

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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.8</b>
<b>Report Title</b>	<b>HEIW Procurement Compliance Annual Report 2019/2020</b>		
<b>Report Author</b>	Helen James, Head of Procurement, NWSSP		
<b>Report Sponsor</b>	Eifion Williams, Interim Director of Finance		
<b>Presented by</b>	Eifion Williams, Interim Director of Finance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide the Board with an update in relation to procurement activity undertaken during the period 1 <sup>st</sup> April 2019 – 31 <sup>st</sup> March 2020 and in accordance with reference 1.2 (Schedule 2.1.2 Procurement and Contracts Code for Building and Engineering Works) of the Standing Financial Instructions.		
<b>Key Issues</b>	<p>An explanation of the reasons, circumstances and details of any further action taken is also included in the appendices to the report.</p> <p>The Annual Report was considered by the Audit and Assurance Committee on 6 May 2020.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			√
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report for assurance</li> </ul>		

# HEIW PROCUREMENT COMPLIANCE REPORT

## 1. INTRODUCTION

It is a requirement of HEIW's Standing Financial Instructions that all requests for Single Quotation Actions (SQA), Single Tender Actions (STA), Single Tenders for consideration following a call for an OJEU Competition, Contract Extensions and the Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms), be reported to the Audit and Assurance Committee.

## 2. BACKGROUND

The purpose of this report is to provide the Board with an update in relation to procurement activity undertaken during the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020 and in accordance with reference 1.2 (Schedule 2.1.2 Procurement and Contracts Code for Building and Engineering Works) of the Standing Financial Instructions.

An explanation of the reasons, circumstances and details of any further action taken is also included.

SFI Reference	Description	Items
3.5	Single Quotation Actions	3
4.2	Single Tender Actions	8
5.3	Single Tenders for consideration following a call for an OJEU Competition	0
10.8	Contract Extensions	3
14.2	Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	8

## 3. GOVERNANCE AND FINANCIAL IMPLICATIONS

The Board should note the detail of the attached Appendices and monitor the number and value of business that is being submitted for a Single Tender or Single Quotation approval. The overarching guidelines on spending of public money are that it should be carried out in a fair, transparent and open manner, ensuring that competition is sought wherever possible. Therefore, the number of single action requests should be kept to a minimum.

A number of retrospective Single Quotation and Tender Action requests were received by Procurement, whereby providers had already delivered the goods or services. Upon review, Procurement concluded that the reasons outlined in the SQA/STA Forms were not robust with little justification to proceed on that basis. Consequently, as a competitive process, by way of inviting quotations or tenders, could have been followed, a File Note for each request was produced, recording the approach was 'Not Endorsed' by Procurement. In mitigation, arrangements have been put in place to deliver Procurement training to HEIW staff, to emphasise the governance and compliance requirements for the acquisition of goods and

services outlined in Standing Orders and Standing Financial Instructions (please note – the impact of the COVID-19 pandemic has resulted in the training sessions being suspended but will recommence once normal working is resumed). The objectives of the sessions are to raise awareness of the procurement processes to be followed, reduce the instances of non-compliance and encourage increased engagement and communication with the Procurement Team.

#### 4. RECOMMENDATION

The Annual Report was considered by the Audit and Assurance Committee on 6 May 2020.

The Board is asked to:

- **note** the report for assurance.

<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
There are no specific quality and safety implications related to the activity outlined in this report.			
<b>Financial Implications</b>			
SFIs, SOs, Financial controls and accounting systems and processes form the basis of many organisational controls which form part of the delivery of financial targets and good governance. The overarching guidelines on spending of public money are that it should be carried out in a fair, transparent and open manner, ensuring that competition is sought wherever possible. Therefore, the number of single action requests should be kept to a minimum.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no specific legal implications related to the activity outlined in this report.			
<b>Staffing Implications</b>			
There are no specific staffing implications related to the activity outlined in this report.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Not applicable to this report			
<b>Report History</b>	Considered by the Audit & Assurance Committee		
<b>Appendices</b>	Appendix 1 Summary Information Appendix 2 Further Matters		



# Health Education Improvement Wales - Audit Committee Report – April 2020

## Appendix 1 – Summary Information

Trust	Division	Procurement Ref No	Period of Agreement/Delivery Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required	First Submission or repeat
HEIW	Dental	HEIW-STA-40945	February 2019 – January 2020	Single Tender Action	Kavo teeth for phantom heads for clinical training	KavorKerr	£6,935.04	Sole supplier of OEM solution.	Endorsed	Procurement to review to see if items to be added to oracle catalogue	First Submission
HEIW	People Team	HEWI-STA-41718	May – September 2019	Single Tender Action	Pensions Advice	Lighthouse Group Plc	£32,400	Two failed procurement attempts, identified as the only supplier willing to complete the work within the proposed timescale.	Endorsed	No further action needed. 1 off spend to support transition of staff from Cardiff University to HEIW.	First Submission
HEIW	Facilities	HEIW-STA-475	May 2019 – May 2020	Single Tender Action	Provision of HVAC to HEIW	Cool Solutions	£39,952.43	Provider competed initial installation, required for continuity of services.	Endorsed	Added to procurement plan to complete the maintenance renewal requirement when it is due.	First submission.

HEIW	Digital	HEIW-STA-41589	June 2019 – March 2021 (x2 12 month extension options)	Single Tender Action	Junior Doctor Training System	Interpaid	£522,840	Sole supplier of OEM Solution	Endorsed	Contract in place for 5 years. Renewal to be undertaken in 2024.	First Submission
HEIW	Work Force and OD	HEWI-SQA-472	July 2019 – March 2020	Single Tender Action	Behavioural Science Training	Kate-Malcomes Consultancy	£40,000	Supplier delivered module 1 & 2 as part of Cardiff University, modules 3 & 4 required from this supplier for continuity of services.	Endorsed	Added to the procurement plan to complete new requirement for 2020 contract start date	First submission
HEIW	Work Force and OD	HEIW-STA-483	October 2019	Single Tender Action	Prospectus Events	Optimus Education	£21,445.00	Sole Provider	Endorsed	Procurement to review with service if this requirement will be brought inhouse in future	First Submission.
HEIW	Pharmacy	HEIW-STA-41586	1st January 2020- 31st December 2021	Single Tender Action	Pharmacy Pre-registration Technician Training	Buttercups Training Ltd.	£390,000 ex VAT	Only training provider able to deliver the training to meet the needs of the service.	Endorsed	Procurement to undertake review with service in July 2020 to see if this is going to be brought in-house.	First Submission

HEIW	Dental	HEIW-STA-40225	March 2020	Single Tender Action	Intrepid	HiCOM	£47,180	Increase number of administrative and non-administrative licences required additional fields to support ongoing data repository requirements.	Endorsed	No further action apart from supporting regular contractual review.	First Submission
HEIW	Workforce & OD	HEIW-STA-510	March - September 2020	Single Tender Action	Medical Engagement Scale Survey	Engage to Perform	£82,000	IP is owned by the supplier and have not licenced used of equipment to other suppliers.	Endorsed	No further action, Service informed that this is the last year for this requirement.	First Submission
HEIW	Digital	HEIW-SQA-514	October 2019 – October 2020	Single Quotation Action	Digital Leadership Portal	CDSM Interactive Solutions Ltd	£12,650	One off development costs to existing software	Endorsed		First Submission
HEIW	Work Force and OD	HEIW-SQA-477	October 2019 – January 2022	Single Quotation Action	MA in Communications	Swansea University	£7,572.72	Only university that covered the appropriate module on a part time course.	Endorsed	No further action required.	First Submission.

HEIW	Medical Directorate	HEIW-SQA-511	March – June 2020	Single Quotation Action	Clinical Pharmacy Congress (largest gathering for Clinical Pharmacy profession)	Closterstill Media Ltd	£8,985.60	Only event of its kind that provides opportunity to speak with pharmacy professionals.	Endorsed	Procurement to set up meeting with Service to discuss future requirement in July following event to confirm if it is an ongoing requirement.	First Submission
HEIW	Digital	CU228 (Extension)	March 2019	Contract Extension	Server Hosting	IOMART	£14,400	Extended to allow continuity of service.	Endorsed .	Procurement to complete contract renewal requirement March 2020.	First Submission
HEIW	Professional Support Unit	CU215 (Extension)	March 2019	Contract Extension	Consultancy Pyschiatry Agreement	Hammett Street Consultants	£246,000	Extended to allow continuity of service.	Endorsed .	Procurement to complete new contract requirements as Open OJEU.	First Submission.
HEIW	Dental	ECM-113316	February 2020 – January 2021	Contract Extension	Software Development Contract	Maxinity Software Ltd	£15,000 ex VAT	Extended to allow continuity of service.	Endorsed .	Procurement to undertake review with service in July 2020 to see if this is still required.	First Submission.
HEIW	Digital	HEIW-CCN-017	January 2019	Change Control Note	Audio Visual Equipment	Comcen	£30,178	Extension to warranty on existing hardware	Endorsed	Procurement to ensure additional scope is captured in the renewal	First Submission

HEIW	Digital	HEIW-CCN-018	January 2019	Change Control Note	Telephony Contract	Mitel	£5,613.60	Purchase of 50 additional phone licences.	Endorsed	Procurement to ensure renewal captures appropriate number of licences.	First Submission
HEIW	Digital	HEIW-CCN-019	February 2019	Change Control Note	Multi-Functional Device Contract	Altodigital	£7,669.80	2 units changed to higher specification machine	Endorsed	Procurement to ensure additional scope is captured in the renewal.	First Submission
HEIW	Dental	HEIW-CCN-020	June 2019	Change Control Note	Dental Speaker Agreement	Lubas Medical Ltd	£2,000	Additional practises added to the agreement.	Endorsed	Procurement to ensure additional scope is captured in the renewal	First Submission
HEIW	Career Development	HEIW-CCN-016	October 2019	Change Control Note	Purchase of assessment qualifications and general development services	Argoed Cymru	£45,000	Extensions for another 6 months to progress qualifications.	Endorsed	Procurement to ensure additional scope is captured in the renewal.	First Submission.
HIEW	Digital	HEIW-CCN-021	October 2019	Change Control Note	Server Hosting	IOMART	£1,975	Additional server for hosting needed.	Endorsed	Procurement to ensure additional scope is captured in renewal.	First Submission.

HEIW	Dental	HEIW-CCN-022	October 2019	Change Control Note	Dental Speaker Agreement	Lubas Medical Ltd	£2,000	Additional practices added to the agreement	Endorsed	Procurement to ensure additional scope is captured in the renewal.	First Submission.
HEIW	Digital	HEIW-CCN-024	March 2020	Change Control Note	Server Hosting	IOMART	£47,180	Licenses increased.		Procurement to record as ECM and ensure additional scope is captured in renewal.	Second Submission. First submission is CCN-021

**Health Education Improvement Wales - Audit Committee Report – April 2020**

**Appendix 2 – Summary Further Matters**

Trust	Division	Procurement Ref No	Period	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required	First Submission or repeat
HEIW	Finance	HEIW-FN-022	January 2019	File Note	Managed Travel Agreement	Clarity Travel	£28,000	Contract from Cardiff University was not novated, file note to cover travel spend for an interim period until new competition has been held.	Not Endorsed	Procurement to work with service to develop travel agreement	First Submission.
HEIW	Estates	HEIW-FN-023	March 2019	File Note	Electrical Installation	Whitehead Building Services	£7,498	Additional work was undertaken outside of scope of the contract and the service were not aware that they had to follow a formal procurement process for additional work.	Not Endorsed.	Procurement to work with service to ensure any further requirements follows competition rules.	First Submission.
HEIW	Dental	HEIW-FN-026	March 2019	File Note	National Dental Foundation Training Recruitment	Health Education England (HEE)	£7,136.47	National Recruitment is held by HEE. HEE hold the event and	Not Endorsed.	Procurement to work with service to put an overarching	First Submission.

								then invoice HEIW.		agreement in place with HEE for Dental Foundation Training.	
HEIW	Secondary Care	HEIW-FN-027	April 2019	File Note	Job Advert for the British Medical Journal	BMJ	£6,841.	No other provider and service were not aware of procurement process required.	Not Endorsed.	Single tender action to be completed to cover BMJ advertising requirements for the next 4 years.	First Submission.
HEIW	Corporate	HEIW-FN-028	April 2019	File Note	Appointment of Steve Coombes as consultant for corporate governance	Steve Coombes	£6,000	Exceptional piece of work – it was not anticipated that it would exceed £5k.	Not Endorsed.	No further action required – excellent piece of work, unanticipated at the time it would exceed £5k.	First Submission.
HEIW	Finance	HEIW-FN-030A	April 2019	File Note	Agency Worker	Hays Specialist Recruitment	£14,299.66	Process was unclear at the point of procurement. The processes have been clarified and guidance issued.	Not Endorsed.	Procurement have advised finance of the appropriate processes required to obtain agency workers.	First Submission.



HEIW	Finance	HEIW-FN-030B	April 2019	File Note	Agency Worker	Randstad Solutions Ltd	£11,217.15	Process was unclear at the point of procurement. The processes have been clarified and guidance issued.	Not Endorsed.	Procurement have advised finance of the appropriate processes required to obtain agency workers.	First Submission.
HEIW	People Team	HEIW-FN-031	May 2019	File Note	MSc in Leadership and Social Care	University of South Wales (Newport Campus)	£6,003	Process was unclear at the point of procurement. The processes have been clarified and guidance issued	Not Endorsed.	Procurement scoping out managed service provider agreement for all conferencing requirements. STA in process to cover year 2 and 3.	First Submission.
HEIW	Dental	HEIW-FN-032	May 2019	File Note	Dental Speaker	Katy Newall-Jones	£7,932	Whilst waiting on additional information for an STA supplier provided services to HEIW.	Not Endorsed	Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years.	First Submission
HEIW	Quality Unit	HEIW-FN-033	May 2019	File Note	Conference	Liberty Stadium Swansea	£22,440	Weren't aware that procurement needed to be involved for	Not Endorsed.	Procurement scoping out managed service provider	First Submission.

								this level of spend.		agreement for all conferencing requirements.	
HEIW	Dental	HEIW-FN-034	May 2019	File Note	Dental Speaker	A to One	£14,626.92	Speakers were booked by practise administrators in September 2018 prior to HEIW forming.	Not Endorsed	Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years.	First Submission.
HEIW	Dental	HEIW-FN-035	June 2019	File Note	Dental Speaker	David Guppy	£8,910.04	Speakers were booked by practise administrators in September 2018 prior to HEIW forming.	Not Endorsed	Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years.	First Submission.
HEIW	Dental	HEIW-FN-036	June 2019	File Note	Dental Speaker	David Pitt	£14,273.05	Speakers were booked by practise administrators in September 2018 prior to HEIW forming.	Not Endorsed	Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years.	First Submission.
HEIW	Dental	HEIW-FN-037	June 2019	File Note	Dental Speaker	Graham Stokes	£11,233.82	Speakers were booked by practise administrators in September	Not Endorsed	Formal procurement has been undertaken for a dental speaker	First Submission.

								2018 prior to HEIW forming.		agreement. This will be in place for 4 years.	
HEIW	Dental	HEIW-FN-038	June 2019	File Note	Dental Speaker	Mark Hill	£8,673.04	Speakers were booked by practise administrators in September 2018 prior to HEIW forming.	Not Endorsed	Formal procureme nt has been undertaken for a dental speaker agreement. This will be in place for 4 years.	First Submission.
HEIW	Dental	HEIW-FN-039	June 2019	File Note	Dental Speaker	Dr Rhodri Thomas Ltd	£6,448.98	Speakers were booked by practise administrators in September 2018 prior to HEIW forming.	Not Endorsed	Formal procureme nt has been undertaken for a dental speaker agreement. This will be in place for 4 years.	First Submission.
HEIW	Secondary Care	HEIW-FN-041	June 2019	File Note	Impact Courses	Royal College of Physicians & Surgeons of Glasgos	£12,000	Whilst administration of STA was taking place first phase of courses were delivered.	Not Endorsed	Procureme nt have added this to Milestones so will be flagged for renewal	First Submission
HEIW	Projects and Planning	HEIW-FN-042	June 2019	File Note	Leadership Strategy	Affina Organisatio n Developme nt	£18,200	NHS Wales Executives agreed collective leadership strategy and use of Affina organisation to deliver this strategy	Not Endorsed	Procureme nt have advised service no engagemen t and commitmen t to should be made to a supplier	First Submission

								across NHS Wales		without following the appropriate procurement processes. Additionally this should be procured on an aggregate basis as it is an AW requirement	
HEIW	Dental	HEIW-FN-044	June 2019	File Note	Dental Speaker	Glenys Bridges	£6,200	Speakers were booked by practise administrators in September 2018 prior to HEIW forming.	Not Endorsed	Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years.	First Submission
HEIW	Secondary Care	HEIW-FN-045	July 2019	File Note	Training in Pre-hospital Emergency Medicine	Intercollegiate Board for Training in Pre-hospital Emergency Medicine	£6,000	Due to the short timeframe in which the service were made aware of the training dates and when then need to be committed there was insufficient time to run a formal	Not Endorsed	Service have been made aware that for next year's requirement the supplier needs to be contacted for dates with enough time to run the	First Submission

								procurement process.		appropriate procurement process	
HEIW	Medical Directorate	HEIW-FN-046	July 2019	File Note	Conference of Postgraduate Medical Deans (UK)	Academy of Medical Royal Colleges	£12,600	Process was unclear at the point of procurement. The processes have been clarified and guidance issued.	Not Endorsed	Procurement have made service aware of the need to compete all requirements that exceed £5k.	First Submission
HEIW	Secondary CareM	HEIW-FN-047	July 2019	File Note	Public Health Medicine Masters Course	Cardiff University	£42,065	Process was unclear at the point of procurement. The processes have been clarified and guidance issued.	Not Endorsed	Procurement have made service aware of the need to compete all requirements that exceed £5k.	First Submission
HEIW	Medical Directorate	HEIW-FN-048	July 2019	File Note	Funding for PGC course £9,000	Swansea University	£9,000	Process was unclear at the point of procurement. The processes have been clarified and guidance issued.	Endorsed for payment only.	Procurement have made service aware of the need to compete all requirements that exceed £5k.	First Submission
HEIW	Pharmacy	HEIW-FN-049	August 2019	File Note	Registration of pharmacy technicians	City and Guilds	£7,363.20	Service thought contract had been novated when Cardiff University moved to HEIW.	Not Endorsed	Procurement meeting held with HEIW DOF to discuss number of file notes received	First Submission

										from service	
HEIW	Pharmacy	HEIW-FN-050	August 2019	File Note	Transition programme for pharmacists.	The Royal pharmaceutical Society	£12,000	Work was initiated by WCCPE whilst still in Cardiff University, there was a dispute on the contract until August 2019 which has now been resolved.	Not Endorsed	Procurement are working with service to identify if there are any other Cardiff University agreements in dispute to ensure any future activity is compliant with SFIs, PCR 2015 and EU procurement law	First Submission
HEIW	Secondary Care	HEIW-FN-051	September 2019	File Note	Eye Si Simulator – Interim Agreement	Royal College of Ophthalmologists	£38,400	It was agreed to proceed with this option, due to urgent requirement for training, procurement processes were not followed.	Not Endorsed	Procurement discussing with service option to purchase (or lease) their own equipment to provide training.	First Submission
HEIW	General Practise	HEIW-FN-052	September 2019	File Note	PG Certificate in Leadership for Healthcare Professionals	Swansea University	£20,000	Tender process wasn't followed as positions needed to be	Not Endorsed	As the direction came from the executive team, procureme	First Submission

								secured within 24 hours.		nt are to gain list of executives that attended induction process.	
HEIW	Pharmacy	HEIW-FN-057	October 2019	File Note	Delivery of the national enhanced sore throat test and treat service	Emergency Gateway Care Ltd	£11,160	As there is a sole supplier for this requirement HEIW were unaware it required a formal procurement process.	Not Endorsed	Procurement are working with the service to follow a single tender action process for future requirements.	First Submission
HEIW	Pharmacy	HEIW-FN-066	12 months	File Note	Cardiff University	10 credit research module	£10,450	Service had followed previous student module registration as they did under Cardiff University to discover that contract now did not cover these students under HEIW.	Not Endorsed.	Service to confirm research module plan to enable procurement to run a competition.	First submission.
HEIW	Secondary Care	HEIW-FN-067	January 2020	File Note	BMJ Events	Round 2 speciality training advert	£6,647.81	STA received after contract commitment by Service.	Not Endorsed.	STA is progress for April onwards advertisement. Service requested to extend	Repeat submission. Previous submission in August 2020

										STA duration to cover all future potential advertising requirement t.	
HEIW	Pharmacy	HEIW-FN-061	March – December 2020	File Note.	Phase 2 Evaluation	Curemede	£10,514	Committed to Phase 2 activity when Phase 1 was contracted by Cardiff University.	Not Endorsed.	Procurement to set up meeting in May 2020 to discuss future requirement t with Service.	Second submission. First submission being for Phase 1.





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

<b>Meeting Date</b>	<b>30 July 2020</b>	<b>Agenda Item</b>	<b>4.9</b>
<b>Report Title</b>	<b>Matters Reported In-Committee</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To set out key issues discussed at the In-Committee Board Meeting held on 25 June 2020.		
<b>Key Issues</b>	In accordance with Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. The report sets out the decisions made by the Board In-Committee on 25 June 2020.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the report for information.</li> </ul>		

## **DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 25 JUNE 2020**

### **1. INTRODUCTION**

The purpose of the report is to report on items considered by the in-committee Board meeting held on 25 June 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 HEIW Board considered and approved a one-year extension to the Health Professional Education Contracts at its in-committee meeting held on 23 June 2020

### **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.

<b>Governance and Assurance</b>			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Ensuring 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.			
<b>Financial Implications</b>			
There are no direct resource implications related to this report. However, any resource implications would have been detailed in the original requests for ratification.			
<b>Legal Implications (including equality and diversity assessment)</b>			
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.			
<b>Staffing Implications</b>			
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.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
There are no direct implications on the Act. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.			
<b>Report History</b>	This report is provided at each meeting of the Board.		
<b>Appendices</b>	None.		



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

<b>Meeting Date</b>	<b>30 July 2020</b>		<b>Agenda Item</b>	
<b>Report Title</b>	<b>Board Forward Work Programme</b>			
<b>Report Author</b>	Dafydd Bebb, Board Secretary			
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary			
<b>Presented by</b>	Dafydd Bebb, Board Secretary			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To obtain approval for the Board Forward Work Programme for Board Meetings and Board Development Sessions.			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Standing Orders require the Board to approve its annual forward work programme.</li> <li>• Confirmation of the annual forward work programme has been postponed due to the impact of COVID-19 on forward planning.</li> <li>• The report sets out the proposed Forward Work Programme:  for Board meetings at Appendix 1.1; for Board Development Sessions at Appendix 1.2.</li> </ul>			
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
				✓
<b>Recommendations</b>	Members are asked to approve the Forward Work Programme: <ul style="list-style-type: none"> <li>- for Board Meetings as outlined in Appendix 1.1;</li> <li>- for Board Development Sessions as outlined in Appendix 1.2.</li> </ul>			

## **Board Forward Work Programme**

### **1. INTRODUCTION**

The Board is required to approve an annual plan of board business for the forthcoming financial year.

### **2. BACKGROUND**

The purpose of the report is to provide the Board with an update of its Forward Work Programme from April 2020 to March 2021.

The Forward Work Programme for Board meetings is attached at Appendix 1.1 and for Board Development Sessions at Appendix 1.2.

The Forward Work Programme is a dynamic document and may be subject to change in response to changing circumstances.

### **3. PROPOSAL**

That the Board approve its forward work programme for both Board and Board Development Sessions.

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

A Forward Work Programme enables the Board to plan its workload and enable it to focus on key strategic items throughout the year. This enables alignment with standing orders and supports compliance with corporate governance requirements.

### **5. FINANCIAL IMPLICATIONS**

There are no financial implications for the Board to consider/approve as this relates to HEIW's core functions.

### **6. RECOMMENDATION**

Members of the Board are asked to approve the Forward Work Programme:

- for Board Meetings as outlined in Appendix 1.1;
- for Board Development Sessions as outlined in Appendix 1.2.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Ensuring the Board carries out its business appropriately and aligned with its Standing Orders is a key factor in the quality, safety and experience of patients receiving care.			
<b>Financial Implications</b>			
No financial implications as this matter relates to a HEIW core function.			
<b>Legal Implications (including equality and diversity assessment)</b>			
No legal implication.			
<b>Staffing Implications</b>			
No staffing implication.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
No direct implication.			
<b>Report History</b>	The FWP is approved by the Board on an annual basis.		
<b>Appendices</b>	Forward Work Programme for Board Meetings (Appendix 1.1). Forward Work Programme for Board Development Sessions (Appendix 1.2).		

## Appendix 1.1 Forward Work Programme - Board Meetings 2020/21

### Health Education Improvement – WORK PLAN APRIL 2020 – MARCH 2021

The Board meets in public bi-monthly. The following table sets out the Board's business for 2020/21, including standing agenda items (denoted by \*); items denoted by \*\* are those that are reported to the Board as and when required.

AGENDA ITEM/ ISSUE	LEAD	30 Apr 2020	28 May 2020	25 Jun 2020	30 Jul 2020	27 Aug 2020	24 Sep 2020	29 Oct 2020	26 Nov 2020	17 Dec 2020	28 Jan 2021	25 Feb 2021	25 Mar 2021
Apologies*	CJ		X		X		X		X		X		X
Declaration of Interests*	CJ		X		X		X		X		X		X
Improvement Story*	PM/AP/ JR		X		X		X		X		X		X
Minutes from previous meeting*	CJ		X		X		X		X		X		X
Actions Log*	CJ		X		X		X		X		X		X
Matters Arising *	CJ		X		X		X		X		X		X
Chair's Report*	CJ		X		X		X		X		X		X
Affixing of the Common Seal*	CJ												
Chief Executive's Report*	AH		X		X		X		X		X		X

AGENDA ITEM/ ISSUE	LEAD	30 Apr 2020	28 May 2020	25 Jun 2020	30 Jul 2020	27 Aug 2020	24 Sep 2020	29 Oct 2020	26 Nov 2020	17 Dec 2020	28 Jan 2021	25 Feb 2021	25 Mar 2021
Finance Report*	EW		X	X	X		X		X		X		X
Performance Report*	JR		X		X	X	X	x	X		X		X
Key issue reports from Committees*	Committee Chair		X		X		X		X		X		X
In Committee Decisions	DB		X		X		X		X		X		X
Committee Annual Reports**	DB		X AAC		X ECQC								
Review Committee Terms of Reference	DB								X				
Review of Standing Orders	DB								x				
Forward Work Programme**	DB				X								X
Annual Self-Assessment	DB						X						
Governance Leadership and & Accountability Standard**	DB		X										
Annual Governance Statement**	DB			X									
Accountability Report**	DB			X									
Final Accounts for 2019/20**	EW		X	X									
Letter of Representation**	EW			X									



AGENDA ITEM/ ISSUE	LEAD	30 Apr 2020	28 May 2020	25 Jun 2020	30 Jul 2020	27 Aug 2020	24 Sep 2020	29 Oct 2020	26 Nov 2020	17 Dec 2020	28 Jan 2021	25 Feb 2021	25 Mar 2021
Audit Wales ISA 260**	EW			X									
Annual Quality Statement** (not required for 2019/20)	DB												
Annual Report**	DB					X							
Annual General Meeting**	All						X						
Review IMTP 2020/21	JR		X		X Q2 Op Plan		X	X Q3 Op Plan		X Q4 Op Plan			X
IMTP Resource Plan	EW		X		X			X		X			X
Agree IMTP 2021/22**	JR										X		
Financial Plan and Budget Strategy**	EW				X								
Board Assurance Framework**	DB							X					
Risk Management Policy**	DB				X								
Implementation of Workforce Strategy for H&SC	JR			X									
Leadership Principles	JR						X						

AGENDA ITEM/ ISSUE	LEAD	30 Apr 2020	28 May 2020	25 Jun 2020	30 Jul 2020	27 Aug 2020	24 Sep 2020	29 Oct 2020	26 Nov 2020	17 Dec 2020	28 Jan 2021	25 Feb 2021	25 Mar 2021
HEIW People & OD Strategy including Wellbeing Plan]	JR												X
Risk Register**	DB						X						X
Business Cases	PM/AP/ JR		X		X		X		X		X		X
Independent Member Committee Reappointments <ul style="list-style-type: none"> <li>• ECQC</li> <li>• A&amp;AC</li> </ul>	CJ						X		X				X
Annual Education & Training Plan	AP		X		X								
Procurement Compliance Annual Report	EW				X								
TPD Update Report	PM										X		
Strategic Equality Plan	JR						X						
COVID 19 Update	AH	X	X	X									
Recommendations from RATS Committee	CJ	X	X										
Lessons Learnt from COVID 19	PM			X									
Big Data and Workforce Intelligence (CoE)	JR							X	x				

AGENDA ITEM/ ISSUE	LEAD	30 Apr 2020	28 May 2020	25 Jun 2020	30 Jul 2020	27 Aug 2020	24 Sep 2020	29 Oct 2020	26 Nov 2020	17 Dec 2020	28 Jan 2021	25 Feb 2021	25 Mar 2021
Communication and Engagement Strategy	(JR)								x				x

**Initials**

DB - Dafydd Bebb  
AP – Angela Parry  
AH – Alex Howells  
CJ – Chris Jones  
PM – Pushpinder Mangat  
JR – Julie Rogers  
EW – Eifion Williams

**Venues for HEIW Board Meetings** - These are currently scheduled as virtual meetings held through videoconferencing . The position is to be reviewed in accordance with public health guidance.

## Appendix 1.2 - Forward Work Programme, Board Development Sessions

30 April 2020	25 June 2020	27 August 2020
<ul style="list-style-type: none"> <li>• COVID Update: <ul style="list-style-type: none"> <li>○ National Position</li> <li>○ HEIW Position</li> </ul> </li> </ul> <p><u>External Speaker / Topic</u></p>	<ul style="list-style-type: none"> <li>• Implementation of Workforce Strategy for H&amp;SC (JR)</li> <li>• Lessons Learnt from COVID 19 -‘New Normal’ (PM)</li> </ul> <p><u>External Speaker / Topic</u></p>	<ul style="list-style-type: none"> <li>• Board Effectiveness (DB)</li> <li>• Welsh Language Policy consultation process (DB)</li> <li>• Cyber Security (DB)</li> <li>• Strategic Equality Plan (JR to include focus on BAME)</li> <li>• Annual Report (DB)</li> <li>• Finance Update (EW)</li> <li>• Approval of Education Contract Specification (EW/JR)</li> <li>• Performance Report (JR)</li> </ul> <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> <li>• Medical Schools (PM) – Steve Riley, Cardiff University/Keith Lloyd Swansea University</li> <li>• 13.00-15.00 – [topic tbc] Dr Andrew Goodall</li> </ul>

29 October 2020	17 December 2020	25 February 2021
<ul style="list-style-type: none"> <li>• Update on new workforce models (AP/PM) to cover mental health, cancer, unscheduled care, critical care, major trauma, eye care etc</li> <li>• IMTP Update (JR)</li> <li>• Wellbeing Programme (JR/AO)</li> <li>• Q3 Operational Plan (JR)</li> <li>• Big Data and Workforce Intelligence (CoE) (JR/AO)</li> <li>• Review and evaluation of communications and engagement strategy so far (JR/AP)</li> <li>• Finance Update (EW)</li> </ul> <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> <li>• Audit Wales Wellbeing and Future Generations Act Report (EW)</li> <li>• Socio-Economic Duty (DB)</li> </ul>	<ul style="list-style-type: none"> <li>• Developments in education and training</li> <li>• Update on primary care (AH)</li> <li>• Simulation (PM)</li> <li>• IMTP draft (JR)</li> <li>• Finance Update (EW)</li> </ul>	<ul style="list-style-type: none"> <li>• Digital</li> <li>• Career pathways</li> <li>• Careers and widening access</li> <li>• Finance Update (EW)</li> </ul>

### Venues for HEIW Board Development Sessions

These are currently scheduled as virtual meetings held through videoconferencing . The position is to be reviewed in accordance with public health guidance.