

Bundle HEIW Board (Open) 26 March 2020

AGENDA

Agenda (Open) Board March 2020 V8.docx

1 PART ONE - PRELIMINARY MATTERS

1.1 Welcome and Introductions

1.2 Apologies for Absence

1.3 Declarations of Interest

1.4 To receive and confirm the minutes of the Board held on 30 January 2020

1.4 - Unconfirmed January Board Minutes (Open) V3.ahdocx.docx

1.5 Action Log

1.5 - January Board Action Log _2020-01-30 (Open) V4.ahdocx.docx

1.6 Matters Arising

2 PART TWO - CHAIR AND CHIEF EXECUTIVE REPORTS

2.1 Chair's Report and Ratification of Chair's Action

2.1 - Chairs report March 2020 V1.docx

2.1.1 - Appendix to Chair's Report (Chair's Action) March Board (F).docx

2.2 Chief Executive's Report

2.2 - CEO Report March 2020ah.docx

2.3 Coronavirus

2.3.1 - Chief Executive Update

2.3.1 - Board COVID 19 Report.docx

2.3.1b - Appendix 1 IMTP Final Draft Summary of Actions 2020-23 REVIEW COVID.2docx.docx

2.3.2 - New Board Arrangements

2.3.2a - Proposals for Governance arrangements(F)(DB 19.3.20)_ahdocx (002).docx

2.3.2b - Appendix 1 - letter from BSG to AG.pdf

3 PART THREE - STRATEGIC ITEMS

3.1 Leadership Update

3.1 - Leadership and Succesion Update paper March 2020.docx

4 PART FOUR - GOVERNANCE, PERFORMANCE AND ASSURANCE

4.1 Finance Report

4.1.1 - Month 11 Position

4.1.1a - March 2020 - Board Finance Paper FINAL.docx

4.1.1b - March 2020 - Board Finance Paper Appendix 1 FINAL.docx

4.1.1c - Appendix 2-Month 11 HEIW Monitoring Return Tables - Day 9.pdf

4.1.2 - Allocation Letter

4.1.2 - March 2020 - Revenue Allocation 2020_21 DRAFT.docx

4.2 Performance Report

4.2a - Performance Report Cover Paper.docx

4.2b - Appendix A - Performance Report 4vFinal Draft.docx

4.2c - Performance Dashboard Final Draft.pdf

4.3 Corporate Risk Register

4.3a - Cover paper Corporate Risk Register March.docx

4.3b - Corporate Risk Register (Updated March 2020) (F).docx

4.4 To receive key issue report from the:

4.4.1 - Audit and Assurance Committee held on 27 January 2020

4.4a - Chair Key Issue report -Audit_Assurance_Committee_2020-01-27 (Open) V1.docx

4.4b - Appendix 1-Audit and Assurance Committee Summary Report.docx

- 4.5 In-Committee Decisions
 - 4.5 - In Committee Decisions from January Board.docx
- 5 PART FIVE - OTHER MATTERS
- 5.1 Any Other Urgent Business
- 5.1.1
 - HEIW Annual Equality Report 2018-19
 - 5.1.1 - HEIW Annual Equality Report 2018-2019_March Board 2020.docx
- 5.1.2
 - HEIW Gender Pay Gap Reporting
 - 5.1.2 - HEIW Gender Pay Gap Report_March Board 2020.docx
- 5.2 Summary of Key Actions
- 5.3 Dates of Next Meetings:
- 5.3.1
 - HEIW Board Development Session to be held on 30 April 2020 in Ty Dysgu, Nantgarw
- 5.3.2
 - HEIW Board to be held on 28 May 2020 to be held in Ty Dysgu, Nantgarw

HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Board Meeting – 10.00am-11.30am

**to be held on Thursday, 26 March 2020
HEIW Meeting Room 11, Ty Dysgu**

AGENDA

PART 1	PRELIMINARY MATTERS	10:00-10:10
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for Absence	Chair/Oral
1.3	Declaration of interests	Chair/Oral
1.4	To receive and confirm the minutes of the Board held on 30 January 2020	Chair/ Attachment
1.5	Action Log	Chair/ Attachment
1.6	Matters Arising	Chair/Oral
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	10:10-10:40
2.1	Chair's Report and Ratification of Chair's Action	Chair/ Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
2.3	Coronavirus: <ul style="list-style-type: none"> • Chief Executive Update • New Board Arrangements 	Chief Executive/ Attachment Board Secretary/ Attachment
PART 3	STRATEGIC ITEMS	10:40-10:50
3.1	Leadership Update	Director of Workforce & OD/ Attachment
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	10:50-11:20
4.1	Finance Report: <ul style="list-style-type: none"> • Month 11 Position • Allocation Letter 	Director of Finance/ Attachments

4.2	Performance Report	Director of Workforce & OD/ Attachment
4.3	Corporate Risk Register	Board Secretary/ Attachment
4.4	To receive key issue report from the: - Audit and Assurance Committee held on 27 January 2020	Chair of the Committee/ Attachment
4.5	In-Committee Decisions	Board Secretary/ Attachment
PART 5	OTHER MATTERS	11:20-11:30
5.1	Any other urgent business: <ul style="list-style-type: none"> • HEIW Annual Equality Report 2018-19 • HEIW Gender Pay Gap Reporting 	Director of Workforce & OD/ Attachment Director of Workforce & OD/ Attachment
5.2	Summary of key actions	Chair/Oral
5.3	Dates of Next Meetings: <ul style="list-style-type: none"> • HEIW Board Development Session to be held on 30 April 2020 in Ty Dysgu, Nantgarw. • HEIW Board to be held on 28 May 2020 to be held in Ty Dysgu, Nantgarw. 	

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

Unconfirmed Minutes of the HEIW Board Meeting
held on 20 January 2020 at 10:00 am
at Ty Dysgu, Nantgarw

Present:

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

In attendance:

Dafydd Bebb	Board Secretary
Kay Barrow	Corporate Governance Manager (Secretariat)
Huw Owen	Welsh Language Services Manager
Dr Sharif Popal	Cardiothoracic Surgeon (Item 1.4 only)
Leona Walsh	Professional Support Unit Practitioner
Trish Moore	Professional Support Unit Administrative Officer

PART 1	PRELIMINARY MATTERS	Action
3001/1.1	Welcome and Introductions	
	The Chair welcomed everybody to the meeting of the HEIW Board.	
3001/1.2	Apologies for Absence	
	Apologies were received from Stephen Griffiths, Director of Nursing and Dr Heidi Phillips, Independent Member.	
3001/1.3	Declarations of Interest	
	There were none.	
3001/1.4	Improvement Story – Wales Asylum Seeker and Refugee Doctors and Dentists (WARD)	
	The Board received a presentation from Dr Sharif Popal who provided his personal journey as a refugee doctor originally from Afghanistan. He described his experiences and the challenges he faced, that led him to seek support from the Displaced People in Action (DPIA) charity when he arrived in the UK. It was as a result of the DPIA's	

	<p>joint work with HEIW's Wales Asylum Seeking and Refugee Doctors (WARD) Group that Dr Popal was introduced to the WARD Group.</p> <p>The presentation highlighted the benefits of the WARD scheme for refugee and asylum seeking doctors who are highly skilled and come with years of experience in their countries of origin. With support from the WARD scheme they develop their English language skills, complete medical examinations required to work as doctors in the UK, gain GMC registration and through initial funded placements, contribute their skills to the NHS and its patients.</p> <p>The Chair thanked Dr Popal, on behalf of the Board, for his candid and inspiring presentation.</p>	
Resolved	The Board noted the improvement story.	
	Dr Sharif Popal, Leona Walsh and Trish Moore left the meeting.	
3001/1.5	To receive and confirm the minutes of the Board meeting held on 19 December 2019	
	The minutes of the meeting held on 19 December 2019 were received and approved as an accurate record of the meeting.	
3001/1.6	Action Log	
	The Board received the Action Log from the meeting held on 19 December 2019 and noted that all actions had been completed.	
3001/1.7	Matters arising	
	There were no matters arising from the previous meeting.	
3001/2	CHAIR AND CHIEF EXECUTIVE REPORTS	
3001/2.1	Chair's Report	
	<p>The Chair's report was received.</p> <p>In presenting the report, the Chair highlighted that he had completed the mid-year appraisals of the Independent Members. He welcomed the reappointment by the Minister of the three HEIW Independent Members whose current tenures were approaching their end date. Formal confirmation from the Minister was awaited.</p> <p>The Chair advised that he had received his appraisal with the Minister which allowed for constructive reflection and reinforced the positive contribution to HEIW.</p> <p>The Chair reflected on his attendance at a Student Engagement Event in Cardiff Metropolitan University. This provided an insight into importance of the NHS Wales Bursary to students and, in particular, mature students pursuing life changing career decisions because of it. He welcomed the open and honest reflections from the students and the importance they showed of aspiring to work in the NHS and also their encouragement of the use of the Welsh language.</p>	

	The Chair was pleased to attend the HEIW Diversity and Inclusion Group, whose members showed such commitment and enthusiasm. He was particularly interesting to hear the discussion on the issue of differential attainment.	
Resolved	<p>The Board</p> <ul style="list-style-type: none"> • noted the Chair's report; • agreed that the Chair share his appraisal letter with Board Members when received. 	Chair
3001/2.2	Chief Executive's Report	
	<p>The Chief Executive's report was received.</p> <p>In presenting the report, Alex Howells highlighted that the submission of the final Workforce Strategy for Health and Social Care was a significant milestone. She explained that the 'close down' meeting of the Steering Group had taken place. A joint letter had been sent from HEIW and SCW to Welsh Government seeking clarification of next steps</p> <p>It was confirmed that the Nurse Staffing Levels Act Team would be transferring from Public Health Wales to HEIW from 1 April 2020. .</p> <p>In relation to Stakeholder Engagement, the Annual Education Commissioning visits are being completed using the new revised multi-professional approach, in addition to the focus on Post Graduate Medical Education. This provides an opportunity to engage with NHS organisations in a broader discussion about education and training.</p> <p>The Executive Team attended a joint Executive meeting with Swansea Bay University Health Board on 29 January 2020. This provided useful discussion on the broader agenda, IMTP and actions to be taken forward in relation to the Regional Partnership Board and integrated models.</p> <p>It was noted that a joint Executive meeting with Social Care Wales was to be held on 11 February 2020. The visit to Scotland to meet with Health Education England and National Education Scotland was taking place in early February 2020.</p> <p>Alex Howells wished to thank members of the Executive Team for their continued support in what has been a very busy period.</p>	
Resolved	The Board noted the Chief Executive's report	
3001/3	STRATEGIC ITEMS	
3001/3.1	Integrated Medium Term Plan	
	<p>The Board received the Integrated Medium Term Plan (IMTP).</p> <p>In presenting the IMTP, Julie Rogers highlighted that the document had been in development for the past 6 months and had included a</p>	

	<p>wide range of internal and external engagement. The evolving plan and strategic objectives were shared at various stages during the planning process and feedback welcomed. It was highlighted that the Board had also been actively involved in the various stages of the planning process and that the feedback received had been reflected within the final version of the document.</p> <p>The draft IMTP had been shared with Welsh Government regularly and their feedback assisted the final shaping of the document. The specific areas that have been included and/or enhanced relate to the contribution of HEIW to the Wellbeing and Future Generations Act; HEIW's remit around research and the alignment with the 5 Ministerial priorities.</p> <p>It was highlighted that an integrated Equality Impact Assessment had also been undertaken to ensure the strategic aims within the IMTP were designed and delivered fairly in accordance with Equality, Welsh Language Legislation and Human Rights Legislation.</p> <p>Eifion Williams advised that the IMTP was supported by a 5-year financial plan which had been extended from the usual 3-year plan. This allowed for alignment with academic years and to take account of all agreed business cases and increases in commissioning budgets that have been approved by Welsh Government. He explained that the financial plan had been shared and tested with Welsh Government.</p> <p>The next steps include submission to Welsh Government by the deadline date of 31 January 2020. The IMTP will be reviewed by Welsh Government Policy Leads and feedback was anticipated during March 2020.</p> <p>The Chair was pleased to see how the IMTP was reflective of HEIW as a maturing organisation and its integration into the NHS Wales family.</p> <p>The Board discussed the IMTP and the wider context of the value of the IMTP process within HEIW, the wider NHS Wales and Welsh Government.</p> <p>In response to a query raised in relation to the capacity to deliver, it was highlighted that HEIW's organisational structures have been reviewed and would be discussed with the Board during the later 'in committee' session that was to follow the 'open' session.</p> <p>Gill Lewis welcomed the additionality of the 5-year financial plan but queried the impact of the ambitions of the Workforce Strategy for Health and Social Care, particularly the increasing workforce numbers</p>	
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	<p>It was emphasised that HEIW was working with Health Boards/Trusts to address the significant challenge of vacancies and to assist with the move away from locum and agency staff to the recruitment of permanent staff.</p> <p>Julie Rogers commented that the Workforce Strategy for Health and Social Care was reflected within the IMTP to ensure the correlation with the IMTP's for other NHS organisations and the building of closer working relationships.</p> <p>Ruth Hall commended the excellent work and the increased emphasis on Research and Development and the active support to the workforce to pursue research activities and careers.</p> <p>Tina Donnelly was pleased to see the exemplar engagement and the evidence base in recognising the benefit of training in Wales. She also suggested how the Youth Parliament could contribute to the communication and engagement programme in encouraging careers in health and social care.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • approved the IMTP for submission to Welsh Government. • requested that the thanks of the Board be conveyed to those involved in the development the expectation of the Board in its delivery. 	<p>JR JR</p>
3001/3.2	Strategic Review of Health Professional Education	
	<p>The Board received the report.</p> <p>In presenting the final KPMG report, Alex Howells highlighted that the summary report provided an overview of the areas identified by KPMG and the work already ongoing as part of HEIW's commissioning and engagement programme. The programme was on track to inform the procurement process as planned.</p> <p>Ruth Hall updated the Board in relation to the discussions held at the Education, Commissioning and Quality Committee (ECQC) on 16 January 2020. The newly formed internal and external sub groups of the ECQC would be assisting in the development of the contract specifications. The ECQC would be receiving and considering the draft contracts at its April meeting.</p> <p>Tina Donnelly commented that sight of the Gantt Chart was helpful in understanding the scale of the task. She explained that the ECQC had considered the KPMG Review in detail and the key themes within the report were important in the contract development.</p> <p>Ruth Hall advised that the ECQC had raised concerns in relation to the risks around this work and had referred the matter to the Audit and Assurance Committee for their consideration. Alex Howells advised</p>	

	<p>that the concerns raised would be picked up at the next Programme Board.</p> <p>The Chair commented that he had attended a Student Engagement Event and was pleased to see how open, honest and engaging the students were. He commended the team on their engagement approach and would be attending future events.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the contents of the draft key themes emerging from the KPMG Review; • noted the response to the KPMG Review, the work already being undertaken in each area and the work planned to fully address the recommendations; • noted the Communication Strategy; • noted the project management arrangements and the detailed project plan; • agreed that arrangements be made for a discussion regarding the procurement phase of the Strategic Review of Health Professional Education in a future Board Development Session. 	DB
3001/4	GOVERNANCE, PERFORMANCE AND ASSURANCE	
3001/4.1	Finance Report	
	<p>The Board received the report.</p> <p>In presenting the report, Eifion Williams provided an update in relation to the month 9 financial position for 2019/20 which was a year to date underspend of £1.17m. The forecasted year-end position reported to Welsh Government was that of a balanced end of year outturn.</p> <p>The key variances within Directorates was predominantly due to less than full time trainee salary costs and vacancies within core staffing establishments. It was highlighted that because the Health Professional Education and Training budget would not be spent in full in 2019/20, there had been an opportunity for HEIW to reallocate an element of the funding on a non-recurrent basis to Welsh Health Education Institutes as a supplementary allocation. The Executive Team had approved the successful bids which were awarded against an agreed adjudication criteria that supported students in Wales to be taught in modern facilities. That expenditure was required to be completed by 31 March 2020. The process had been reviewed by the Education, Commissioning and Quality Committee.</p> <p>It was highlighted that an additional £2.4m in total was to be returned to Welsh Government by the end of the financial year. £1.4m would be returned in January and the remainder in March 2020. This has assisted HEIW in demonstrating open and transparent working and a level of confidence with Welsh Government.</p>	

	<p>In terms of the Public Sector Payment Policy, it was confirmed that HEIW's compliance had increased to 95.1% and was within the target.</p> <p>The Board considered the report, noting the reasons for the variances to the profiled financial plans and the non-recurrent initiatives. Reassurance was provided that the position with NWIS was being monitored in relation to the forecasted year-end outturn position.</p>	
Resolved	The Board noted the financial position as at month 9.	
3001/4.2	Performance Report	
	<p>The Board received the report.</p> <p>In presenting the report, Julie Rogers highlighted that there was good overall progress across the four reporting domains. The majority of the strategic objectives and indicators, apart from SIFT, were on track to be delivered. The most significant milestone delivered was the Workforce Strategy for Health & Social Care which had been submitted to Welsh Government at the end of December 2019.</p> <p>In relation to the workforce metrics, she explained that she had attended the Audit and Assurance Committee to discuss compliance with statutory and mandatory training, and PADR. Whilst there had been some progress in meeting the Welsh Government targets, there was more focused improvement work planned with low performing areas.</p> <p>Findings from the Wales Audit Office (WAO) Structured Assessment had highlighted that further development work was needed in relation to the performance management framework and this would be undertaken in the coming months.</p> <p>The Board considered the report, and in answer to a query raised regarding dental training, it was confirmed that this was an issue across the UK. However, the shortfall in fill rates for foundation places in Wales was expected to exceed the fill rate for the next academic year.</p> <p>It was also highlighted that applications to Schools of Pharmacy were on a downward trend across the UK. The Pharmacy Dean was reviewing the position within Wales and would be presenting a paper to the Executive Team. It was noted that the Pharmacy School in Swansea University was commencing in 2021.</p> <p>The positive sickness absence rate and the good engagement with the staff survey were commended. However, concerns were raised in relation to the number of days lost due to anxiety/stress and whether this was connected to the vacancy levels. It was highlighted that a deep-dive and Health Needs Assessment had been undertaken which had flagged a number of hotspot areas which were being addressed.</p>	

	The Board discussed how the dashboard could be enhanced with the use of visual 'at a glance' confidence markers to reflect the movement of performance indicators during the reporting period. This would be considered as part of the further development work of the performance management framework.	
Resolved	The Board noted the positive position and the progress being made in the development of the report.	
	Clare James joined the meeting.	
3001/4.3	Wales Audit Office (WAO) Structured Assessment	
	<p>The Chair welcomed Clare James from the Wales Audit Office (WAO) to the meeting.</p> <p>The Board received the report.</p> <p>In presenting the report, Clare James advised that the findings of the report had been considered by the Executive Team and Audit and Assurance Committee.</p> <p>The work to complete the structured assessment reviewed 4 key areas and built upon the earlier Baseline Review undertaken. An overview of the main conclusions and recommendations were provided and it was highlighted that this was a positive report. It was noted that there were no financial or workforce recommendations as there were actions in place to address any areas identified during the assessment process.</p> <p>It was highlighted that, whilst HEIW had established the necessary arrangements to support good governance, there was more that the organisation needed to do in relation to risk management arrangements. These included the mapping of key sources of assurance to strengthen the Board Assurance Framework (BAF), and the further development of internal controls to support the Performance Management Framework and Information Governance.</p> <p>Gill Lewis informed the Board that the Committee had welcomed the report and acknowledged that it was an accurate reflection and provided a good benchmark to build upon.</p> <p>The Board was reassured by the report and recognised the need to reflect on the findings and to address the recommendations arising from this audit.</p> <p>Alex Howells advised that in terms of the capacity and capability to provide assurance in relation to discharging the actions required, the Board would be updated in relation to the review of HEIW's organisational structures during the later 'in committee' session that was to follow the 'open' session.</p>	

	The Board thanked Clare James for attending.	
Resolved	The Board agreed that the Management Response to the recommendations to be submitted to WAO when finalised.	
3001/4.4	Welsh Language Update	
	<p>The Board received the report.</p> <p>In presenting the report, Dafydd Bebb provided an update in relation to the current position regarding the discussions held with the Welsh Language Commissioner's Office. The Commissioner's Office had confirmed that the decision in respect of which Welsh Language Standards would apply to HEIW was not imminent. Given this the Welsh Language Commissioner has requested that HEIW commence the process of preparing a Statutory Language Scheme as per the original 1993 Welsh Language Act. It was highlighted that HEIW would also need to undertake a period of consultation as part of the process which could take a number of months to complete.</p> <p>The update was considered by the Board where it was emphasised that HEIW would have preferred to have come under the Welsh Language Standards so that it was in a position that was consistent with the rest of the NHS organisations in Wales.</p> <p>Significant progress was reported against HEIW's 10 key areas of risk. The Board raised a query regarding contingency measures for Welsh translation in the absence of the Welsh Language Manager. Reassurance was provided that there were other translators available both internally within HEIW and externally with Welsh translation companies on the NHS Wales Procurement Framework.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the progress • noted the continued work with the Welsh Language Commissioner to further the culture of using Welsh in the workplace. 	
3001/4.5	Draft Risk Appetite	
	<p>The Board received the report.</p> <p>In presenting the report, Dafydd Bebb advised that the Board had previously discussed its risk appetite in the December Board Development Session. He explained that the risk appetite methodology, levels and tolerances for each risk domain articulated HEIW's position in relation to how risks are treated, informs wider decision making and provided guidance to staff.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • approved the risk appetite. • agreed that the Corporate Risk Register be reviewed in the new financial year to reflect the agreed Risk Appetite. 	DB

	<ul style="list-style-type: none"> • agreed that the Audit and Assurance Committee and the Board to review HEIW's risk appetite at least annually. 	DB
3001/4.6	To Receive Key Issue Reports from the:	
3001/4.6.1	<p>Education, Commissioning and Quality Committee (ECQC) held on 16 January 2020</p> <p>The Board received the key issues report.</p> <p>In presenting the report, Ruth Hall provided an overview of the key areas of Committee business. In particular, she highlighted the key risks in relation to the Health Professional Student Allocations for 2020/21, especially in relation to the achievement of the commissioning targets around diagnostic radiology, adult nursing and LD nursing, and also the consequential reputational risks.</p> <p>She also advised that the Committee suggested the sharing of the Performance Report of Education Contracts with the Board at a Board Development Session.</p> <p>Following the Committee's support of the development of a tariff arrangement for Secondary Care Training Programme Directors across Wales, the Committee had recommended that the business case be scrutinised by the Audit and Assurance Committee at its meeting on 27 January 2020.</p> <p>The Committee had considered the Quality Assurance Review of Post Graduate Medical Education (PGME) and also recommended that the Audit and Assurance Committee be updated in relation to those Health Board areas in enhanced monitoring arrangements and at high risk.</p>	
Resolved	The Board noted the report.	
3001/4.6.2	Audit and Assurance Committee (A&AC) held on 27 January 2020	
	<p>The Board received a verbal update from Gill Lewis and the following points were highlighted.</p> <p>The Committee was updated in relation to the progress in the achievement of compliance with Mandatory Training and PADR recorded on ESR for core staff. Whilst some progress was reported, it was highlighted that the Medical Directorate was the lowest performing Directorate. The Committee was assured that focused work with the Medical Directorate would be undertaken in order to drive improvement in compliance. The Committee has requested that the Medical Director attend the April Committee for a supportive discussion.</p>	

	<p>The Committee received a number of reports from the Wales Audit Office. The WAO Annual Audit Report 2019 provided the Committee with a summary of the audit findings for work undertaken during the year. The Committee considered the indicative 2020 Audit Plan.</p> <p>An update on Information Governance was considered which provided progress against the Workplan, and the number of requests for Freedom of Information and Data Subject Access Requests.</p> <p>The Committee considered the risks around the strategic review of healthcare education in Wales and the tripartite discussion.</p> <p>Internal Audit updated the Committee in relation to the progress against the delivery of their 2019/20 Audit Plan, noting that a number of planned audits had been postponed to quarter 4. Assurance was provided that there was sufficient capacity in the Internal Audit team to fulfil the Audit Plan.</p> <p>The Committee considered the Business Case for the development of a tariff arrangement for Secondary Care Training Programme Directors across Wales to support professionalisation of the role. Following clarification of the remuneration package by the Interim Director of Finance, the Committee approved the financial business case.</p> <p>The Committee approved the Committee Self-Assessment Checklist which would be used to evaluate its effectiveness. It agreed that the Checklist be issued to Committee Members and Officers for completion. The evaluation of the Checklist would be presented to the April Committee.</p>	
Resolved	The Board noted the verbal report.	
3001/4.7	In-Committee Decisions	
Resolved	The Board received the report which provided the key issues discussed 'in committee' at the December Board meeting.	
	The Board noted the report.	
3001/5	OTHER MATTERS	
3001/5.1	Any other urgent business	
	There was no other urgent business	
3001/5.2	Date of Next Meetings	
	<p>The Board received the forthcoming Board dates:</p> <ul style="list-style-type: none"> • HEIW Board Development Session to be held on 27 February 2020 in Ty Dysgu, Nantgarw • HEIW Board to be held on 26 March 2020 – venue to be confirmed. 	

3001/5.3	Close	
	There being no other urgent business for the open session the meeting moved into the closed session.	

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Chris Jones (Chairman)

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Date:

HEIW Board (Open)
30 January 2020

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
3001/2.1	Chair's Report			
	<ul style="list-style-type: none"> Chair's appraisal letter to be shared with Board Members when received 	Chairman	TBC	Appraisal letter awaited from Minister's Office.
3001/3.1	Integrated Medium Term Plan			
	<ul style="list-style-type: none"> The approved IMTP to be submitted to Welsh Government. 	Director of Workforce & OD	31 January 2020	Completed
	<ul style="list-style-type: none"> The thanks of the Board to be conveyed to those involved in its development and the expectation of the Board in its delivery. 	Director of Workforce & OD	Promptly	Completed
3001/3.2	Strategic Review of Health Professional Education			
	<ul style="list-style-type: none"> Arrange for a discussion regarding the procurement phase of the Strategic Review of Health Professional Education in a future Board Development Session 	Board Secretary	April 2020	Added to the Board Forward Work Programme for April 2020
3001/4.3	WAO Structured Assessment			
	<ul style="list-style-type: none"> Management Response to the recommendations to be submitted to WAO when finalised. 	Board Secretary	February 2020	Completed.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
3001/4.5	Draft Risk Appetite			
	<ul style="list-style-type: none"> The Corporate Risk Register to be reviewed in the new financial year to reflect the agreed Risk Appetite. 	Board Secretary	April 2020	In light of the Coronavirus Pandemic, the Corporate Risk Register will now be aligned to the risks arising from this issue. The Corporate Risk Register is an item on the March Board agenda.
	<ul style="list-style-type: none"> The Audit & Assurance Committee and the Board to review HEIW's risk appetite at least annually. 	Board Secretary	October and November 2020	Added into the Audit & Assurance Committee Forward Work Programme for October 2020 and Board Forward Work Programme for November 2020.



GIG
CYMRU
NHS
WALES

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

Meeting Date	26 March 2020	Agenda Item	2.1
Report Title	Chair's Report		
Report Author	Dr Chris Jones, Chairman		
Report Sponsor	Dr Chris Jones, Chairman		
Presented by	Dr Chris Jones, Chairman		
Freedom of information	Open		
Specific action required	This report is for information only.		

Chair's Report

1. PURPOSE OF REPORT

The purpose of this report is to update the Board on the range of activities and meetings undertaken by the HEIW Chairman, Vice Chair and Chairs of the Audit & Assurance Committee and Education, Commissioning & Quality Committee since the last Board meeting.

2. CHAIRMAN'S ACTIVITIES AND MEETINGS

The dominant focus of the organisation over the last 28 days has of course been driven by the Coronavirus 19 pandemic. Over the last 14 days as matters have escalated the organisation has focused on business continuity, board business governance, optimising support for NHS and Care partner preparations, staff and workforce wellbeing.

Our Chief Executive and the Executive Team have been supporting national planning as well as the internal organisational issues. Our professional leads have been working with the Professional Regulators and our Universities and Further educational bodies. These activities and preparations are reflected through the Chief Executives report. The organisation has busied itself in enhancing appropriate training and workforce and preparing our staff for home working to ensure the important work of recruiting and training is continuing. Some of our clinicians will redeploy to the front line.

I have supported National NHS chairs meetings and teleconferences and supported discussions around 111 preparation. The Vice Chair has supported the all Wales Vice Chairs programme. Working with the Board Secretary, we have developed arrangements for Board governance and communication of Board decision and debate to cover the coming period of extraordinary circumstances. Board assurance, oversight and involvement will continue throughout. Skype briefings have already taken place with all Board members, and I have had one to one conversations with each Board member.

These are challenging times for our Nation and coming with uncertainty and stress. We are committed to supporting and enabling colleagues in the front line to do their roles, supporting our staff, supporting our students and trainees. We have led the national conversation around Compassionate leadership – there has never been a more urgent need for us to look after the workforce wellbeing and for us all to be kind and considerate to ourselves and others.

When this challenge abates, HEIW will need to be there to pick up its role in helping to heal and grow the NHS and Care system for Wales. We will have the opportunity to learn lessons and help continue the transformation of services. We will be in a position to help deliver the aspirations of the Future Generations Act and an enabler for our future workforce.

My best wishes and thoughts to all in the coming weeks, and a commitment for the organisation to be the most supportive partner we can be.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓	✓	✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓	✓	✓	
Quality, Safety and Patient Experience				
There are no direct quality, patient safety and experience issues relating to this report.				
Financial Implications				
There are no direct financial implications of this report				
Legal Implications (including equality and diversity assessment)				
There are no direct legal implications of this report.				
Staffing Implications				
There are no direct staffing implications of this report.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.				
Report History	N/A			
Appendices	N/A			



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Meeting Date				Agenda Item	
Report Title	Ratification of Chair's Action				
Report Author	Dafydd Bebb, Board Secretary				
Report Sponsor	Dafydd Bebb, Board Secretary				
Presented by	Dafydd Bebb, Board Secretary				
Freedom of Information	Open				
Purpose of the Report	To seek Board approval to ratify Chair's Action undertaken to vary elements of HEIW's Standing Orders in response to the COVID-19 pandemic.				
Key Issues	<p>On 24 March Chair's Action was taken to vary the Standing Orders to approve that the following Board and Committee meetings are run via electronic / telephony means and not held in public:</p> <ul style="list-style-type: none"> • the Board meeting on the 26 March; • Audit and Assurance Committee on 1 April; • The Education Commissioning and Quality Committee held on 9 April ('Chair's Action'). <p>Members are asked to ratify the Chair's Action.</p>				
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval	
				✓	
Recommendations	<p>Members are asked to:</p> <p>ratify the 'Chair's Action in respect of Board and Committee Meetings' as defined within the proposal section of this report.</p>				

Ratification of Chair's Action

1. INTRODUCTION

To seek Board approval to ratify Chair's Action undertaken to vary elements of HEIW's Standing Orders in response to the COVID-19 pandemic.

2. BACKGROUND

HEIW's Standing Order 2.1.1 details the procedures to be followed to undertake a Chair's Action:

"... In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification."

3. PROPOSAL

On 24 March Chair's Action was undertaken to approve a variation from HEIW's Standing Orders to enable the following Board and Committee meetings to be run via electronic / telephony means and not be held in public:

- the Board meeting on the 26 March;
- Audit and Assurance Committee on 1 April;
- The Education Commissioning and Quality Committee held on 9 April (together being 'the Chair's Action in respect of Board and Committee Meetings').

This followed consultation between the Chair and Chief Executive Officer, supported by the Board Secretary. On 23 March an email was forwarded to two Independent Members Gill Lewis and John Hill-Tout, seeking approval in respect of the Chair's Action in respect of Board and Committee Meetings. The Chair's action was approved by Gill Lewis by email later that day and by John Hill-Tout by email on 24 March. All of these emails are available upon request.

4. GOVERNANCE AND RISK ISSUES

As outlined above the Chair's Action has been undertaken in line with HEIW's Standing Orders.

5. FINANCIAL IMPLICATIONS

There are no financial implications.

6. RECOMMENDATION

Members are asked to:

ratify the 'Chair's Action in respect of Board and Committee Meetings' as defined within the proposal section of this report.

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

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
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n/a	
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Report History	n/a
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Appendices	n/a
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Improvement Wales (HEIW)

Meeting Date	26 March 2020	Agenda Item	2.2
Report Title	Chief Executive's Report – March 2020		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

Chief Executive's Report – March 2020

1. INTRODUCTION

The purpose of this report is to update the Board on key activities undertaken since the last Board meeting. This period has in recent weeks been dominated by the emerging situation in relation to COVID-19 and this has affected other planned activities.

2. KEY ACTIVITIES

- **Coronavirus**

From early March we have activated our emergency planning arrangements in line with direction from Welsh Government. We have developed a HEIW Response to this, which has been shared with Board Members and a verbal update will be provided at the meeting.

As an organisation we have introduced new ways of working from 23 March to move to more home working, to enable us to reduce non-essential travel and support social distancing. We are very grateful to our staff for their continued support and cooperation with this, appreciating it is a significant change to what we have been used to doing.

- **Staff Conference**

Our staff conference on 10 March was very well attended and with great participation by staff from all parts of HEIW. There were five main elements to the programme: the Integrated Medium Term Plan (IMTP), HEIW's Health Needs Assessment, an external presentation on the Communication Access symbol followed and World Café sessions on the work undertaken by HEIW teams. We also took the opportunity of having a large number of staff present to discuss Homeworking and Flexible Working in preparation for planning around COVID-19.

- **Integrated Medium Term Plan**

Welsh Government have notified us that our first three year plan is approvable, which is really positive news for the organisation and reflects the huge efforts made by our teams to support the planning process. However, in light of the COVID-19 position we have had to review Q1 activities to delay and refocus them as appropriate. We will review this at the end of Q1 and reassess deliverables for the rest of the year.

- **Performance**

We continue to strengthen the integrated performance report together with the narrative report. The main change to performance since January is a continued improvement in our own statutory and mandatory training compliance, and

progress with PADRs. In line with WG guidance will be taking a light touch approach to performance monitoring and reporting in Q1.

- **Nurse Staffing Levels Act**

HEIW continues to assume responsibility for the development work associated with Nurse Staffing Levels Act from 1 April 2020. We working closely with Public Health Wales to ensure that the team who are responsible for the development work are transferred safely to our organisation.

- **Compassionate Leadership Principles**

Consultation on the draft Compassionate Leadership Principles for Health and Social Care in Wales was launched on 28th February for a period of 6 weeks. The Principles, co-designed with Health & Social Care and Academi Wales colleagues, reflected a robust evidence base and included feedback from significant engagement across both sectors.

The consultation is due to remain open until 10th April 2020. However this workstream will then be paused in recognition of the significant demands on the service and business critical activities requiring prioritising in order to manage the Covid-19 emergency.

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

As a result of the impact of Coronavirus we have been forced to postpone the original timetable for the tendering of the Health Profession Education Contracts. This was originally due to take place in May/June 2019. Nevertheless through careful management of the tender process we are currently hoping that this temporary postponement will not delay the go-live date for these contract. Based on the updated timetable for the tender process the go-live date continues to be September 2022.

- **Finance**

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

- **Risk**

The Corporate Risk Register is on the agenda for consideration. There are 24 risks and the Cyber Security remains red until we have successfully appointed to the new post. In addition we now have a number of risks related to the COVID-19 situation which we are assessing and will report to the Audit Committee at its next meeting.

3. RECOMMENDATION

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

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓	✓	✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓	✓	✓	
Quality, Safety and Patient Experience				
There are no direct quality, patient safety and experience issues relating to this report.				
Financial Implications				
There are no direct financial implications of this report.				
Legal Implications (including equality and diversity assessment)				
There are no direct legal implications of this report.				
Staffing Implications				
There are no direct staffing implications of this report				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.				
Report History	The CEO report is presented at each open Board session which is held once every two months.			
Appendices	N/A.			

HEALTH EDUCATION AND IMPROVEMENT WALES

COVID -19 RESPONSE UPDATE

Purpose

To brief the Board on the HEIW response to COVID-19 and to update the actions discussed at the informal briefing on 20th March.

Background

HEIW has been considering the impact of the COVID-19 situation across our range of functions and developing plans in the following areas:

- Business continuity for the organisation
- Contingency plans for critical functions including education, training and recruitment
- Support for the wider system response to COVID-19 response
- Postponement and pause of non-critical work programmes

An active HEIW Emergency Planning Team continues to meet three times a week to coordinate the actions in the response plan. Members of the Executive Team are engaged in national emergency planning and coordination mechanisms.

We are monitoring the impact on our own staff on a daily basis in terms of those that are self isolating due to symptoms or symptoms in the household. We have not staff with confirmed symptoms at this point.

Communication and engagement mechanisms are in place internally, with weekly bulletins now in place, in addition to any adhoc urgent messages and updates. We have also developed FAQs for trainee and trainer workforce which are being updated on a regular basis.

We have implemented a number of measures to support staff and maintain business continuity. The main change this week is that we have converted our partial approach to home working into a full home working position as of 24 March in light of new government guidance and restrictions. The plan is for this to remain in place for the next 3 weeks, although we will reassess at regular intervals.

A revised approach to Board and committee meetings has been developed and is included as a specific item on the agenda.

We have reduced our routine work and refocused resources on priority actions to support COVID -19. We have also reviewed our IMTP for Q1 and confirmed where work programmes need to be paused or refocused. This is attached at Appendix 1.

We have reviewed our risk register for the additional risks that arise from our response to the COVID 19 situation and a draft of the risk register will be discussed at the Audit Committee on 1 April.

We will be assessing any implications for quality of education and training through the Education Quality and Commissioning Committee.

Key Actions

- Provided a range of guidance for the NHS on redeployment and rotations for trainees.
- Participated in development of plans for deployment of students across a number of professional groups
- Designed and commissioned additional training for non critical care staff now being delivered across Wales.
- Designed and developed e resources for non critical care staff in partnership with NWSSP
- Developed alternative approaches to recruitment of trainees
- Developed alternative approaches to education and training where this is critical to service delivery
- Published refreshed Delegation Guidelines targeted at COVID-19 situation
- Development of resources and products to support staff wellbeing

Next Steps

The situation is changing and evolving very quickly and so it is difficult to plan ahead with certainty. The key areas of focus currently are:

- Implementing the agreed position regarding students as efficiently and effectively as possible
- Reviewing return to practice training and development needs
- Confirming release of clinical capacity from teaching and training back to the service
- Developing and supporting more innovative approaches to the “extended” health workforce to support the additional temporary capacity that will be put in place over the next few months
- Review implications of current changes to education and training

Recommendations

The Board is asked to note this report.

HEIW IMTP STATUS FOR COVID-19

In light of COVID-19 we are required to review our work programmes to ensure that only essential activities are being undertaken.
The following table provides our assessment of this for Q1 of 2020/21

AIM	OBJ	EXECUTIVE	SRO	DESCRIPTION	STATUS
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	Push Mangat	Charlette Middlemiss	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	PAUSE strategic work CONTINUE system procurement and implementation CONTINUE internal review work
	1.2	Stephen Griffiths	Tom Lawson	Lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales	PAUSE and review impact on workforce after Q1
	1.3	Julie Rogers	Angie Oliver	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience	ACCELERATE AND REDIRECT to focus on COVID 19 position
	1.4	Julie Rogers	Angie Oliver	Improve access to careers in the health and care sector in partnership with Social Care Wales	CONTINUE transfer from WG ACCELERATE AND REDIRECT to focus on? new temporary workforce and post COVID 19 position PAUSE other work
	1.5	Julie Rogers	Angie Oliver	Develop our workforce intelligence functions to improve the quality of	PAUSE REDIRECT time to support COVID-19 work

AIM	OBJ	EXECUTIVE	SRO	DESCRIPTION	STATUS
				workforce data, planning and modelling for NHS Wales	
	1.6	Julie Rogers	Angie Oliver	Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system	PAUSE Review contracts
	1.7	Push Mangat	Peter Donnelly / Angie Oliver	Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements	PAUSE
Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	2.1	Push Mangat	Chris Payne	Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education	PAUSE strategic work REDIRECT focus at current pressures, and take stock of where we are.
	2.2	Stephen Griffiths	Martin Riley	Develop an education strategy drawing on the outcome of the strategic review of health professional education and the Workforce Strategy	PAUSE and delay the tendering process for re procurement
	2.3	Push Mangat	Tom Lawson	Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model	PAUSE Funding now available to do this post COVID-19
	2.4	Julie Rogers	Chris Payne	Lead the development and implementation of a digital capability framework for the healthcare workforce	PAUSE – new work

AIM	OBJ	EXECUTIVE	SRO	DESCRIPTION	STATUS
	2.5	Eifion Williams	Rhiannon Beckett	Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding	PAUSE – needs engagement work
	2.6	Stephen Griffiths	Martin Riley	Maximise opportunities for work-based learning and apprenticeships in health	PAUSE – needs engagement with others REDIRECT in light of short term temporary workforce
	2.7	Push Mangat	Peter Donnelly/ANO	Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors	PAUSE
	2.8	Stephen Griffiths	Huw Owen	Improve opportunities for trainees and students to undertake education and training through the medium of Welsh	PAUSE – needs engagement with others
	2.9	Stephen Griffiths	Angie Oliver	Review career pathways and education opportunities for the clinical academic and research workforce	PAUSE
Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through	3.1	Julie Rogers	Helen Thomas	Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action	Close consultation and PAUSE
	3.2	Julie Rogers	Helen Thomas	Lead the implementation and management of the NHS succession planning framework for Tiers 1 -3 and monitor progress	PAUSE

AIM	OBJ	EXECUTIVE	SRO	DESCRIPTION	STATUS
building compassionate and collective leadership capacity at all levels	3.3	Julie Rogers	Helen Thomas	Lead the implementation and management of the Digital Leadership portal	CONTINUE – contractual issues and will be used to support well being work re COVID -19
	3.4	Julie Rogers	Helen Thomas	Lead the establishment and management of a Wales Leadership alumni and range of leadership networks	PAUSE – light touch
	3.5	Julie Rogers	Helen Thomas	Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds	PAUSE
	3.6	Julie Rogers	Helen Thomas	Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme	PAUSE
	3.7	Julie Rogers	Helen Thomas	Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme	PAUSE
Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	4.1	Push Mangat	Charlette Middlemiss	To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care	PAUSE
	4.2	Push Mangat	Angie Oliver	Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN)	PAUSE –MTN mothballed

AIM	OBJ	EXECUTIVE	SRO	DESCRIPTION	STATUS
	4.3	Stephen Griffiths	HoSTrans	Lead the workforce development and training requirements to support the Single Cancer Pathway	PAUSE – National Endoscopy Board mothballed CONTINUE endoscopy training
	4.4	Stephen Griffiths	Kerri Eilertsen-Feeney	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)	PAUSE but refocus on COVID 19
	4.5	Stephen Griffiths	Charlette Middlemiss	Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.	PAUSE
	4.6	Alex Howells	Charlette Middlemiss	Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care	PAUSE ?primary care needs re COVID – 19, need to link to WG emergency response structure
	4.7	Alex Howells	Charlette Middlemiss	Support workforce development requirements of integrated care models being developed by Regional Partnership Boards	PAUSE
	4.8	Stephen Griffiths	Kerri Eilertsen-Feeney	Support the implementation of the <i>Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)</i>	PAUSE
	4.9	Stephen Griffiths	Kerri Eilertsen-Feeney	Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales	CONTINUE transfer and work that can be done within existing constraints

AIM	OBJ	EXECUTIVE	SRO	DESCRIPTION	STATUS
	4.10	Push Mangat	Clem Price	Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans	REFOCUS to support COVID -19 work
Strategic Aim 5: To be an exemplar employer and a great place to work	5.1	Julie Rogers	Foula Evans	Implement the People, Inclusion and OD Strategy	PAUSE
	5.2	Julie Rogers	Angie Oliver	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW	REFOCUS to support COVID-19 work
	5.3	Dafydd Bebb	Huw Owen	Implement and embed the Welsh Language framework within HEIW	CONTINUE with creative/light touch approach
	5.4	Julie Rogers	Emma Kwaya-James	Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector	PAUSE subject to legal advice
	5.5	Julie Rogers	Chris Payne	Progress opportunities for organisational approaches to combat climate change	CONTINUE with creative/light touch approach to support new ways of working with COVID-19
	5.6	Push Mangat	Anton Saayman	Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru	PAUSE

AIM	OBJ	EXECUTIVE	SRO	DESCRIPTION	STATUS
Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	6.1	Julie Rogers	Angharad Price	Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success	CONTINUE
	6.2	Julie Rogers	Angharad Price	Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions	PAUSE
	6.3	Julie Rogers	Chris Payne	Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales	CONTINUE EDUROAM if possible CONTINUE recruitment that is in train PAUSE Director of Digital REFOCUS to support COVID-19 and new ways of working
Ed and Training Plan 20/21		Stephen Griffiths/Push Mangat	Martin Riley/Helen Baker	Implementing the plan already agreed and funded	CONTINUE clarify recruitment process given impact on exams
Ed and Training Plan 21/22		Stephen Griffiths/Push Mangat	Clem Price	Developing the new plan for 21/22	CONTINUE will need a lighter touch process due to reduced engagement



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Meeting Date	26 March 2020	Agenda Item	2.3.2
Report Title	HEIW's Corporate Governance Arrangements in response to COVID-19		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To highlight and seek approval from Board Members to changes to HEIW's Corporate Governance arrangements in response to the COVID-19 Pandemic.		
Key Issues	<p>Board and committee meetings to proceed but with a reduced agenda focussed on responses to COVID-19.</p> <p>Board (including March Board) and Committee meetings to take place by teleconference arrangements.</p> <p>Communication arrangements with Board Members during the relevant period.</p> <p>The public not be expected to attend open sessions of Board and Committees in line with national guidelines.</p> <p>To confirm that Chair's action will be used to appoint new members to Committees where necessary to ensure these meetings are quorate.</p> <p>Corporate Risk Register to be amended in response to COVID -19.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	Members are asked to consider and approve the proposals contained within this report.		

HEIW's Corporate Governance Arrangements in response to COVID-19

1. INTRODUCTION

To highlight and seek support of Board Members to proposed changes to HEIW's Corporate Governance arrangements in response to the COVID-19 Pandemic.

Our aim to clarify how we will use NHS corporate governance to strike the right balance between enabling the appropriate functioning of HEIW and avoid hindering agile decision making in a fast moving and changing environment.

2. BACKGROUND

The Board Secretary Group has forwarded a draft letter to Dr Andrew Goodall, DG of Health and Social Services, providing advice on appropriate governance responses to COVID-19. This letter is attached at Appendix 1 for information.

The proposals detailed below are in line with the proposal from the Board Secretary Group and are aimed to reflect HEIW's position.

3. PROPOSAL

The proposed approach to HEIW's governance arrangements in response to COVID-19 are outlined below.

1. Board and Committee Meetings

- 1.1 Board (including next week's March Board) and Committee meetings to be formally held via teleconferencing.
- 1.2 Members of the public will not be expected to attend open sessions of meetings in accordance with national guidelines. Please see proposal 2.2 below which outlines the steps we will take to compensate for this.
- 1.3 Dialling into a meeting will be sufficient for a Member to be counted for the purposes of a quorum.
- 1.4 Agenda for Board and Committees to focus on HEIW response to COVID-19.
- 1.5 March Board, Audit and Assurance Committee on 1 April and Education Commissioning and Quality Committee on 9 April to proceed with significantly curtailed agenda limited to essential items only.
- 1.6 Future Board and Committee Meetings to be kept under review but current assumption is they will proceed taking into account 1.4.
- 1.7 To facilitate the new way of working members to forward questions and queries on Board/Committee papers 24 hours in advance of the scheduled meeting so that they can be addressed more efficiently in the discussion. The queries to be forwarded to the relevant Director and copied to the Board Secretary.

2. Communication

- 2.1 Independent Members to receive a written weekly update either in writing or via a conference call.

2.2 To mitigate the risk to openness and transparency of closing Board and Committee meetings to the public we will:

- provide a synopsis of the meetings within 48 hours of a meeting;
- publish unconfirmed minutes within two weeks of a meeting.

3. Corporate Risk Register

There are new key risks associated with the actions being taken to address the COVID-19 situation, and these will be assessed over the next few weeks to feed into Audit Committee in the first instance. The Corporate Risk Register (CRR) will need to be reviewed in the light of this work.

4. GOVERNANCE AND RISK ISSUES

The proposal outlined above are aimed at striking the right balance between enabling HEIW to respond appropriately to the COVID-19 situation while not creating a bureaucratic framework that hinders decision making.

5. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this paper.

6. RECOMMENDATION

Members are asked to consider and approve the proposals contained within this report.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓	✓	✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓	✓	✓	
Quality, Safety and Patient Experience				
The proposals are aimed at enabling HEIW to respond appropriately to NHS Wales' current workforce requirements.				
Financial Implications				
There are no direct financial implications.				

Legal Implications (including equality and diversity assessment)	
There are no direct	
Staffing Implications	
There are no direct staffing implications.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Na	
Report History	Na
Appendices	Appendix 1 – Letter from the Board Secretary Group to Andrew Goodall, DG Health and Social Services.

Our Ref: RB/lab

Direct Line: 01633 435958

18th March 2020

Dr Andrew Goodall CBE
Director General Health and Social Services/
NHS Wales Chief Executive
Welsh Government
Cathays Park
CARDIFF CF10 3NQ

Dear Andrew

Advice/Proposals from NHS Board Secretaries/Directors of Corporate Governance on COVID-19

Further to the e-mail exchanges over last weekend (14th and 15th March 2020), the all-Wales Board Secretaries Group was asked to consider governance matters in NHS Wales during the period of the COVID-19 Pandemic. The Board Secretaries Group met yesterday via telephone conference and was joined on the call by Sioned Rees from Welsh Government.

The Group emphasised that it was particularly important as the Pandemic is expected to escalate over coming weeks and months that we are clear how we use NHS governance arrangements to enable continued appropriate functioning of NHS organisations and that governance requirements are not be seen as a framework of bureaucracy that hinders agile decision making and taking.

Therefore, we have proposed a number of governance principles to use as a framework, but also maintain a continued focus for NHS organisations on our responsibilities to the public and partners in relation to openness, transparency and accountability and discharging these in the right ways during these unprecedented times.

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We have also proposed a number of changes to the ways in which Boards and their Committees operate and have also asked a range of further questions with regard to the coming months and the arrangements for Boards and their membership, decision making and schemes of delegation and also required end of year reporting. The advice and guidance of Welsh Government would be welcomed with regard to the arrangements and your approval to progress with some of these changes for the coming period.

Governance Principles: The Board Secretaries Group has framed a number of governance principles that are designed to help focus consideration of governance matters over coming weeks and months. These are:

- **Public interest and patient safety** - We will always act in the best interests of the population of Wales and will ensure every decision we take sits in this context taking into account the national public health emergency that (COVID-19) presents.
- **Staff wellbeing and deployment** – we will protect and support our staff in the best ways we can. We will deploy our knowledge and assets where there are identified greatest needs.
- **Good governance and risk management** – we will maintain the principles of good governance and risk management ensuring decisions and actions are taken in the best interest of the public, our staff and stakeholders ensuring risk and impact is appropriately considered.
- **Delegation and escalation** – any changes to our delegation and escalation frameworks will be made using these principles, will be documented for future record and will be continually reviewed as the situation unfolds. Boards and other governing fora will retain appropriate oversight, acknowledging different arrangements may need to be in place for designated officers, deputies and decisions.
- **Departures** - where it is necessary to depart from existing standards, policies or practices to make rapid but effective decisions - these decisions will be documented appropriately. Departures are likely, but not exclusively, to occur in areas such as standing orders (for example in how the Board operates), Board and executive scheme of delegation, consultations, recruitment, training and procurement, audit and revalidation.
- **One Wales** – we will act in the best interest of all of Wales ensuring where possible resources and partnerships are maximised and consistency is achieved where it is appropriate to do so. We will support our own organisation and the wider NHS to recover as quickly as possible from the national public health emergency that COVID-19 presents returning to business as usual as early as is safe to do so.
- **Communication and transparency** - we will communicate openly and transparently always with the public interest in mind accepting our normal arrangements may need to be adapted, for example Board and Board Committee meetings being held in public.

We hope these will be a helpful frame of reference for our management of our organisations and responsibilities and accountabilities.

Proposed changes and amendments to organisational governance arrangements and processes:

The Board Secretaries have confirmed that we have already begun to amend our meeting schedules for Boards and Committees. Therefore, our advice is that during the next six months at least, we should continue to focus on key governance requirements, but all other arrangements should be paused. Therefore, it is proposed that we continue to run our Boards as key decision making entities, but that we progressively run these in ways that require a focus on only key decision making only and levels of required assurance, particularly with regard to COVID-19 and quality and patient safety considerations to enable the public to have confidence in our approaches.

In terms of our committees and partnership committees, it is proposed that all these are stood down for the coming period with the exception of our Quality and Patient Safety Committees, which can operate on the basis of a quorum only and also our Audit Committees, which likewise should operate through quorum arrangements, this will be important for end of financial end of year considerations and general assurance with regard to our systems and overall risk management approaches.

Therefore, in terms of how we run our forthcoming Board Meetings and in public Committee Meetings, we discussed three stages prior to having to cancel our meetings all together (and then use the provisions of Standing Orders through Chair's Actions for key decisions, which we could report publically sooner rather than waiting for the next Board). We also recognised that some organisations would decide to get to stage three sooner rather than later and some might wish to start there, which was a view of the majority of Board Secretaries. However, this would need to be agreed with respective Chairs and Chief Executives.

The three proposed levels are:

- **Level One** - to bring the Board together as normal, but with reduced agenda with a focus on key decisions and key elements of assurance, particularly around COVID-19. However, such Board environments need to be set-up in such a way that would allow appropriate distancing between participants. We envision that this option would not be viable for long.
- **Level Two** – use skype or other types of group conference software. Again, with a reduced and focused agenda. It is recognised, that some of these arrangements can be unpredictable and can affect the dynamics of meetings. However, with this option it was also clear that the public would not be able to observe, as the software doesn't allow. Therefore,

the publication of a post Board report and minutes would be an essential way of ensuring a public line of sight for our discussion at Board and committee meetings.

- **Level Three** – was to use the provisions of Standing Orders and run the Board on the basis of a quorum only. Again, to keep the agenda focused to key decisions only and key areas of assurance reporting. This would solve some of the issues that have been experienced with video and audio conferences. It would also keep us business focused. The papers would be shared with all members and they could feed any key comments to the Board Secretary or nominated individual for feeding into Board consideration.
- **The final level** - as mentioned above, would be to cancel Board and committee Meetings and use the provisions of Standing Orders for Chair's Action for key decisions during this time, but not wait to report to the next Board, but publish these immediately and share with Board Members. This would require resilience in our Scheme of Delegation and Authorisation Matrices with clear arrangements for Chair, Vice Chair and a Third (perhaps Chair of Audit) and also this arrangement for other authorised signatories. These approvals could be managed electronically, especially with the required Independent Member signatures i.e. Chair, Vice Chair and IMs).

Therefore, in terms of our Boards, we advise that bringing potentially a group of 24 people together at this time with current national guidance would not be recommended. Recognising that further social distancing and shielding measures are likely to come in at the weekend, especially with the age profile of some of our Boards, that the first level is no longer viable.

In all instances, it was agreed that we should not at this time invite the public in to observe these meetings as it would be in their own public interest not to attend (and this might be taken out of our hands soon anyway). However, if at all possible we should seek to webcast or Facebook live, for instance. If this is not possible, either due to technology restraints or recognising that support for this would come from communications staff who are currently hard pressed.

Therefore, it is recommended that we discharge our public responsibilities by producing a news from the Board communication in quick order after the Board (perhaps within three working days) and publish it and also produce the minutes quickly after the meeting for publishing.

In the current circumstances we find ourselves it was considered this was the most reasonable approach to seek to discharge our responsibilities. We would explain this in our public notices and ask members of the public not to attend due to current circumstances and give them the details of the alternative arrangements we have established. Board Secretaries have developed common wording for our public notices to ensure consistency and standardisation across NHS Wales.

It was considered that the public and interested parties would understand this and consider this prudent for their and others safety. We would of course always publish our papers beforehand, which would be in the public domain. However, it was recognised that there might need to be some flexibility around publication timelines given the capacity of organisations to produce papers etc in what are very fluid and challenging conditions currently. Therefore advice from Welsh Government on this would be welcomed.

The Board Secretaries Group is clear that Standing Orders provide us with a clear framework for decision taking in these circumstances and that they should be used effectively during this time. However, we also recommend that Welsh Government consider a potential future requirement for the suspension of Standing Orders or a range of the provisions and expectations within Standing Orders to reduce the bureaucratic burden on organisations. The Board Secretaries Group would welcome the opportunity to support Welsh Government colleagues in consideration of this point.

The Group also considered a number of other associated areas and these are outlined below, where advice and permission is sought for further changes.

End of Year Reporting: Further advice is sought from Welsh Government with regard to our end of year reporting requirements and arrangements. We are aware of the requirement for our accounts and public disclosure statements to inform Welsh Government Accounts and the requirement of HM Treasury, but further advice is sought with regard to any relaxation of requirements and timelines with regard to these arrangements, especially the range of public disclosure statements that are required i.e. Accountability Report, Annual Governance Statement, Performance Report, Annual Quality Statement and Annual Report.

Particularly with the Annual Report and our Annual General Meetings. We are aware that Welsh Government, in line with HM Treasury requirements, have sought to reduce the timeline for reporting. However, Annual Reports and AGMs are now required by the end of July each year, when historically they were required by the end of September each year. We would like to

request that consideration is given to returning to the September date for the Annual Report and AGM requirement for 2020.

Wales Audit Office: We are aware that Welsh Government colleagues are already in conversation with Wales Audit Office colleagues on a number of matters. Therefore, it would be helpful for an early determination with regard to audit programmes for NHS Wales and also any relaxation of commitments that we have currently made for actions from recommendations from key audits such as the Structured Assessment.

NHS organisations is already in conversation with our Internal Audit colleagues with regard to our own programmes, but of course the Head of Internal Audit opinion is a key element of our end of year reporting and we need to ensure that our programmes are completed enough to ensure that they can form an opinion from the work they have completed.

Consultations: The Group are seeking clarity with regard to consultations for service change during this time. We will as organisations need to change the configuration and location of our services at short notice as part of our response to the Pandemic. Therefore, advice with regard to any relaxation of the requirement for consultation at this time would be welcomed. However, we will continue to liaise with our Community Health Councils, but any revised guidance to both the NHS and CHCs would be helpful.

Mental Health Act and Mental Health Act Managers: The Group is seeking clarity on our responsibilities under the Mental Health Act and required reporting. We also require further consideration and guidance on the continued role of Mental Health Act Managers, as again the age profile of many of these individuals might mean they have to isolate or shield themselves. Therefore, we will need to have advice with regard to continued requirements and also any proposals for alternative arrangements. Further guidance on this area from Welsh Government would be helpful.

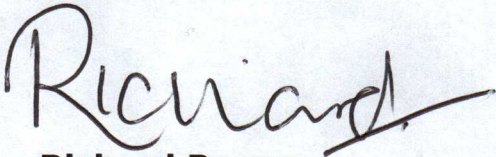
Appointment and Tenure of Board Members: Many organisations are currently undertaking recruitment activity to replace Board Members. It is anticipated that this will be difficult to conclude over coming months. Therefore, guidance on whether or not this recruitment should be paused would be welcomed or if appointments awaiting approval could be expedited. Also, consideration at this time if there is an option to extend the tenure of existing members who might have reached the end of their 8 year term, as this would assist with resilience.

The Board Secretaries Group hope the above considerations are helpful at this time. We will always seek to communicate openly and transparently and ensure that good governance principles and are applied and

maintained, but we recognise that some arrangements will require to be adapted or amended in coming weeks and months and we will of course want to play our part in ensuring this can be done effectively and appropriately. Grateful in the interim for the advice of Welsh Government on some of the questions and requested that we have highlighted above.

If you need any further information or clarification on any of the points made, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Richard', with a long, sweeping horizontal stroke extending to the right.

Richard Bevan
Chair of the Board Secretaries Group
Signing for and on behalf of the Members of this Group.

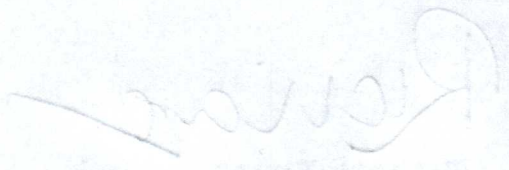
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Meeting Date	26 March 2020	Agenda Item	3.1
Report Title	Leadership and Succession Progress Report		
Report Author	Helen Thomas, Assistant Director of Leadership & Succession		
Report Sponsor	Julie Rogers, Director of Workforce & OD		
Presented by	Julie Rogers, Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	This paper provides a progress update on the work HEIW is leading in relation to the Compassionate Leadership and Talent/Succession Planning workstream.		
Key Issues	<p>This is an ambitious programme of work, which will require appropriate funding to fully deliver.</p> <p>A significant proportion of the HEIW IMTP (Objective 3 Leadership & Succession) deliverables will be dependent on confirmation of funding e.g. NHS Wales Graduate Scheme, leadership programmes, etc. A cost estimate has been drafted.</p>		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to note the progress made to date		

Leadership and Succession Progress Report

1. INTRODUCTION

- 1.1. A compassionate and collective approach to developing leadership across Health and Social Care Wales was endorsed by the NHS Wales Executive in January 2019 and the ADSSC Executive Council in March 2019. This approach was underpinned by a robust evidence base developed over 30 years by experts that included Professor Michael West and the Kings Fund. It was also an approach already being progressed across the other UK nations.
- 1.2. The purpose of this report is to summarise the journey to date by HEIW to develop collective and compassionate leadership capacity across NHS Wales. The paper reflects progress against the HEIW 2019/20 Annual Plan and outlines the key milestones planned to ensure delivery against the seven strategic leadership objectives outlined in the HEIW 2020/21 Integrated Medium Term Plan.

2. REVIEW TO DATE

Objective 6 of the HEIW 2019-20 annual plan set out the initial deliverables in respect to the Leadership Agenda. The following section outlines the progress made against these initial objectives.

2.1. Developing a Leadership Strategy for Health and Social Care, in partnership with Social Care Wales and Academi Wales

Establishment of a Leadership Steering Group

A Leadership Steering Group was established to progress this work and comprised colleagues from Social Care Wales, Welsh Government, NHS Wales and Academi Wales. This group ran parallel with the Health and Social Care (H&SC) Workforce Strategy Group to ensure appropriate focus on the leadership priorities. Following the launch of the overarching Compassionate Leadership Principles for Health and Social Care in Wales (currently out for consultation), this group will be formally stood down. Monthly skype calls will continue with Social Care Wales to ensure continued alignment.

2.2. Creating a Compassionate Leadership Social Movement

A Compassionate Leadership engagement conference was provided by HEIW in October 2019. This successful event was attended by over 270 individuals and created a compassionate leadership movement across NHS Wales which built on the HEIW and NHS Wales Health and Wellbeing conference 'Compassion Starts With Me'.

Since this conference, HEIW has provided support to enable organisations to embrace and embed cultures of compassionate leaders through HEIW support for leadership summits, master classes and opportunities to pilot compassionate culture and leadership tools.

A live webinar interview with Professor Michael West was undertaken in December 2019, which continues to receive a high number of views. Sections of this interview, based around a series of questions and answers, continue to be tweeted by the HEIW Communications Team to maintain a focus and serve as a reminder about compassionate leadership.

2.3. Development of Compassionate Leadership Principles

A set of overarching Compassionate Leadership Principles for Health and Social Care in Wales has been drafted by the Leadership Steering Group with the support of Professor Michael West. These Principles were informed by a scientific evidence base and drew upon the feedback gained during the extensive Workforce Strategy consultation and Compassionate Leadership engagement conference.

These principles are currently being consulted on (the consultation ends 10th April 2020, although this could be extended to reflect the current demands on the service). Over 1,000 individuals have been invited to comment on these Principles. Attendance at all peer networks and engagement with the Royal Colleges and representative bodies was scheduled for March and April 2020. A review of the engagement strategy will need to be undertaken in light of the current service pressures along with how we engage with regulators and education partners.

2.4. Implementing a Succession Planning and Talent Management Framework for NHS Wales

Digital Talent Management Solution

A proof of concept pilot was successfully undertaken last Autumn using an Oracle Talent Management (TM) cloud-based solution. This pilot has informed the functional and technical specification required to support talent management at Tiers 1-3 across NHS Wales.

The cost for a 2 year Oracle TM contract is currently being finalised and discussions are on-going with NHS Wales Shared Services Partnership (NWSSP) on how a successful implementation of an Oracle TM by HEIW could inform and influence the ESR 2022 contract re-procurement.

Talent & Succession Planning

To meet emerging service requirements, HEIW accelerated the talent and succession planning programme of work. Letters have recently been sent to NHS Wales CEOs and Chairs providing a progress update of this work, but also requesting organisations provide the Leadership Team with essential succession planning information. This includes:

- What jobs are difficult to fill within their organisation
- Names of any aspiring Tier 1 – 3 talent they have identified

This information will be used to develop a 'heat map' of hard to fill roles so succession planning in these areas can be prioritised. The individuals identified will be invited to attend a Talent Summit where they will:

- Help co-produce an inclusive and equitable NHS Wales talent management process
- Inform the development and experiential learning opportunities required to support tier 1 – 3 leaders
- Participate in a development centre and receive a personalised development plan
- Be invited to a range of leadership master classes
- Become a member of the Leadership Network on the HEIW Digital Leadership Portal, which will provide on-going access to a range of current, evidence-based, leadership materials, webinars etc.

Development of Leadership Success Profiles

A review of best practice across NHS Education for Scotland (NES) and NHS England reveals different approaches to the development of leadership profiles and assessment centre operating models. Common to both approaches is the use of psychologists to support the design of the profiles and assessment criteria to ensure the assessment accurately tests the requirements set out in the success profile to ensure a fair and equitable assessment process that is validated, if challenged.

A discussion paper summarising the operating models used by both NES and NHS England and a proposed approach for NHS Wales is currently being drafted.

2.5. Mapping the leadership and management resources and identifying priority programmes for health and care

Leadership and management scoping

Throughout March and April 2019, a scoping exercise was undertaken by the HEIW Leadership Team to explore:

- The leadership and management competences, frameworks and content currently being delivered
- The degree of variance in leadership and management programmes and the clusters of common content
- The degree of accessibility and inclusivity to leadership development

A series of recommendations were proposed which informed an on-going programme of work, much of which is encapsulated in the HEIW 2020/21 IMTP under Objective 3 and will be progressed this year. One of the recommendations was a review and relaunch of the NHS Wales Core Manager Competence Framework. However, an initial review of this framework suggested a full rewrite is required to update language, competence clusters, alignment with the Leadership Principles and to digitise. A paper is being produced outlining these recommendations which, if approved, will be progressed throughout 2020 in partnership with NHS Wales.

2.6. Implement a digital leadership portal and alumni networks

A digital leadership portal tender was completed in Autumn 2019 and was successfully piloted for the Compassionate Leadership engagement conference. This enabled a professional approach to sharing post conference materials and hosting of webinar interviews and other materials. Finalisation of branding and design configuration is

underway to enable the hosting of a range of networks and open access self-service resources including the provision of access to Open University management resources and access to evidenced based leadership resources from the Kings Fund. Digital platforms and self-service approaches will be a central theme to reinforce a shared approach and not an elitist approach to leadership.

3. Looking forward

3.1. The HEIW 2020/21 IMTP outlines an ambitious programme of work for Leadership and Succession/Talent Management. An outline of key deliverables and anticipated delivery dates is provided below:

- **Compassionate Leadership Delivery Framework for Health**

In order to mobilise the Compassionate Leadership Principles, an interactive delivery framework is being developed which will align with the HEIW 2020/21 strategic leadership objectives. A bi-lingual compilation of short videos showing leaders across health and social care explaining how compassionate leadership has transformed their team and improved services is being developed to bring to life the Leadership Principles. This is on target for completion in the first quarter of 2020 pending current pressures.

- **NHS Wales General Management Graduate Programme.**

Significant progress has been made in this area with positive engagement with organisations and relevant peer groups undertaken and a proposed operating model developed. Recruitment and assessment centres are in the process of being designed. A Master's degree procurement has been drafted and a comprehensive project delivery plan developed. This programme is planned to launch in late Spring of 2020, pending funding approval.

- **Full launch of Digital Leadership Portal.**

Technical training has been completed and the contract has been enhanced to provide an external element to the portal providing access to a range of evidence based compassionate and collective leadership resources for NHS Wales, colleagues across Social Care Wales and potentially wider. This helps create cultures of compassionate leadership across the system. A range of virtual leadership networks are being established to share materials, upload documents and enable on-line discussion within a controlled environment. This is being piloted by identified user groups including the 3D Leadership Programme. This is on target for completion in the first quarter of 2020.

- **Succession and Talent Management Operating Model.**

A draft operating model for managing talent and succession planning is being developed and the digital TM system opportunities are still being explored. This work will be prioritised in the first quarter of 2020. Further work will be dependent on the Talent Summit, although work can continue in the background to minimise delay.

- **Establishment and management of a Wales Leadership alumni and range of leadership networks.**

This is dependant on the Talent Summit. Scheduled for quarter 3 and quarter 4 of 2020.

- **Implement leadership programmes and resources for clinical leaders from a range of professional backgrounds.**

Discussions are underway with The Kings Fund and Professor Michael West to develop a compassionate leadership module that can be provided to NHS Wales for use within organisational in-house multidisciplinary leadership programmes. This module/programme can also be used in undergraduate and post graduate training. This is scheduled for development during Quarter 1 and Quarter 2 of 2020. Development of HEIW Leadership programmes will be scheduled for Quarter 3 and Quarter 4 of 2020.

- **Implement a new NHS Executive Collective and Compassionate Leadership programme.**

Work on this has not yet commenced. Scheduled for delivery in Quarter 3 and 4.

4. GOVERNANCE AND RISK ISSUES

- 4.1. A programme plan is in development for effective coordination and management of the 2020/21 IMTP Leadership and Succession programme of work. Governance requirements have been identified and are being established as required.
- 4.2. There is a potentially significant risk to meeting some programme milestones due to the impact of coronavirus on NHS Wales services. A review and re-prioritisation of the IMTP 2020/21 leadership programme plan will be undertaken in the coming month.

5. FINANCIAL IMPLICATIONS

- 5.1. The 2020/21 Leadership and Succession work programme has been fully costed to outline the areas where additional funds are required to deliver programme outputs. These will be considered as part of the process for agreeing the budget allocations and distributions for the new financial year. It is likely that we will be preparing a business case in the coming weeks for dedicated funding from Welsh Government.

6. RECOMMENDATIONS

- 6.1. Members are asked to note the content of this update paper.

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
		✓		
Quality, Safety and Patient Experience				
There is significant evidence supporting the development of a collective and compassionate approach to leadership across health and care settings on improved quality of care, improved health and wellbeing of staff and improved staff engagement.				
Financial Implications				
Financial costs have been developed where additional funding is required. This is being separately progressed.				
Legal Implications (including equality and diversity assessment)				
None.				
Staffing Implications				
None				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Report History	N/A			
Appendices	None			



Meeting Date	26 March 2020	Agenda Item	4.1
Report Title	Report of the Director of Finance		
Report Author	Rhiannon Beckett		
Report Sponsor	Eifion Williams		
Presented by	Eifion Williams		
Freedom of Information			
Purpose of the Report	To provide the HEIW Board with a Financial Report for February 2020.		
Key Issues	HEIW has a statutory duty to break even at year end and consequently this report should assist the Board, Executives and Budget Holders in understanding the current financial position and the action required in managing the financial position through the remainder of the 2019-20 financial year.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	1. For the HEIW Board to note the financial position reported at month eleven and the underlying reasons for the key variances to budget.		

REPORT OF THE DIRECTOR OF FINANCE

1. INTRODUCTION

The report sets out the financial position as at 29th February 2020, reported against updated budgets derived from the 2019-20 Financial Plan and the core allocation received from Welsh Government. The reported financial position of HEIW as at Month 11 is £445k underspent. The forecast year end position reported to Welsh Government is financial balance.

2. BACKGROUND

This report provides an update on the cumulative financial position as at the 29th of February 2020 and details the reasons for the key financial variations to date against the budgets set. Since August, a regular process is underway whereby reviews are undertaken of the student numbers recruited, bursary take up and levels of attrition. This has revealed that there will be an underspend against the projected commissioning budget established for the current year. Further, due to the receipt of more detailed information from each University for their recruitment in 2019/20, there may be further changes to their student funding requirement, arising from their September 2019 intake. A Plan has been established and action is being taken to ensure that the financial year-end position will be a balanced end of year out-turn.

3. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year end and Welsh Government will monitor the reported position in terms of this duty and also against the financial plan submitted for 2019-20.

This report provides a high-level analysis and summary of spend in the first eleven months of the 2019-20 financial year.

4. FINANCIAL POSITION

4.1 Revenue

HEIW is reporting a cumulative underspend of £445k against profiled budgets as at 29th February 2020, with a break even forecast outturn reported to Welsh Government. This financial position was reported to Welsh Government on working day 5 in accordance with the Welsh Health Circular, and the more detailed monitoring return has been submitted on day 9. The monitoring submission is attached as Appendix 2. The table below shows the high level variance for the Executive Directors.



	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
INCOME:					
Welsh Government	(191,885,444)	(191,885,444)	0	0	0
Other Income	(550,706)	(576,395)	(25,689)	(28,319)	2,630
Total Income	(192,436,150)	(192,461,839)	(25,689)	(28,319)	2,630
Expenditure					
Board & Executive	1,555,488	1,475,738	(79,750)	(65,274)	(14,476)
Finance & Corporate Services, Digital and IT	7,275,720	7,111,672	(164,048)	(195,775)	31,727
Medical & Pharmacy	82,795,478	83,003,523	208,045	27,139	180,906
Nursing	98,856,042	98,754,640	(101,402)	22,161	(123,563)
Human Resources and Organisation Development	1,953,422	1,671,105	(282,317)	(227,275)	(55,042)
Sub-Total Expenditure	192,436,150	192,016,678	(419,472)	(439,024)	19,552
Total			(445,161)	(467,343)	22,182

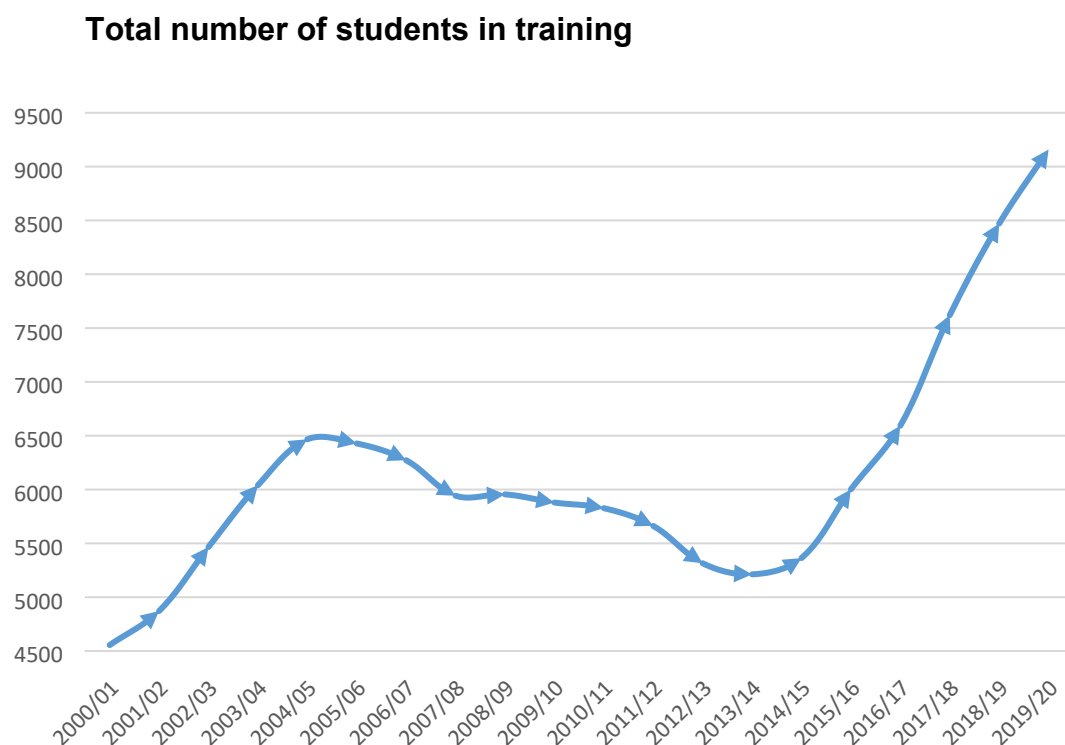
The following table provides a further breakdown of the financial variance by Directorate.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(39,855)	(39,895)		(79,750)
Chief Executive Reserve			0		0
Finance & Corporate Services, Digital and IT	(959)	(115,894)	(48,154)		(165,007)
Medical & Pharmacy	(24,730)	(49,012)	51,519	205,538	183,315
Nursing	0	(129,239)	157,752	(129,915)	(101,402)
Human Resources and Organisation Development		(163,160)	(119,157)		(282,317)
Total	(25,689)	(497,160)	2,065	75,622	(445,161)

The analysis attached as Appendix 1 provides the key reasons for the underspend, by Directorate. The key reasons for underspend variances are vacancies against budgeted staffing levels for Pay Budgets and lower placements than planned in commissioned training placements budgets. Whilst there is an underspend against commissioning budgets, it must be borne in mind that of the September 2019 places available, 98% of these have been filled. For nursing programmes there is a second intake in the spring of 2020 and unfilled nursing places from September 2019 will be offered at that time. There are several issues from a commissioning perspective which have influenced the recruitment process:

- there has been a significant growth in commissioned places since 2014/15 (see figure below)
- there has been a reduction in the number of students applying from within Wales and England
- Prior to the recent ministerial announcement there was some uncertainty regarding the future of the NHS Bursary Scheme

It should however be noted that HEIW has significantly more students in training in 2019/20 than has been the case previously in NHS in Wales. The current underspend should therefore be temporary based on the factors outlined above and discussed at previous Board meetings.



The previously reported overspend in the Medical and Pharmacy Non-Pay budget that is associated with the expansion in GP training places has been eliminated by a transfer of funding to match the anticipated costs in the current year. In month 8 budgets were re-aligned internally to increase the budget for GP training and thereby reduce the reported overspend on that budget in year. The remaining overspend on Medical and Pharmacy Non-Pay is associated with Higher Relocation Costs for trainees than that budgeted for and higher costs than anticipated in Professional support services.

It is expected that the overall financial position of HEIW will be managed to deliver a balanced position at year end in conjunction with Welsh Government expectations. Non-recurring initiatives from Universities of £1.049m in total have been received, considered and approved by the Executive team for funding this year. Some £0.6m of funding not required this year due to a number of part time students extending their courses from 3 years to 4 years was returned to Welsh Government in month 7, and a further £0.6m of unspent development funding at the end of October was adjusted out of the position in month 8. The remaining overall balance of the underspend will be returned closer to the year end, following discussions with WG Finance in January 2020 a further adjustment of £1.4m was actioned in month 10. The Executive and Board will be kept briefed on the management plan to achieve year-end balance throughout the remainder of the year.

4.2 Capital

The total capital allocation for 2019/20 is £146k, schemes have been approved by the Executive Team in order to fully utilise this allocation. The schemes are at different stages in terms of the procurement cycle with some spend having been incurred year to date. Capital expenditure incurred to date is as follows:

Item	Expenditure to Date £'000	Planned Full Year Expenditure £'000
Additional IT Equipment	36	36
Increased Capacity Programme	41	41
Fire Safety Improvements	21	21
Pharmacy Equipment	0	46
Unallocated	0	2
TOTAL	98	146

A tender exercise was run for the procurement of the pharmacy e-portfolio system, but no bids were received from providers. It is likely that the £46k for this scheme will now not be spent during 2019/20 and discussions will be held with Welsh Government regarding the potential return of the allocation.

4.3 Balance Sheet

The balance sheet as at 29th February 2020 is shown below:

	2019/20 Opening Balance £000s	29 th February 2020 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	2,989	2,617	(372)
Current Assets:			
Trade and other receivables	801	1,267	466
Cash & bank	6,240	207	(6,033)
Total Assets	10,030	4,091	(5,939)
Liabilities:			
Trade and other payables	(6,315)	(15,718)	(9,403)
Provisions	(30)	(30)	0
Total Liabilities	(6,345)	(15,748)	(9,403)
	3,685	(11,657)	(15,342)
Financed by:			
General Fund	3,685	(11,657)	(15,342)
Total Funding	3,685	(11,657)	(15,342)

- The movement on non-current assets reflects depreciation charged during 2019/20 plus capital expenditure of £77k to date. The total capital allocation for 2019/20 is £146k.
- Trade and other payables total £15.8m, an increase of £9.4m since the start of the financial year. The main reasons for the increase include:

- The value of invoices approved and awaiting payment on the system increased by £2.0m to £3.8m. Payments totalling £2.6m were made on the 3rd of March.
- Accruals for the Medical division in the month total £3.0m. Significant balances include an accrual for the costs of GP Trainees in February of £1.7m and an estimate of the costs of relocation expenses of £0.5m.
- Accruals in month 11 for the Non-Medical division total £6.8m, including £2.3m for NHS Wales (student salary reimbursement) and £4.5m for non-NHS Wales costs (Primarily university invoices including reimbursement of bursaries, travel costs etc.).

During month 12 we will be working with our partners and suppliers to agree the year-end invoicing positions, and therefore anticipate that the creditor position will reduce as at 31st March 2020.

- Resource allocation funding of £22.0m was received from Welsh Government in February 2020 and the cash balance at the end of the month was £0.2m.
- The movement in general fund reflects the difference between costs incurred and accrued for the first eleven months of the financial year (£191.2m) and the actual cash funding required and received from Welsh Government (£176.0m) less the reported underspend (£0.4m). This is a phasing issue and does not affect the total value of the available revenue resource allocation for the year. As we will have drawn down our full allocation by the year-end the general fund balance will revert to a positive position.

Public Sector Payment Policy

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 29th February 2020, HEIW paid 95.2% of non-NHS invoices within this target.

Target	Unit	Current Month	Year to Date	Year-end Forecast
Public Sector Payment Policy To pay a minimum of 95% of all non-NHS creditors within 30 days of receipt of goods/invoice	%	97.2	95.2	>95%

5. RECOMMENDATION

The Board are asked to note the financial position reported for HEIW at month 11 and the summarised explanation of key variations by Directorate.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
There are no implications for Quality, Safety and Patient Experience				
Financial Implications				
The financial implications are set out above in the body of the report.				
Legal Implications (including equality and diversity assessment)				
HEIW has a statutory responsibility to break even at year end the report sets out the financial position for February 2020. There are no equality and diversity implications of this report.				
Staffing Implications				
There are no staffing implications of this report.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long term objectives.				
Report History	The report references and updates the previous finance update shared with the HEIW Board in February 2020.			
Appendices				

REPORT OF THE DIRECTOR OF FINANCE

The following analysis of the key reasons for the underspend, by Directorate, is provided below:

1. Board and Executives

- An underspend of £39,855 on pay is as a result of less than full time salary costs for the current interim Director of Finance. The Welsh Language admin officer previously filled by agency cover has now been appointed to on a full time basis and the Information Governance officer appointed at 0.4 wte has reduced further to 0.2 wte against a full-time budget.
- An underspend on Non-Pay of £39,895 is due to lower than budgeted travel and subsistence costs and training expenses and the release of accruals for legal fees following resolution through NWSSP legal and risk. We have also been notified that WAO audit fees will be lower than expected by £10k.

2. Finance, Corporate Services, Digital and IT.

- The underspend of £115,894 on pay budgets is predominantly as a result of vacancies within the Digital team. The underspend is partly offset by the costs of two agency staff pending review of the structure. There are also agency staff covering vacancies within the Planning team creating an adverse variance due to the premium associated with agency fees. There is also an adverse pay variance within the Finance team as a result of agency premium costs covering vacant posts within the Finance team.
- There is a reported favourable variance of £48,154 in Non-Pay. One off costs incurred in respect of lift repairs, privacy glass wraps for meeting rooms and ongoing repairs associated with water damage have been offset by ongoing savings on utilities. The budget for NWIS was reduced in month 10 by £269k as part of the recent return to WG of £1,400k, reducing the underspend to date. It is increasingly apparent and has been highlighted by NWIS that some elements of the planned work programme will not be delivered in this financial year and for some areas of work the estimated costs are lower than originally budgeted and therefore the budget has been adjusted accordingly.

3. Medical and Pharmacy

- There is a favourable variance against the Other Income target in the Medical budgets of £24,730. This underspend is predominantly as a result of £58k in respect of additional invoiced income from WG for the piloting of Advanced Skills for Managing Acute Minor Ailments scheme

for pharmacists which is offset by underachievement against income targets in secondary care and GP training.

- The underspend against Pay budgets of £49k is due to a number of factors including maternity leave and vacancies since April 19. There are currently a number of posts within administration and clerical grades across a number of business units including QIST, PGES, Specialty training, dental and RSU. In GP training, there are a significant number of vacancies for GP appraisers which results in a £62k underspend and at Medical and Dental consultant level there is an underspend of £31k due to the secondment of the Director of General Practice with the backfill resulting in a vacancy at deputy Director level. The vacancies identified are partially offset by agency costs of £160k.
- The overspend of £52k against Non-Pay budgets consists of a number of elements. An adverse variance of £220k relates to higher trainee relocation fees as reported in previous months. Additional pressures identified in previous months are continuing in respect of spend on supernumerary posts and professional support costs. Ongoing cost pressures in travel and subsistence and catering are offset by favourable variances in respect of budgets for GP CPD claims. GP trainer grant claims are also lower than anticipated due to a lower number of Foundation Doctors in GP rotations; evaluation work planned will not be undertaken and student salary re-imbursement claims are lower than anticipated for SAS Doctors CPD and for payments to lay representatives.
- Within Commissioning budgets, there is a £205k overspend in total. The commissioning budgets were reduced in month 10 by £340k as part of the return to WG of £1,400 which reduced the underspend to date. The overspend reported at month 11 is within GP training and is due to the increased numbers recruited from August and February and the new model implemented, when it was agreed that no funding would be drawn down in this year for the initiative.

4. Nursing

- The underspend on Pay of £129,239 relates predominantly to the ongoing delay in appointment to senior posts. It is unlikely that any salary costs will be incurred before year end for the posts due to recruitment process and likely notice period.
- Non-Pay budgets are mainly provided for commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses. In total, an underspend of £129,915 is reported in month 11 for Commissioning budgets for the following reasons:
- The Commissioning budget is based on the existing student cohort in the system and the anticipated commissioned student numbers for 19/20. The budget is profiled across the academic year with a step up in August to reflect the numbers continuing into years 2 and 3 and

recruitment to year 1. The reported January position includes updated numbers across each year. The commissioning budgets were further reduced in month 10 by £342k as part of the return to WG of £1,400k, reducing the underspend to date. The underlying position before the adjustment followed the underspend pattern previously reported.

- Other non-pay budgets related to travel and subsistence and other expenses of the Nursing team are of minimal value. However also included in the position is the consultancy and other costs of the strategic review of education contracts, expected to total c£200k. Although a non-recurrent funding stream had been agreed with WG for this work, due to the extended project timescales and emerging in year position it was agreed that HEIW would fund the costs this year, thereby ensuring that WG support is available for 2020/21 and 2021/22. There is therefore an overspend of £157,752 reported to date on non-pay budgets.

5. Human Resources and Organisation Development

- The underspend of £163,160 on Pay budgets at February is due to vacancies across the core budgets within the Directorate which is partly offset by the costs of three agency staff.
- A Non-Pay favourable variance of £119,157 is predominantly due to the decision not to go ahead with i-view, savings on SQL server of £24k, an underspend on training expenses of £15k, an underspend on advertising and staff recruitment of £47k and on conferences and seminars of £11k. Savings against a contract with social care Wales for work on the workforce strategy has created a further £16k underspend in month 11. The budgets were reduced in month 10 by £85k as part of the return to WG of £1,400k, reducing the underspend to date. The underlying position before the adjustment followed the underspend pattern previously reported.

VALIDATION SUMMARY 2019-20

Your organisation is showing as :	HEIW
Period is showing :	FEB 20
TABLE A : MOVEMENT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B1 : NET EXPENDITURE PROFILES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	HEIW IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE
TABLE C3 : SAVINGS TRACKER	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F: RISKS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : STATEMENT OF FINANCIAL POSITION	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE H : MONTHLY CASHFLOW	HEIW IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE
TABLE J : CAPITAL RESOURCE LIMIT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K: CAPITAL IN YEAR SCHEMES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE L : CAPITAL DISPOSALS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE N : GENERAL MEDICAL SERVICES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE O : GENERAL DENTAL SERVICES	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR FEB 20 RETURN IS	2 ERRORS ON 2 DIFFERENT TABLE/S

HEIW

Period : Feb 20

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance against Resource Limit	445	0

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG

Lines 1 - 11 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)				
3	Opening Cost Pressures	0	0	0	0
4	Identified Savings Plan (Positive Value)	0	0	0	0
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)				
6	Welsh Government Funding (Positive Value)				
7	Net Income Generated (Positive Value)	0	0	0	0
8	Planned Accountancy Gains (Positive Value)	0	0	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10					
11	Opening Financial Plan	0	0	0	0
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	0	0	0	0
14	Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
15	Additional In Year Identified Accountancy Gains (Positive Value)	0	0	0	0
16	Additional Net Income Generated (Positive Value)	0	0	0	0
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	0	0	0	0
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
19	Additional In Year Welsh Government Funding (Positive Value)	0			
20		0			
21		0			
22		0			
23		0			
24		0			
25		0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38	Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

[illegible]

Table A1 - Underlying Position

This Table is currently showing 0 errors

Section A - Traditional Analysis		IMTP Underlying Position b/f £'000	Future IMTP Underlying Position c/f £'000
1	Previous Year's Outturn / Current Year's Forecast Outturn		0
2	Non Recurring Savings (Negative Value)		0
3	Non Recurring Mitigating Actions (Negative Value)		
4	Non Recurring RRL Income - Allocated (Negative Value)		
5	Non Recurring RRL Income - Anticipated (Negative Value)		
6	Non Recurring Other Income/Disposals (Negative Value)		
7	Non Recurring Accountancy Gains (Negative Value)		0
8	Non Recurring Cost Avoidance - Outside of Savings Plan (Negative Value)		
9	Full Year Effect of Recurring Savings Adjustment (Full Year less In Year) (Positive Value)		0
10	Full Year Effect of New Cost Pressures Adjustment (Full Year less In Year) (Negative Value)		
11	Other Non Recurring Factors (Negative Value) - please specify in narrative		
12	Other Non Recurring Factors (Positive Value) - please specify in narrative		
13	Total	0	0

Section B - By Spend Area		IMTP Underlying Position b/f £'000	Full Year Effect of Actions		Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section C - By Directorate		IMTP Underlying Position b/f £'000	Full Year Effect of Actions		Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP Underlying Position c/f £'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

HEIW

Table B - Monthly Positions

Period : Feb 20

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	16,450	16,598	17,241	17,068	16,881	18,126	17,834	17,720	17,668	17,939	18,260	20,322	191,785	212,107
2	Miscellaneous Income - Capital Donation/Government Grant Income	Actual/F'cast													0	0
3	Miscellaneous Income - Other (including non resource limited income)	Actual/F'cast	61	42	86	67	18	52	144	38	61	57	51	31	677	708
4	Income Total		16,511	16,640	17,327	17,135	16,899	18,178	17,978	17,758	17,729	17,996	18,311	20,353	192,462	212,815
5	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
6	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
7	Provided Services - Pay	Actual/F'cast	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,239	1,234	1,234	12,774	14,008
8	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	879	1,293	1,300	11,898	13,198
9	Secondary Care - Drugs	Actual/F'cast													0	0
10	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
11	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
12	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
13	Other Private & Voluntary Sector	Actual/F'cast	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	16,542	15,761	18,223	166,896	185,119
14	Joint Financing and Other	Actual/F'cast													0	0
15	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	40	41	40	40	40	40	40	40	40	43	45	41	449	490
16	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
17	Non Allocated Contingency	Actual/F'cast													0	0
18	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
19	Cost - Total	Actual/F'cast	16,491	16,622	17,310	17,089	16,565	17,615	17,741	17,695	17,853	18,703	18,333	20,798	192,017	212,815
20	Net surplus/ (deficit)	Actual/F'cast	20	18	17	46	334	563	237	63	(124)	(707)	(22)	(445)	445	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
21. Actual YTD surplus/ (deficit)	445	
22. Actual YTD surplus/ (deficit) last month	467	
23. Current month actual surplus/ (deficit)	(22)	
		Trend
24. Average monthly surplus/ (deficit) YTD	40	▼
25. YTD /remaining months	445	

Full-year surplus/ (deficit) scenarios	£'000
26. Extrapolated Scenario	423
27. Year to Date Trend Scenario	485

C. DEL/AME Depreciation & Impairments

[illegible]

D. Accountancy Gains

[illegible]

E. Committed Reserves & Contingencies

[illegible]

Table B1 - Net Expenditure Profile Analysis

This Table is currently showing 0 errors

A. PROVIDER PAY EXPENDITURE ANALYSIS

Pay - Expenditure Profiles	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Total Gross Pay Expenditure - Plan	1,068	1,078	1,242	1,206	1,219	1,219	1,231	1,239	1,208	1,295	1,267	1,266	13,272	14,538
2 Establishment - Actual/Forecast Gross	1,021	1,050	1,108	1,092	1,032	1,135	1,144	1,141	1,126	1,177	1,193	1,174	12,219	13,393
3 Variable - Actual/Forecast Gross													0	0
4 Agency/Locum Paid at a Premium - Actual/Forecast Gross	13	40	83	50	15	84	63	60	44	62	41	60	555	615
5 Committed Reserves - Actual/Forecast Gross													0	0
6 Other - Actual/Forecast Gross													0	0
7 Total Gross Expenditure - Actual/Forecast	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,239	1,234	1,234	12,774	14,008
8 Gross Expenditure Variance	(34)	12	(51)	(64)	(172)	0	(24)	(38)	(38)	(56)	(33)	(32)	(498)	(530)
9 Total Workforce Savings - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 Establishment Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11 Variable Pay Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 Agency/Locum Paid at a Premium Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Other Workforce Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14 Total Workforce Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Pay Savings Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16 Pay Accountancy Gains - Plan													0	0
17 Pay Accountancy Gains - Actual/Forecast													0	0
18 Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19 Net Expenditure - Plan	1,068	1,078	1,242	1,206	1,219	1,219	1,231	1,239	1,208	1,295	1,267	1,266	13,272	14,538
20 Net Expenditure - Actual/Forecast (as per Table B)	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,239	1,234	1,234	12,774	14,008
21 Net Expenditure - Variance	(34)	12	(51)	(64)	(172)	0	(24)	(38)	(38)	(56)	(33)	(32)	(498)	(530)

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

Non Pay - Expenditure Profiles	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
22 Total Gross Non Pay Expenditure - Plan	1,086	1,107	1,138	1,191	1,119	1,189	925	954	1,246	732	1,293	1,293	11,980	13,273
23 Non Pay - Actual/Forecast Gross	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	879	1,293	1,300	11,898	13,198
24 Non Pay Other - Actual/Forecast Gross													0	0
25 Committed Reserves - Actual/Forecast Gross													0	0
26 Total Expenditure - Actual/Forecast	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	879	1,293	1,300	11,898	13,198
27 Non Pay Expenditure Variance	10	159	(51)	(29)	(218)	30	317	(18)	(429)	147	0	7	(82)	(75)
28 Total Non Pay Savings - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29 Non Pay Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 Non Pay Savings Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31 Non Pay Accountancy Gains - Plan													0	0
32 Non Pay Accountancy Gains - Actual/Forecast													0	0
33 Non Pay Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34 Net Expenditure - Plan	1,086	1,107	1,138	1,191	1,119	1,189	925	954	1,246	732	1,293	1,293	11,980	13,273
35 Net Expenditure - Actual/Forecast (as per Table B)	1,096	1,266	1,087	1,162	901	1,219	1,242	936	817	879	1,293	1,300	11,898	13,198
36 Net Expenditure - Variance	10	159	(51)	(29)	(218)	30	317	(18)	(429)	147	0	7	(82)	(75)

C. DRUGS EXPENDITURE ANALYSIS

[illegible]

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

[illegible]

E. CONTINUING HEALTHCARE/ FUNDED NURSING CARE EXPENDITURE ANALYSIS

Continuing Healthcare / Funded Nursing Care - Expenditure Profiles	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
67 Total Continuing Healthcare / Funded Nursing Care Gross Expenditure - Plan													0	0
68 Continuing Healthcare / Funded Nursing Care - Actual/Forecast Gross													0	0
69 Committed Reserves - Actual/Forecast Gross													0	0
70 Total Gross Continuing Healthcare / Funded Nursing Care Expenditure - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71 Gross Continuing Healthcare / Funded Nursing Care Expenditure Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72 Total Continuing Healthcare / Funded Nursing Care Savings - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73 Continuing Healthcare / Funded Nursing Care Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74 Continuing Healthcare / Funded Nursing Care Savings Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 Continuing Healthcare / Funded Nursing Care Accountancy Gains - Plan													0	0
76 Continuing Healthcare / Funded Nursing Care Accountancy Gains - Actual/Forecast													0	0
77 Continuing Healthcare / Funded Nursing Care Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
78 Net Expenditure - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79 Net Expenditure - Actual/Forecast (as per Table B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80 Net Expenditure - Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Commissioned Services - Expenditure Profiles	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
81 Total Gross Commissioned Services Expenditure - Plan	14,318	14,308	14,982	14,675	14,757	16,292	14,998	15,565	15,235	15,926	15,706	17,753	166,761	184,514
82 HealthCare Services Provided by Other NHS Bodies - Actual/Forecast Gross													0	0
83 Non HealthCare Services Provided by Other NHS Bodies - Actual/Forecast Gross													0	0
84 Other Private & Voluntary - Actual/Forecast Gross	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	16,542	15,761	18,223	166,896	185,119
85 Joint Financing & Other - Actual/Forecast Gross													0	0
86 Committed Reserves - Actual/Forecast Gross													0	0
87 Total Gross Expenditure - Actual/Forecast	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	16,542	15,761	18,223	166,896	185,119
88 Gross Expenditure Variance	3	(83)	10	70	(180)	(1,155)	254	(47)	591	616	55	470	135	605
89 Total Commissioned Services - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90 Commissioned Services Savings - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
91 Commissioned Services Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
92 Commissioned Services Accountancy Gains - Plan													0	0
93 Commissioned Services Accountancy Gains - Actual/Forecast													0	0
94 Commissioned Services Accountancy Gains Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95 Net Expenditure - Plan	14,318	14,308	14,982	14,675	14,757	16,292	14,998	15,565	15,235	15,926	15,706	17,753	166,761	184,514
96 Net Expenditure - Actual/Forecast (as per Table B)	14,321	14,225	14,992	14,745	14,577	15,137	15,252	15,518	15,826	16,542	15,761	18,223	166,896	185,119
97 Net Expenditure - Variance	3	(83)	10	70	(180)	(1,155)	254	(47)	591	616	55	470	135	605

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	598	605	710	698	617	714	712	718	691	733	736	736	7,532	8,268
2	Medical & Dental	362	403	388	355	366	433	407	391	392	380	414	414	4,291	4,705
3	Nursing & Midwifery Registered	6	10	11	11	(11)	0	0	0	0	0	0	0	27	27
4	Prof Scientific & Technical	55	59	67	65	62	62	72	78	75	113	71	71	779	850
5	Additional Clinical Services	13	13	15	13	13	10	16	14	12	13	13	13	145	158
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,239	1,234	1,234	12,774	14,008

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,239	1,234	1,234	12,774	14,008
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1,034	1,090	1,191	1,142	1,047	1,219	1,207	1,201	1,170	1,239	1,234	1,234	12,774	14,008
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure
- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	13	40	83	50	15	84	63	60	44	62	41	60	555	615
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	13	40	83	50	15	84	63	60	44	62	41	60	555	615
11	Agency/Locum (premium) % of pay	1.3%	3.7%	7.0%	4.4%	1.4%	6.9%	5.2%	5.0%	3.8%	5.0%	3.3%	4.9%	4.3%	4.4%
		0	0	0	0	0	0	0	0	0	0	0	0		

C - Agency / Locum (premium) Expenditure
- Analysed by Reason for Using Agency/Locum (premium)

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	13	40	83	50	15	84	63	60	44	62	41	60	555	615
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	13	40	83	50	15	84	63	60	44	62	41	60	555	615

Period : Feb 20

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation and Accountancy Gains)

This Table is currently showing 1 errors

Some errors will be resolved when complete rows have data or associated tables are completed

[illegible]

Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
				Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast			
																			Green £'000	Amber £'000	non recurring £'000	recurring £'000		
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		
																		Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	Reduced usage of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			£'000
2	Agency/Locums paid at a premium	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	Medical - Impact of Agency pay rate caps	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11	Other (Please Specify)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14	Total	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

This Table is currently showing 0 errors

Table C3 - Savings Tracker

Summary of Forecast Savings (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	0	0	0	0	0	0
Unscheduled Care	0	0	0	0	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Non Clinical Support (Facilities/Estates/Corporate)	0	0	0	0	0	0
Commissioning	0	0	0	0	0	0
Across Service Areas	0	0	0	0	0	0
CHC	0	0	0	0	0	0
Prescribing	0	0	0	0	0	0
Medicines Management (Secondary Care)	0	0	0	0	0	0
Total	0	0	0	0	0	0

Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	13									
2 Total Confirmed Funding	213,547				213,547		213,057	146	146	

2. ANTICIPATED ALLOCATIONS

3					0					
4 Potential reduction in allocation requirement	(1,440)				(1,440)		(1,440)			Month 11
5					0					
6					0					
7					0					
8					0					
9					0					
10					0					
11					0					
12					0					
13					0					
14					0					
15					0					
16					0					
17					0					
18					0					
19					0					
20					0					
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56 Total Anticipated Funding	(1,440)	0	0	0	(1,440)		(1,440)	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	213,547	0	0	0	213,547		213,057	146	146	
58 Anticipated Resources Per 2. above	(1,440)	0	0	0	(1,440)		(1,440)	0	0	
59 Total Resources	212,107	0	0	0	212,107		211,617	146	146	

HEIW

Period : Feb 20

Table D - Income/Expenditure Assumptions

Annual Forecast

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

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

This Table is currently showing 0 errors

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		FORECAST YEAR END			
		Worst Case £'000	Likelihood	Best Case £'000	Likelihood
	Current Reported Forecast Outturn	0		0	
	Risks (negative values)				
1	Non delivery of Saving Plans/CIPs				
2	Continuing Healthcare				
3	Prescribing				
4	Pharmacy Contract				
5	WHSSC Performance				
6	Other Contract Performance				
7	GMS Ring Fenced Allocation Underspend Potential Claw back				
8	Dental Ring Fenced Allocation Underspend Potential Claw back				
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	Opportunities (positive values)				
23					
24					
25					
26					
27					
28					
29					
30	Total Risks /Opportunities	0		0	
31	Total Amended Forecast	0		0	

HEIW

Period : Feb 20

This table needs completing from Month 3 onwards

This Table is currently showing 0 errors

Table G - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 19 £'000	Closing Balance End of Feb 20 £'000	Forecast Closing Balance End of Mar 20 £'000
Non-Current Assets			
1 Property, plant and equipment	2,989	2,617	2,645
2 Intangible assets	0		0
3 Trade and other receivables	0		0
4 Other financial assets	0		0
5 Non-Current Assets sub total	2,989	2,617	2,645
Current Assets			
6 Inventories	0		0
7 Trade and other receivables	801	1,267	801
8 Other financial assets	0		0
9 Cash and cash equivalents	6,240	207	4,100
10 Non-current assets classified as held for sale	0		0
11 Current Assets sub total	7,041	1,474	4,901
12 TOTAL ASSETS	10,030	4,091	7,546
Current Liabilities			
13 Trade and other payables	6,121	15,524	4,103
14 Other financial liabilities			
15 Provisions	30	30	0
16 Current Liabilities sub total	6,151	15,554	4,103
17 NET ASSETS LESS CURRENT LIABILITIES	3,879	(11,463)	3,443
Non-Current Liabilities			
18 Trade and other payables	194	194	171
19 Other financial liabilities			
20 Provisions			
21 Non-Current Liabilities sub total	194	194	171
22 TOTAL ASSETS EMPLOYED	3,685	(11,657)	3,272
FINANCED BY: Taxpayers' Equity			
23 General Fund	3,685	(11,657)	3,272
24 Revaluation Reserve			
25 Total Taxpayers' Equity	3,685	(11,657)	3,272

	Opening Balance Beginning of Apr 19	Closing Balance End of Feb 20	Closing Balance End of Mar 20
EXPLANATION OF ALL PROVISIONS			
26 Anticipated Legal Costs	30	30	0
27			
28			
29			
30			
31			
32			
33			
34			
35 Total Provisions	30	30	0

ANALYSIS OF WELSH NHS RECEIVABLES (current month)

36 Welsh NHS Receivables Aged 0 - 10 weeks
37 Welsh NHS Receivables Aged 11 - 16 weeks
38 Welsh NHS Receivables Aged 17 weeks and over

£'000
23
0
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
39 Capital	0	0	0
40 Revenue	6,315	15,718	4,274

HEIW

Period : Feb 20

This Table is currently showing 1 errors

Table H - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL)	17,300	14,000	14,500	14,000	8,500	15,500	17,500	16,500	17,000	19,200	22,000	35,617	211,617
2	WG Revenue Funding - Non Cash Limited (NCL)													0
3	WG Revenue Funding - Other (e.g. invoices)	3		100										103
4	WG Capital Funding - Cash Limit												77	77
5	Sale of Assets													0
6	Income from other Welsh NHS Organisations				28		54	18	46	34	2	1	5	188
7	Other - (Specify in narrative)	210	35	64	42	614	270	70	35	59	85	101	35	1,620
8	TOTAL RECEIPTS	17,513	14,035	14,664	14,070	9,114	15,824	17,588	16,581	17,093	19,287	22,102	35,734	213,605
	PAYMENTS													
9	Primary Care Services : General Medical Services													0
10	Primary Care Services : Pharmacy Services													0
11	Primary Care Services : Prescribed Drugs & Appliances													0
12	Primary Care Services : General Dental Services													0
13	Non Cash Limited Payments													0
14	Salaries and Wages	838	1,085	1,136	1,223	1,052	1,112	1,208	1,132	1,201	1,412	1,114	1,564	14,077
15	Non Pay Expenditure	12,288	13,537	13,515	15,670	15,011	14,292	15,547	16,851	15,848	17,888	20,845	30,277	201,569
16	Capital Payment									18	59	22		99
17	Other items (Specify in narrative)													0
18	TOTAL PAYMENTS	13,126	14,622	14,651	16,893	16,063	15,404	16,755	17,983	17,067	19,359	21,981	31,841	215,745
19	Net cash inflow/outflow	4,387	(587)	13	(2,823)	(6,949)	420	833	(1,402)	26	(72)	121	3,893	
20	Balance b/f	6,240	10,627	10,040	10,053	7,230	281	701	1,534	132	158	86	207	
21	Balance c/f	10,627	10,040	10,053	7,230	281	701	1,534	132	158	86	207	4,100	

Table I - PSPP

This table needs completing on a quarterly basis

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		YEAR TO DATE			FORECAST YEAR END		
		Target %	Actual %	Variance %	Target %	Forecast %	Variance %
	PROMPT PAYMENT OF INVOICE PERFORMANCE						
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	94.3%	-0.7%	95.0%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	86.7%	-8.3%	95.0%	88.0%	-7.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	99.5%	4.5%	95.0%	99.0%	4.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	95.1%	0.1%	95.0%	95.0%	0.0%

10 DAY COMPLIANCE		YEAR TO DATE			FORECAST YEAR END		
			Actual %			Forecast %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE						
5	% of NHS Invoices Paid Within 10 Days - By Value		52.0%			52.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		35.7%			35.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		70.8%			70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		38.9%			40.0%	

This Table is currently showing 0 errors

Table J - 2019/20 Capital Resource Limit Management

£'000 146
 Approved CRL issued at : 4/11/19

Ref:	Performance against CRL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	Pharmacy Equipment	0	0	0	46	46	0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	0	0	0	46	46	0
	Discretionary:						
43	I.T.	37	37	0	37	37	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates	62	62	0	62	62	0
47	Other			0			0
48	Sub Total	99	99	0	99	99	0

Ref:	Performance against CRL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Other Schemes:						
49				0			0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	0	0	0
70	Total Expenditure	99	99	0	145	145	0
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
79				0			0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	0	0	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL	99	99	0	145	145	0
93	PERFORMANCE AGAINST CRL (Under)/Over		(47)			(1)	

This Table is currently showing 0 errors

Table K - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	2019-20 Forecast		Capital Expenditure Monthly Profile												Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Pharmacy Equipment	Margaret Allen	46	46												46	46	High
2																	0	
3																	0	
4																	0	
5																	0	
6																	0	
7																	0	
8																	0	
9																	0	
10																	0	
11																	0	
12																	0	
13																	0	
14																	0	
15																	0	
16																	0	
17																	0	
18																	0	
19																	0	
20																	0	
21																	0	
22																	0	
23																	0	
24																	0	
25																	0	
26																	0	
27																	0	
28																	0	
29																	0	
30																	0	
31																	0	
32																	0	
33																	0	
34	Sub Total		46	46	0	0	0	0	0	0	0	0	0	0	0	0	46	46
Discretionary:																		
35	Additional Computer Requirements	Jim Colhoun	38	38									18	19			37	Low
36	Estates Work	David Price	21	21											21		21	Low
37	Increased Capacity Project	David Price	41	41										41			41	Low
38																	0	
39																	0	
40	Sub Total		100	100	0	0	0	0	0	0	0	0	18	60	21	0	99	
Other Schemes:																		
41																	0	
42																	0	
43																	0	
44																	0	
45																	0	
46																	0	
47																	0	
48																	0	
49																	0	
50																	0	
51																	0	
52																	0	
53																	0	
54																	0	
55																	0	
56																	0	
57																	0	
58																	0	
59																	0	
60																	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	Total Capital Expenditure		146	146	0	0	0	0	0	0	0	0	18	60	21	46	145	

Table L - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 2019)	MM/YY (text format, e.g. Apr 2019)	MM/YY (text format, e.g. Feb 2020)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 2020)	MM/YY (text format, e.g. Apr 2020)	MM/YY (text format, e.g. Feb 2021)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

[illegible]

Invoices paid since the end of the month		
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Total outstanding as per MR submission date	0.00	0.00
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HEIW

Period : Feb 20

Table N - General Medical Services
Table to be completed from Q1

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
	LINE NO.					
Global Sum	1					
MPIG Correction Factor	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Total Quality	6				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 29)	7					0
National Enhanced Services (To equal data in Section A (ii) Line 42)	8					0
Local Enhanced Services (To equal data in Section A (iii) Line 95)	9					0
Total Enhanced Services (To equal data in section A line 96)	10			0	0	0
LHB Administered (To equal data in Section B Line 114)	11					0
Premises (To equal data in section C Line 150)	12					0
IM & T	13					0
Out of Hours (including OOHDF)	14					0
Dispensing (To equal data in Line 166)	15					0
Total	16	0	0	0	0	0
SUPPLEMENTARY INFORMATION						
Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	17					0
Childhood Immunisation Scheme	18					0
Mental Health	19					0
Influenza & Pneumococcal Immunisations Scheme	20					0
Services for Violent Patients	21					0
Minor Surgery Fees	22					0
MENU of Agreed DES						
Asylum Seekers & Refugees	23					0
Care of Diabetes	24					0
Care Homes	25					0
Extended Surgery Opening	26					0
Homeless	27					0
Oral Anticoagulation with Warfarin	28					
TOTAL Directed Enhanced Services (must equal line 7)	29		0	0	0	0
National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	30					0
Shared care drug monitoring (Near Patient Testing)	31					0
Drug Misuse	32					0
IUCD	33					0
Alcohol misuse	34					0
Depression	35					0
MS	36					0
Sexual health	37					0
Minor injury services	38					0
First response services	39					0
Services to the homeless	40					0
Intra partum care	41					0
TOTAL National Enhanced Services (must equal line 8)	42		0	0	0	0
Local Enhanced Services A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD	43					0
Asylum Seekers & Refugees	44					0
Cardiology	45					0
Care Homes	46					0
Care of Diabetes	47					0
Chiropody	48					0
Counselling	49					0
Depo - Provera (including Implanon & Nexplanon)	50					0
Dermatology	51					0
Dietetics	52					0
Drugs Misuse	53					0
Extended Minor Surgery	54					0
Zoladex (inc Gonaderlins)	55					0
Homeless	56					0
HPV Vaccinations	57					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)	58					0
Learning Disabilities	59					0
Lithium / INR Monitoring	60					0
Local Development Schemes	61					0
Mental Health	62					0
Methadone	63					0
Minor Injuries	64					0
MMR	65					0
Multiple Sclerosis	66					0
Muscular Skeletal	67					0
Nursing Homes	68					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)	69					0
Osteopathy	70					0
Phlebotomy	71					0
Physiotherapy (inc MT3)	72					0

Referral Management	73				0	
Respiratory (inc COPD)	74				0	
Sexual Health Services	75				0	
Shared Care	76				0	
Smoking Cessation	77				0	
Student Patient Registration	78				0	
Substance Misuse	79				0	
Suturing	80				0	
Swine Flu	81				0	
Transport/Ambulance costs	82				0	
Vasectomy	83				0	
Weight Loss Clinic (inc Exercise Referral)	84				0	
Wound Care	85				0	
	86				0	
	87				0	
	88				0	
	89				0	
	90				0	
	91				0	
	92				0	
	93				0	
	94				0	
TOTAL Local Enhanced Services (must equal line 9)	95		0	0	0	0

TOTAL Enhanced Services (must equal line 10)	96		0	0	0	0
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GENERAL MEDICAL SERVICES
Operating Expenditure

		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
LHB Administered	Section B	LINE NO.				
Seniority		97				
Doctors Retainer Scheme Payments		98				
Locum Allowances consists of adoptive, paternity & maternity		99				
Locum Allowances : Cover for Sick Leave		100				
Locum Allowances : Cover For Suspended Doctors		101				
Prolonged Study Leave		102				
Recruitment and Retention (including Golden Hello)		103				
Appraisal - Appraiser Costs		104				
Primary Care Development Scheme		105				
Designated Area Allowance		106				
Initial Practice Allowance		107				
Assistant's Allowance		108				
Associate Allowance		109				
Supply of syringes & needles		110				
Pneumococcal Campaign		111				
Pneumococcal Catch-up		112				
Other (please provide detail below, this should reconcile to line 135)		113				
TOTAL LHB Administered (must equal line 11)		114			0	0

	LINE NO.	£000's	£000's	£000's	£000's	£000's
Analysis of Other Payments (line 113)						
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	115					
CRB checks	116					
GP Ambulance bookings	117					
GP Locum payments	118					
GP Locums Employers Superannuation	119					
LHB Locality group costs	120					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	121					
Primary Care Initiatives	122					
Salaried GP costs	123					
Stationery & Distribution	124					
Training	125					
Translation fees	126					
	127					
	128					
	129					
	130					
	131					
	132					
	133					
	134					
TOTAL of Other Payments (must equal line 113)	135					0

	LINE NO.	£000's	£000's	£000's	£000's	£000's
Premises						
Notional Rents	136					
Actual Rents: Health Centres	137					
Actual Rents: Others	138					
Cost Rent	139					
Clinical Waste	140					
Borrowing Costs	141					
Rates, Water, sewerage etc	142					
Health Centre Charges	143					
Improvement Grants	144					
N/Contract Premises Items	145					
District Valuers Fees	146					
Maintenance Allowance	147					
Legal Fees	148					
All other Premises (please detail below which should reconcile to line 158)	149					
TOTAL Premises (must equal line 12)	150				0	0

Analysis of Other Premises (Line 149)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	151					
	152					
	153					
	154					
	155					
	156					
	157					
TOTAL of Other Premises (must equal line 149)	158					0

Memorandum item

Enhanced Services included above but in dispute with LMC (TOTAL)	159					
Enhanced Services included above but not yet formally agreed LMC	160					

GENERAL MEDICAL SERVICES
Dispensing

		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Dispensing Data	LINE NO.					
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	161					
Prescribing Medical Practitioners - Personal Administration	162					
Dispensing Service Quality Payment	163					
Professional Fees and on-cost						
Dispensing Doctors	164					
Prescribing Medical Practitioners - Personal Administration	165					
TOTAL DISPENSING DATA (must equal line 15)	166				0	0

Where WG allocation and Current plan differ this section must be completed		Allocation	Plan
Movements between Allocation and Current Plan	167		
Difference		0	
	168		
	169		
	170		
	171		
	172		
	173		
	174		
	175		
	176		
	177		
	178		
	179		
	180		
	181		
	182		
	183		
	184		

HEIW

Period : Feb 20

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q1

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Domiciliary Services	16					
Sedation services including GA	17					
Continuing professional development	18					
Occupational Health / Hepatitis B	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Gwen Am Byth-oral health in care homes	23					
Dental Foundation Training/Vocational Training	24					
DBS/CRB checks	25					
Health Board staff costs associated with the delivery / monitoring of the dental contract	26					
Oral Surgery	27					
Orthodontics	28					
Special care dentistry e.g. WHC/2015/002	29					
Oral Health Promotion/Education	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44					0



Meeting Date		Agenda Item	
Report Title	Report on the 2020/21 Revenue Allocation		
Report Author	Rhiannon Beckett		
Report Sponsor	Eifion Williams		
Presented by	Eifion Williams		
Freedom of Information			
Purpose of the Report	To provide the HEIW Board with an update on the Revenue Allocation for 2020/21.		
Key Issues	HEIW has a statutory duty to break even at year end and this report should assist the Board and Executives in understanding the core revenue allocation for 2020/21 and reconciliation of the allocation with the 5-year Financial Plan submitted in the 2020/23 IMTP.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	1. For the HEIW Board to note the anticipated revenue allocation for 2020/21 and the explanation for variance between the allocation and the IMTP Financial Plan.		

REPORT ON THE 2020/21 REVENUE ALLOCATION

1. INTRODUCTION

The report provides an update on the anticipated draft Revenue Allocation for 2020-21 from Welsh Government and reconciles the anticipated allocation to the 2020-21 budget requirement submitted as part of the Financial Plan within the 2020-21 to 2022-23 IMTP.

2. BACKGROUND

Having submitted the 2020-21 to 2022-23 IMTP which incorporated the Five-Year Financial Plan, at the end of January 2020, a series of meetings has been held with Welsh Government Finance colleagues to establish the core recurrent revenue baseline to be received for the 2020/2021 financial year. This report provides detail on the draft Revenue Allocation for 2020/2021 shared by Welsh Government and the detailed reconciliation that has been undertaken between the anticipated draft core allocation and the IMTP Financial Plan.

3. GOVERNANCE AND RISK ISSUES

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

4. DRAFT ALLOCATION

4.1 Revenue Allocation

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

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

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

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

4. Additional non recurrent or non-cash funding that has been agreed in principle by WG will also be received in year for specific items as listed below. Examples include depreciation and the £600k of development funding re-provided from 2019-20.

Table 2 Non Recurrent Funding-agreed in principle.

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

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

Table 3 Anticipated Funding for further in year discussion.

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

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

Table 4 Reconciliation of IMTP to Draft Core Allocation

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

It is therefore concluded that the anticipated allocation to be notified to HEIW for the 2020/21 financial year meets our IMTP requirements IMTP with the additional comments outlined above.

5. RECOMMENDATION

The Board are asked to note the anticipated Core Allocation for 2020/21 to be notified to HEIW and the reconciliation to the requirements as set out in the Five Year IMTP Financial Plan for the 2020/21 financial year.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
There are no implications for Quality, Safety and Patient Experience				
Financial Implications				
The financial implications are set out above in the body of the report.				
Legal Implications (including equality and diversity assessment)				
HEIW has a statutory responsibility to break even at year end the report sets out the Core Allocation for 2020-21. There are no equality and diversity implications of this report.				
Staffing Implications				
There are no staffing implications of this report.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long-term objectives.				
Report History	The report references and updates the previous finance update shared with the HEIW Board in April 2019.			
Appendices				



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

Meeting Date	26 March 2020	Agenda Item	4.2
Report Title	HEIW Integrated Performance Report		
Report Author	Chris Payne		
Report Sponsor	Julie Rogers		
Presented by	Julie Rogers		
Freedom of Information	Open		
Purpose of the Report	To provide the Board with an update on performance based on the agreed Integrated Performance Framework.		
Key Issues	<p>In general, there has been continued good progress in the last period as we head towards the end of the budget year, particularly in relation to delivery of key projects and programmes under our 7 Annual Plan Strategic Objectives. This includes the completion and submission for approval of the Workforce Strategy for Health and Social Care. In terms of education and training, fill rates are largely unchanged, and remain positive across a number of professional groups.</p> <p>A key area for ongoing improvement is HEIW progress in relation to PADRs and statutory and mandatory compliance.</p> <p>The framework itself continues to evolve. There is a need to review the efficiency and effectiveness in relation to data collection and validation in line with performance requirements, reporting timescales and how to most appropriately reflect HEIW performance.</p> <p>Going forward it will be important to ensure that the right capacity and expertise is available to continue to refine the performance framework and performance reporting arrangements.</p> <p>The outlook for delivery against milestones is generally positive, but the spread of the Covid-19 virus is beginning to have an impact on delivery across some areas, and the full extent of this is not yet known.</p> <p>Over the period for the next report in May, further development will be undertaken alongside implementing recommendations from the WAO structural assessment and internal audit.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓

Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note current performance and associated actions. • Note the ongoing work required to develop the integrated performance framework
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Integrated Performance Management

1. INTRODUCTION

This paper provides the Board with a third performance report for 2019-20, covering the period to 29 February 2020.

2. BACKGROUND

The integrated performance management report aims to define and align the delivery of operational performance targets, quality indicators and outcome measures. The Board have previously acknowledged that this is an iterative process and the high-level dashboard and accompanying performance narrative will continue to develop as new and enhanced information becomes available through engagement with directorates and teams. The integrated performance report can be found in **Appendix A** with accompanying narrative.

3. CURRENT PERFORMANCE OVERVIEW

Progress against Annual Plan and Remit Letter Actions

The organisation has continued to make good progress as we reach the end of the 2019-20 budget year. One of the significant achievements this year has been the completion of the Workforce Strategy for Health and Social Care. There are 2 key projects classified as having a 'Red' RAG (red, amber, green) rating according to HEIW's adopted classification system for managing projects and risks. One of these has been delayed due to recruitment, which has now been resolved, and the other is on hold awaiting direction from WG. More detail can be found in Section 1, Projects and Programmes.

We are also extremely pleased to have submitted our first IMTP on schedule at the end of January 2020. This has been built on the foundations laid by the annual plan and allows for key projects and programmes yet to be formally completed to continue into the new planning period.

The outlook for delivery against project milestones is positive, but it is prudent to note that the spread of the Covid-19 virus is beginning to have an impact on delivery across all areas – the full extent of this is not yet known.

Commissioning Activity - Training & Educational Placements

There is no change since the last report in recruitment/commissioning activity. More detail can be found in Section 2, Education and Training Activity.

Quality

There is just one new 'enhanced monitoring' issue in Emergency Medicine at Morriston Hospital in the period. Other issues are progressing through the Quality Management process as expected. There is little change to the ARCP/RCP data from the last report. More detail can be found in Section 3, Quality and Outcomes.

Corporate Performance

There has been substantial movement in compliance rates on the two core workforce KPIs of PADR recording and Statutory and Mandatory compliance, taking account of the new reporting arrangements that differentiate between "core" and "sessional" staff, and following concerted effort across the organisation to ensure staff support the process accordingly.

Additional metrics have been included to provide a more holistic picture of Corporate performance, which are highlighted on Page 6.

It is worth highlighting that the HEIW sickness rate was 2.6% over a rolling 12-month period, which is significantly lower than the NHS Wales sickness target of 4.4%. More detail can be found in Section 4, Corporate Performance.

In summary, current performance indicates that the organisation is on course to deliver against the majority of its commitments and targets by the end of the year.

4. GOVERNANCE AND RISK ISSUES

The performance dashboard continues to be developed through engagement across HEIW directorates to consider the information available and the information that would add value from a high-level dashboard perspective.

Performance Report 2 (Jan 2020) and narrative has been shared with Welsh Government and discussed at our recent Quality and Delivery Meeting. As a result of these interactions, the performance report will be refined to take on board specific requirements and to provide a greater level of detail where available.

Large volumes of data are available within the organisation. Work continues to ensure that appropriate data is collected, validated and received in an appropriate format to enable a more efficient process to be undertaken and to ensure that appropriate data is available in required timescales to support and enhance future decision making and scrutiny.

The process recently undertook an internal audit, which has provided a draft Reasonable Assurance level. Key recommendations that we will take forward are:

- Development of a Performance Management Framework – Timeframes, responsibilities and expectations of those involved.
- Engage with Board Members to gather further feedback on the current performance management dashboard, with a view to enhancing if necessary.
- Consideration should be given to include a wider range of KPIs.

Further Developments

In addition to audit recommendations, through the development of the report, the following work is being undertaken to support and enhance future reports and will lead to changes being incorporated as soon as possible:

Reported 30 Jan 2020	Progress to date
Review of the process for data collection and move to a monthly collection via templates	In progress
Establish regular meetings of the Performance Management Group	Completed
Establish smaller working groups to address key areas of HEIW's work that affect multiple teams, i.e. ARCP, fill rates/ commissioned	In progress

places, CPD to agree a consistency in approach	
Hold a series of data meetings with individual data holders (departments) to improve understanding and consider data collection and reporting for their specific area which most appropriately will reflect performance	In progress and due to be completed in March 2020; draft data glossary in development (addressing a key audit finding)
Develop KPIs and targets which are clearly linked to strategic objectives, against which the Board can scrutinise performance	In progress
Using the outcomes of the data meetings, develop an action plan to incorporate changes to future iterations of the performance report on a phased basis	25 new metrics across all areas under consideration for both operational use and reporting; schedule of changes being developed
Considering training for managers in developing performance reports, in collaboration with the People team	In discussion

More detail can be found in the Executive Summary on p.3 of the Report.

5. FINANCIAL IMPLICATIONS

The development of the framework is being supported through existing budgeted resources.

6. RECOMMENDATION

It is recommended that the Executive Team:

- Note current performance and associated actions as outlined in Appendix A
- Note the ongoing work required to develop the integrated performance framework

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓		✓	
Quality, Safety and Patient Experience				
N/A				
Financial Implications				
There are no financial implications for Executives to consider/approve at this stage.				
Legal Implications (including equality and diversity assessment)				
N/A				
Staffing Implications				
N/A				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
N/A				
Report History	26 September 2019 – Public Board – Performance Report 30 January 2020 - Public Board - Performance Report 2			
Appendices	Appendix A – Integrated Performance Report 3, March 2020			



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**Health Education and Improvement Wales
Integrated Performance Report 3
March 2020**

EXECUTIVE SUMMARY

This is the third report of 2019-20. This report follows the previous report to Board of 30 January 2020.

This report includes data made available up to 29 February 2020. Indications for the full year have been included where available and it should be noted that data in some areas will not have changed due to the nature of the metric. The report highlights where changes have been made and, if further detail is required on additional areas, this will relate to that reported in Report 2.

Since the last report, key highlights include:

Progress against Annual Plan and Remit Letter Actions

The organisation has continued to make good progress as we reach the end of the 2019-20 budget year. One of the significant achievements this year has been the completion of the Workforce Strategy for Health and Social Care. There are 2 key projects classified as having a 'Red' RAG (red, amber, green) rating according to HEIW's adopted classification system for managing projects and risks. One of these has been delayed due to recruitment, which has now been resolved, and the other is on hold awaiting direction from WG. More detail can be found in Section 1, Projects and Programmes, but the outlook for delivery against project milestones remains positive.

We are also extremely pleased to have submitted our first IMTP on schedule at the end of January 2020. This has been built on the foundations laid by the annual plan and allows for key projects and programmes yet to be formally completed to continue into the new planning period.

Commissioning Activity - Training & Educational Placements

There is no change since the last report in recruitment/commissioning activity. More detail can be found in Section 2, Education and Training Activity.

Quality & Outcomes

There is just one new 'enhanced monitoring' issue in Emergency Medicine at Morriston Hospital in the period. Other issues are progressing through the Quality Management process as expected. There is little change to the ARCP/RCP data from the last report. More detail can be found in Section 3, Quality and Outcomes.

Corporate Performance

There has been substantial movement in compliance rates on the two core workforce KPIs of PADR recording and Statutory and Mandatory compliance, taking account of the new reporting arrangements that differentiate between "core" and "sessional" staff and following concerted effort across the organisation to ensure staff support the process accordingly.

Additional metrics have been included to provide a more holistic picture of corporate performance. These are highlighted on Page 6.

It is worth highlighting that the HEIW sickness rate was 2.6% over a rolling 12-month period, which is significantly lower than the NHS Wales sickness target of 4.4%. More detail can be found in Section 4, Corporate Performance.

In summary, current performance indicates that the organisation is still on course to deliver against the majority of its commitments and targets by the end of the year and full year-end performance will be included in the May report.

However, whilst this is the latest position, it would be prudent to acknowledge that the current and future response to Covid-19 could affect progress and achievement of agreed commitments and deadlines in some areas of HEIW's work.

Development of the Performance Framework

Since the last report, the Planning & Performance and Workforce Data & Analytics teams have held a series of data meetings across the organisation, to discuss existing and potential future metrics to help inform improvements to the performance dashboard and existing reporting. These meetings have also informed the creation and ongoing development of a data glossary for the organisation, complying with audit requirements and providing the means to improve internal understanding and consistency of the data being reported. To this point, the data meetings have highlighted 25 potential new metrics for consideration, with a small number being incorporated into this report. We will continue to review and develop others for potential inclusion on the performance dashboard.

Potential new metrics include, for example:

- Number of GP trainees trained in Wales who remain in Wales following ARCP Outcome 6
- Number of GPs staying in targeted incentive areas
- Number of newly qualified Pharmacists taking employment in Wales
- Attrition rates across all programmes
- Data subject access requests

In this report, the following new metrics have been included:

- Online engagement rates (Twitter followers, Facebook page likes and page views of RSU online CPD modules)
- CPD events classified by both face-to-face and online delivery
- Numbers of appeal review decisions maintained or changed
- Achievement against target for staff equality data
- Compliance rates for statutory & mandatory training in Health & Safety, in line with audit requirements
- Financial position - cumulative
- Agency costs as a percentage of total pay costs
- National average exam pass rate for Pre-Registration Pharmacy exams in Wales, compared to the other UK nations (to be included with a range of benchmarking metrics in the future)

We are also in the process of developing a new metric to give a total number of trainees/students 'in training' across all professions, i.e. that HEIW is supporting at a point in time. It is expected that this will be included in the May report.

In line with recommendations provided to us, we also intend to produce a Performance Management Framework. This will be used to document the intended Performance Management Cycle and detail responsibilities, expectations and timescales of those involved.

Through detailed discussion, data meetings have given us greater insight in to the business areas and this, along with the development of the data glossary, is increasing confidence in the base data informing the metrics. Where further work is required to increase the accuracy and reliability of the data, we are working with the areas involved to determine appropriate actions. It will take some months for us to work through these and to have complete confidence, but we are making good progress to this end.

Appendix A – HEIW Performance Report

In addition, we are defining roles and responsibilities for the data associated with each metric, which will provide additional reassurance, and this will be further increased through the need to develop the performance framework.

To further support future developments and improve the efficiency of report production, HEIW is awaiting the outcomes of an NHS Wales procurement exercise to procure Project Management software, which will be utilised to manage the progress of future IMTP objectives.

INTRODUCTION

The Integrated Performance Framework is outlined on the following table and contains measures and indicators unique to HEIW's functions. This continues to evolve to ensure that it provides the organisation and its stakeholders with appropriate measures and assurance about progress and performance.

Strategic Objectives and Indicators		
Strategic Objective	Section	Indicator
SECTION 1 – Projects and Programmes	HEIW Strategic Objectives – Project Update	Progress update, with RAG ratings
SECTION 2 – Education and Training Activity	Commissioned Places	Recruitment to commissioned places (training and student places)
	Continuing Professional Development (CPD) course activity	<ul style="list-style-type: none"> • Face to face CPD activity (attendees) • NEW: online CPD activity (attendees) • NEW: RSU online page hits
SECTION 3 – Quality and Outcomes	Quality Management	Outcomes of targeted visits
	Trainee Survey Results	GMC National Training Surveys (Trainees) results
	Annual Review of Competency Progression (ARCP)	Numbers of ARCP/RCPs undertaken and outcomes reported
	Professional Support Unit (PSU)	<ul style="list-style-type: none"> • Numbers of referrals • Reasons for referrals
	Trainee Progression Governance (TPG)	<ul style="list-style-type: none"> • Number of appeal cases • NEW: Number of review decisions maintained and changed
	Medical Appraisal and Revalidation	Number of appraisals completed
SECTION 4 – Corporate Performance	HEIW Performance Metrics	<ul style="list-style-type: none"> • Headcount • Staff turnover • % sickness absence and reasons • Number of instances of Disciplinary & Grievance, and Complaints • Achievement against targets for PADR, Statutory & Mandatory training and Welsh Language • NEW: Achievement against target for Equality Data • Staff survey response rate • Number of flu vaccines • Number of FOIs • Finance Public Sector Payment Policy (PSPP) target • NEW: Financial position – cumulative • NEW: Agency costs as % of total pay costs • NEW: Online communication/ engagement – no. of Twitter followers • NEW: Online communication/ engagement – no. of Facebook likes • NEW: Achievement against target for H&S Statutory & Mandatory training • NEW: Health Needs Assessment – Engagement Index score
	NEW: Benchmarking Information	<ul style="list-style-type: none"> • GMC National Training Survey – overall satisfaction Score

Appendix A – HEIW Performance Report

		<ul style="list-style-type: none">• NEW: Pre-registration Trainee Pharmacists – pass rate• Staff Survey response rate
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Notes:

1. The methods for delivering information about performance management are still under consideration in line with timescales for reporting. Given our wide range of functions for current performance measures, these will relate to differing periods depending on when and for what period data is available at any point in time. We will look to include the most up-to-date data where it is available.
2. We strive to report information we believe is of value to measure the performance of the organisation; we continue to work with teams to review the information required and methods of data collection to determine short and longer-term goals and actions. As part of a process of continual improvement, indicators will be reviewed and amended as needs dictate.

SECTION 1 – Projects and Programmes

HEIW Strategic Objectives – Project Update

The HEIW Annual Plan 19/20 identified over 40 developments and projects needed to deliver its seven strategic objectives. HEIW has identified 25 key projects that will be formally measured via this performance management process. (NB A comprehensive mid-year review of the annual plan and all 40 developments and projects was produced for the mid-year JET meeting and submitted to the Board in November 2019.)

In addition, in June 2019, Welsh Government (WG) presented 6 additional actions via a Remit Letter, which we have included in our monitoring.

Since the last report, of significant note is the completion of the Remit Letter action no.6: **To advise on arrangements to routinely collect NHS vacancy information for all staff groups, and work with Welsh Government policy and statistical officials to produce an accurate statistical statement via Welsh Government's Knowledge and Analytical Services.** We await agreement of the paper being developed to clarify arrangements for the collection of data with NWSSP.

Also of note is progress made towards the following:

SO1B Development of a People and OD strategy. A report responding to initial feedback from the Board is to be presented at the March 2020 Board meeting. This project has been awarded a Green rating, pending the Board response.

(SO4Ai) Development of a multi-professional workforce plan for emergency medicine. (Amber) A project manager has now been recruited and starts in early April.

(SO4Aii) Implement an all Wales solution to endoscopy training. (Amber) The project manager is now in post and starting to make progress against actions.

(SO5D) Development of a Simulation strategy. A new post has been advertised that will take on the lead of this project. HEIW also instigated the 1st All Wales Clinical Simulation leads conference in December 2019, enabling a forum across health boards and sectors to identify the current challenges and opportunities in producing a consistent approach to Simulation Based Education.

The national **Workforce Strategy for Health and Social Care (SO2A)**, in line with 'A Healthier Wales', 2018 was submitted to WG at the end of December and continues to await ministerial approval.

In general, good progress has been achieved in delivering the 25 projects, with the vast majority on track or completed as summarised below:

Appendix A – HEIW Performance Report

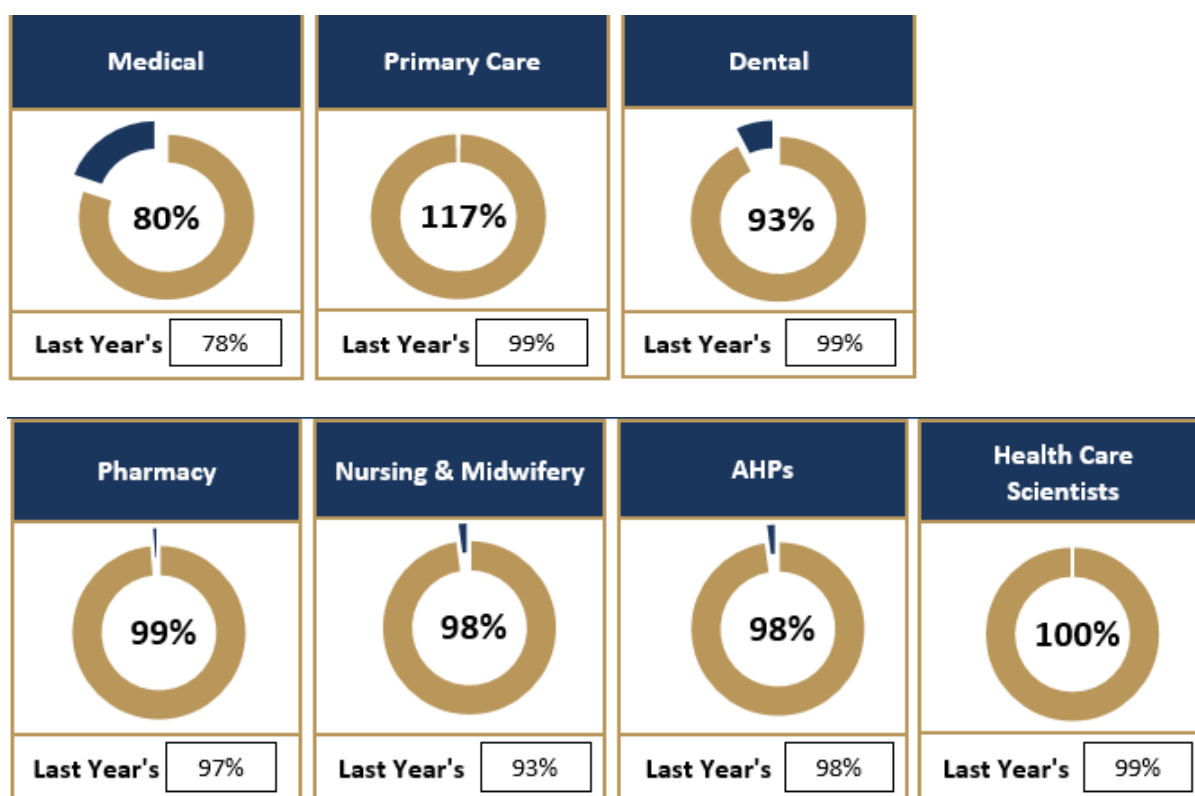
HEIW Strategic Objectives as at Feb-20											
Health Education and Improvement Wales - Remit Letter 2019-20			Obj1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand			Obj2: Building a sustainable and flexible health and care workforce for the future			Obj3: With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery		
RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN
0	1	5	0	2	0	0	5	2	1	1	1

Obj4: Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges			Obj5: Improving opportunities for use of technology and digitalisation in the delivery of education and care			Obj6: Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales			Obj7: Demonstrating value from investment in the workforce and the organisation		
RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN	RED	AMBER	GREEN
0	6	0	0	3	0	0	3	0	1	0	0

SECTION 2 – Education and Training Activity

Commissioned Places

A significant proportion of HEIW's budget is used to commission a range of undergraduate and postgraduate education from a variety of HEIs. This section remains as per the January 2020 report.



In future, the data will be colour coded on the dashboard, to show the point at which the data was collected, i.e. at 'initial' recruitment, at an 'intermediate' stage in the recruitment process, or as an 'actual' figure (trainees/students having taken up posts/places in training/learning). See Appendix i for details.

Note: Appendix i, at the end of this report, is the working draft of the intended agreed definitions of performance metrics incorporated on the dashboard. This version shows the 'recruitment to commissioned places' definition and how this is reflected across all affected areas. Work is continuing to develop these definitions and supporting information, with the next metric being the 'in training' figure.

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 making progress and the definition and the associated elements will be tested, reviewed and amended as appropriate over time.

Continuing Professional Development (CPD) Course Activity

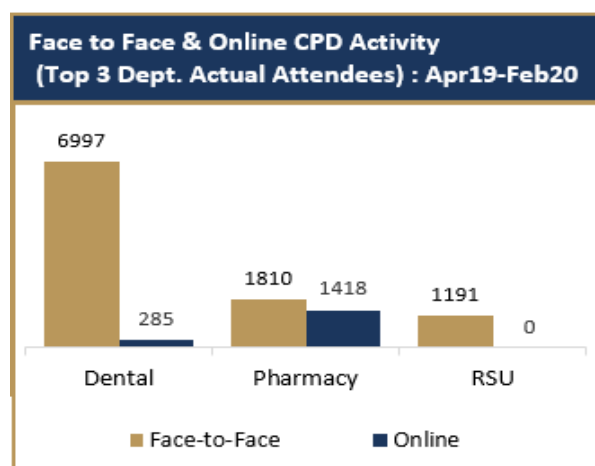
CPD activity is delivered and commissioned in a number of ways across HEIW and is a key focus in our IMTP.

Data on CPD activities is still being collected manually, which makes it challenging to monitor and report. In 2020-21, we are planning for the implementation of the Centralised Course Management system, which will generate and monitor a far more robust set of data to support performance monitoring.

In the meantime, we are using the manually collected data as summarised on the chart. This shows the number of attendees at face-to-face and online CPD events from 1 April 2019 to 29 February 2020. The data is broadly in line with the same period in 2018.

For the RSU online modules, the number of views is also shown.

The vast majority of CPD provision stems from the Pharmacy and Dental Deaneries, and RSU.



Collection of trainee and student feedback and evaluation of events currently sits with the teams developing the courses, but this is subject to review by a new task and finish CPD group, when it has been established. Until any decisions are made by the group, work is underway to develop a question to be included in future evaluation of all HEIW CPD events from 1 April 2020. This is intended to provide a basic level of evidence and monitor the impact of CPD events on learning and practice, and give an indication of value.

Dental

In the current financial year, a total of 759 dental courses were planned. Of these, 721 took place due to courses being cancelled, either due to low numbers or study days being re-arranged. There are a further 63 events planned for March.

We introduced the course 'Making Prevention Work in Practice'. This is a one-day 'train the trainer' course to enable dentists to go back into practice and train their Dental Nurses on the application of topical fluoride varnish. We have run 11 courses to date, training 253 dental professionals. This course has received excellent feedback and directly supports the Welsh Government GDS reform programme.

Our Dental Educators around Wales are currently organising their CPD programmes for the next financial year (2020-21). The number of courses to be organised during this period is anticipated to be the same as this year.

RSU

The RSU provide high quality CPD events and online modules designed to support the needs of the NHS Wales workforce. Our 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.

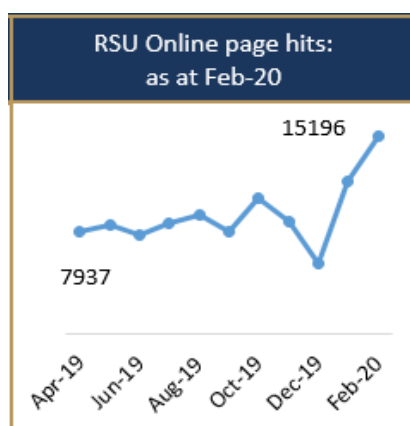
This data provides a summary of the total number of events delivered across Wales for the period 1 April 19 – 29 February 2020: 30 events and a total of 1191 attendees. An additional 5 events are planned for March.

This is a significant increase on the same period last year (1 April 2018 – 31 March 2019, 16 events with 868 delegates). This substantial improvement can be attributed to the following:

- Our ability to provide CPD events was reduced by approximately 15% last year following the resignation of the North Wales CPD co-ordinator role. This post was filled in April 2019
- The number of attendees has increased as the direct result of adding an events page to the website, which has eased the booking process and enabled GPs from across Wales to view and select from all the events taking place across Wales
- The provision of study days on key hot topics, such as Gender Diversity in response to national developments led by the Health Ministers, have been popular and over-subscribed. When planning CPD activity for the coming year we will consider how to provide further support for national initiatives and campaigns.

In addition, visits to the webpages of RSU online modules have increased to 15,196 at the end of February 2020. This is an increase of 7257 (47.8%) views compared to April 2019. The top viewed module from April 2019-Feb 2020 is 'Motivate to Move' with 2462 views, followed by Acute Kidney Injury with 2093 views.

This demonstrates the continuing and improving engagement of the medical profession with the organisation, specialised CPD events and online resources.



Pharmacy

Registrations for webinars continue to increase. Emergency contraception - 172 registrants and HRT webinar, which was multi professional - 139 registrants.

The inter-professional optometry/pharmacy events September/October 2019 were very well received and have helped support improved networking and patient referrals for specific services from each profession. The existing referral form, further to feedback from delegates, will be updated to improve information available and provide a more efficient patient referral process. 168 professionals attended the events across Wales.

SECTION 3 – Quality and Outcomes

Quality Management

HEIW has a comprehensive quality management framework in place in order to enable compliance with regulatory standards and ensure postgraduate medical training in Wales adopts a patient centred approach that safeguards safety and promotes a positive trainee experience. Our approach is comprised of a scheduled component and a responsive component. The scheduled component ensures that there are appropriate governance arrangements and infrastructure in place within Health Boards who provide training. The responsive component ensures that, where quality concerns arise, they are identified and managed in a proportionate manner in order to prevent any undue burden on Health Boards across Wales. The responsive component includes targeted visits.

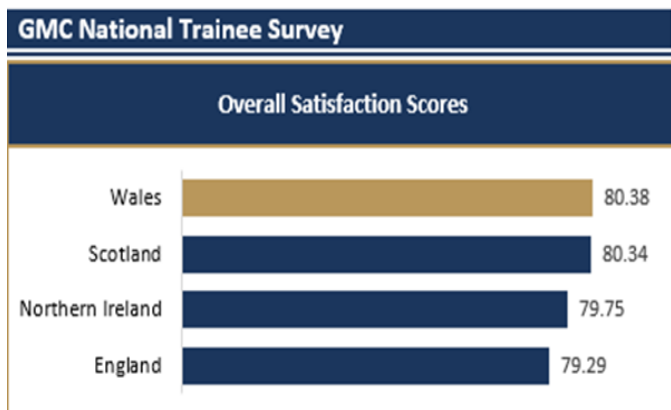


The data shows targeted visit information for the period 1 April 2019 to 29 February 2020.

In the period, there are two issues for which the Quality Unit has had concerns over progress and, as a consequence, these were escalated to the GMC for Enhanced Monitoring. These concerns are Medicine in Wrexham Maelor Hospital and Emergency Medicine at Morriston Hospital. The first of these has since been moved to 'monitoring progress' as action plans are now being implemented.

11 other quality concerns continue to be monitored and 5 have been de-escalated.

GMC Trainee Survey Results



For full details on results, please see *Performance Report 2*.

The Quality Management team continues to review items in the results, as highlighted in the last report, to determine measures for consideration and implementation:

- Lower rates of trainee engagement across the home nations (although the rate in Wales was 97.5%, compared to the UK average of 94.6%);
- Lowest overall percentage score in the UK for clinical supervision out of hours and lowest reported by Wales since 2015 and this will require review (although the areas have already been identified by the Quality Unit as areas that require support and Targeted Visits are underway)
- Workload issues impacting on the ability of trainees to access study leave
- Lowest score in the UK for the 'reporting systems' indicator (Wales has had gradual erosion in the score over the last 4 years)

Obstetrics & Gynaecology, Surgery and some areas of Medicine are likely to remain target areas for the coming year and this relates directly to work that the Quality Unit are already undertaking.

As survey data for other professions becomes available, we will endeavour to provide a similar level of analysis to enable us to reflect on performance.

Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP), or Review of Competence Progression (RCP) in Dental Foundation Training (DFT) and Dental Core Training (DCT) (twice a year), is the formal method by which a trainee's progression through their training programme is monitored and recorded.

Trainees are awarded an outcome depending on performance and cannot progress to the next stage of their training if they do not receive a satisfactory outcome. The majority of outcomes (across all areas) fall in to one of these categories:

Outcome 1: Satisfactory progress.

Outcome 2: Development of specific competence required – additional training time not required.

Outcome 3: Inadequate progress – additional training time required.

Outcome 4: Released from training programme – with or without specified competence.

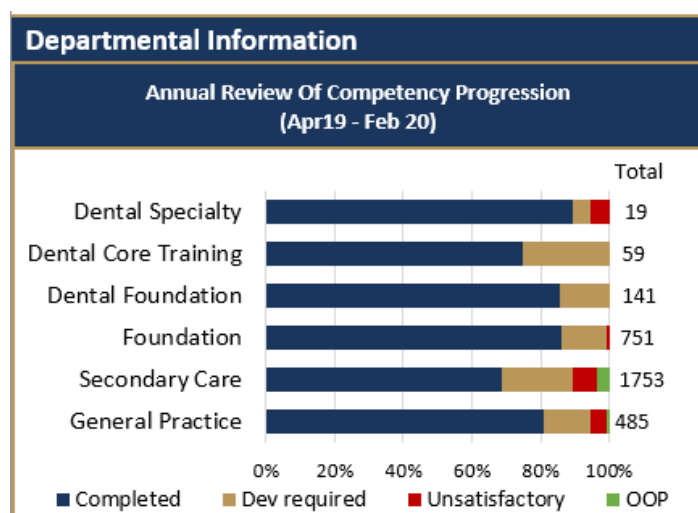
Outcome 5: Incomplete evidence presented – additional training time may be required.

Outcome 6: Gained all required competences for the programme.

Outcome 8: Outcome for trainees who are out of programme (OOP) unless Out of Programme for Training (OOPT) in which case an outcome 1-5 should be awarded.

The data below is for the period 1 April 19 to 29 February 2020. The data shows, for each area of business, the breakdown of:

- Completed (outcomes 1 and 6)
- Development required (outcomes 2 and 5)
- Unsatisfactory (outcomes 3 and 4)



As we continue to review the data and discuss potential new metrics and changes to existing metrics with respective areas, further work is being undertaken to analyse these outcomes further, and to reflect on how these can align to measure our performance. Where possible, this will be incorporated in future reports.

Nevertheless, figures for Foundation, GP and Secondary Care (in the chart above) show that all outcomes are broadly in line with the same point last year. In the January 2020 report, the outcomes for Foundation and Secondary Care ARCPs were combined (2285), but in this report we have split out data to include specific detail on Foundation trainees. The total for the two groups is 2504.

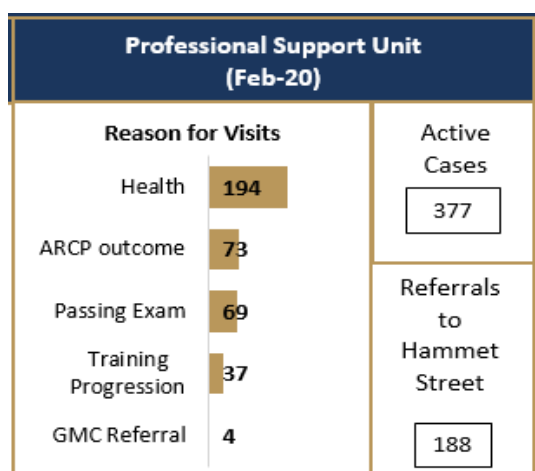
Data for Dental Foundation Training and Dental Speciality Training has been updated in line with Interim RCPs, which take place in February and March each year; the February data is included, but IRCPs due to take place in March are not included.

Across all areas, indications are positive with regards to the outcomes being generated. Work is progressing to consider further the reasons and support required where unsatisfactory outcomes have been reported.

For more background information and detail about processes in individual areas, please see *Performance Report 2*.

Professional Support Unit (PSU)

HEIW is responsible for overseeing all doctors and dentists in training in Wales and for addressing issues that may arise during the training process that could hinder progression. The PSU was established in 2008 and provides guidance and information to all parties involved in postgraduate medical and dental training. On average, 10-12% of doctors in Wales are receiving support at any one time, which equates to more than 300 active cases.



This report presents the number of active cases being managed by the PSU. This is different from the data presented in the last report, which was the number of new referrals in the current budget year since 1 April 2019.

Active cases have increased over the period. There are currently 377; 43 of these are new cases since 31 Dec 2019. 188 of active cases are receiving psychological support from external supplier, Hammet Street Consultants Ltd.

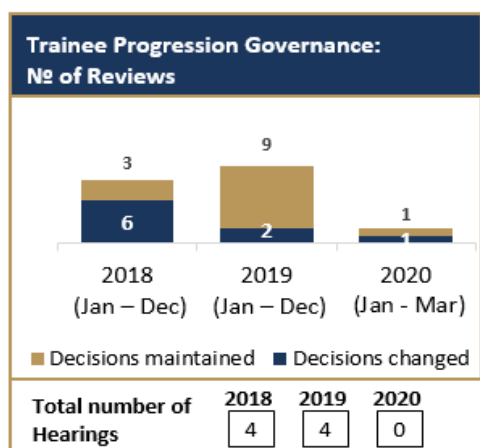
The breakdown of reasons for accessing PSU support shows that over half of cases are due to health reasons. However, the breakdown is only indicative as, in many cases, this is merely a first presentation and often underlined with other challenges affecting an individual's progress or performance.

Trainee Professional Governance (TPG)

The main role of TPG is to coordinate Reviews and Appeals of Annual Reviews of Competence Progression (ARCP) Outcomes (and more recently Appeals from Foundation Dentists and Appeals following removal of National Training Number, NTN).

Approximately 2,500 ARCPs are held each year. Trainees are awarded a range of Outcomes that are prescribed nationally. Trainees who receive an Outcome 3 (requires extension) and Outcome 4 (released from training) can ask for an Appeal.

Appendix A – HEIW Performance Report



The data shows the number of number of decisions at the Review stage of Appeals that have been maintained and changed.

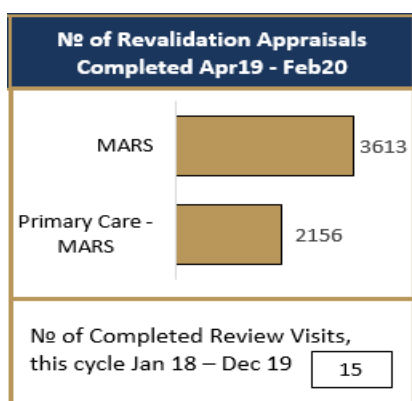
An Appeal has two parts: a Review by the original people who gave the Outcome and, if the Outcome is not changed, the trainee can ask for a full Independent Hearing. Currently, approximately half of all Appeals are changed at the review stage of appeal and, if they proceed to a full independent hearing for their appeal, the outcomes are generally maintained, often with the trainee being released from the programme.

The limited number of Appeals allows opportunity for analysis and learning to improve practice. Whilst Appeals will never be eradicated, by a process of continual learning and dissemination of errors or good practice, the numbers that are received and subsequently changed (as a percentage of the total number) should diminish over time.

To this end, in 2019, TPG commenced improvement and collaborative work across all medical specialties and with Dental colleagues to promote better reporting of individual progression, objective setting and decision making at ARCP panels. This work is being showcased at an ARCP National Learning Event in London in March 2020. Also during 2019, TPG has introduced more challenge at the Review stage to ensure that if the Outcome is maintained, and the case goes to a full Independent Hearing, HEIW processes and procedures are robust and capable of challenge.

Medical Appraisal and Revalidation

One of HEIW's responsibilities is to support and improve professional standards through revalidation, appraisal and CPD in line with the requirements of the regulators.



This data provides a summary of the number of appraisals completed on both MARS and the Primary Care instance of MARS, for the period 1st April – 29th February 2019 (total of 5769).

This data is consistent with the same period last year (total of 5559 1 April 18 – 28 Feb 19) and, therefore, demonstrates the continuing high engagement of the medical profession with annual appraisal. There is an expectation that there will be approx. 10% of doctors not undertaking appraisal in any given year due to extenuating circumstances, e.g. paternity leave.

MARS is part of a suite of online resources that also includes **Wales Professional Review Optometry (WPRO)**, the platform for the UK's first newly qualified optometrist mentoring programme and the **Dental Appraisal System (DAS) for community dentists**, a bespoke version of MARS developed to ensure community dentists meet their terms and conditions of service and GDC requirements. This pilot, which commenced in September 2018 and is due to complete in March 2020, will act as a proof of concept regarding the use and transferability of MARS to other professional settings. As at 29 February 2020, there are 127 registered on the system, which is approximately 91% of all community dentists. The final pilot evaluation was discussed at a joint HEIW WG meeting with the Chief Dental Officer on 5 March 2020. The outcome was an endorsement of the system as being fit for purpose and of value and it has been agreed that the DAS system will now be used as the single appraisal system for community dentists.

On 2 March 2020, HEIW launched the **Orbit360** system, a Multi-Source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and colleague feedback. This system replaces the current commercial provider and provides a single solution for Wales that has the potential to be adapted for the wider NHS Wales workforce.

Revalidation Quality Assurance Review Visits

Revalidation Quality Reviews enable discussions to take place between the key members of a Designated Body (which includes all HBs in Wales), i.e. Responsible Officer and team, and a review team. The discussions are focussed on gaining assurances regarding appraisal and revalidation processes within the Designated Body and ultimately Wales as a whole.

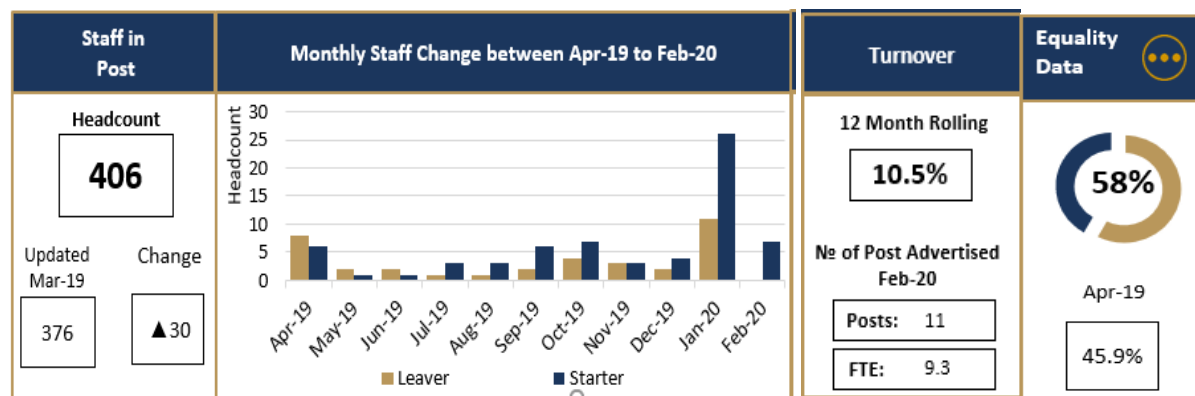
At 29 February 2019, there had been a cumulative total of 15 Review Visits. All Designated Bodies (DB) within Wales have been visited over a two-year period, January 18-December 19. See *Performance Report 2* for more detail.

As a result of the review visits, the Chief Medical Officer has been assured the appraisal and revalidation processes in Wales are robust and fit for purpose. In order to implement the revalidation action plan effectively and enable DBs to implement their local action plans there will be no further review visits taking place until April 2021. A new two-year review visit cycle to all DBs in Wales will take place April 2021 – March 2023.

SECTION 4 – Corporate Performance

HEIW Performance Metrics

This section outlines how HEIW is performing as an organisation.



Workforce Movement

In February 2020, the headcount for HEIW was 406 with the FTE being 217. HEIW's workforce has grown by 31 individuals (7.4%) since 31st March 2019. The staff changes report shows that 67 new starters joined, and 36 people left. In January 2020 HEIW saw the largest movement of the workforce with 11 people leaving and 26 new starters across a range of functional areas.

Turnover

The 12-month rolling turnover rate for HEIW for the period March 19 to February 20 is 10.5%. The turnover rate for HEIW can be variable because of the small size of the workforce. However, HEIW continues to have one of the lowest turnover rates in NHS Wales which supports business continuity and organisational memory.

Equality Data

The completion of equality data has progressively improved; more than 58% of the records have now been completed. HEIW staff have a responsibility to complete the various equality measures using Employee Self Service in ESR.

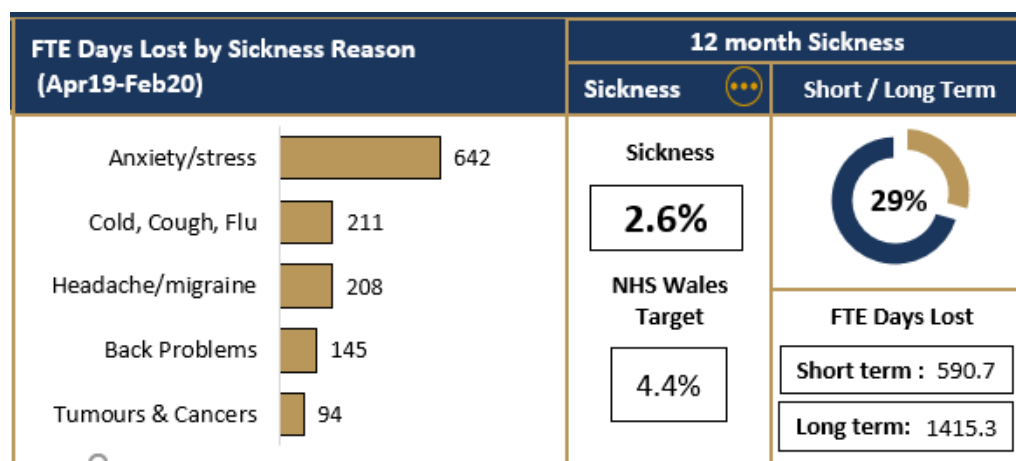
This table shows the completion percentage of staff as at February 2020

Equality Measure	Complete
Disability	45%
Ethnic Origin	40%
Nationality	42%
Religious Belief	45%
Sexual Orientation	46%
Marital Status	51%
Age & Gender	100%
Overall HEIW	58%

HEIW will continue to work with colleagues to ensure gaps are addressed. The organisation in partnership with the Equality team will be undertaking a series of actions as part of its Strategic Equality Plan. The Strategic Equality Plan has been signed off by Exec Team and is due to go to Board 26th March. Internal and external co-produced action plans will be developed in the first year of SEP inclusive of measures. Activity will include working collaboratively with our public sector, third sector partners and stakeholders initially to address the lack of trust and understanding of the purpose of collecting equality data.

HEIW has given priority to achieving its Strategic Equality Plan 2020-2024 through the IMTP.

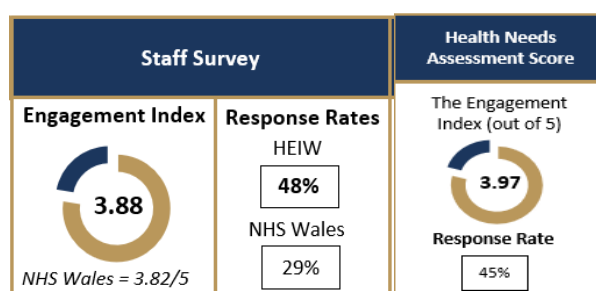
Sickness



HEIW has the lowest sickness rate of all the 11 NHS Wales organisations, with a rolling 12-month sickness rate of 2.6% (March 19 – February 20). This sickness rate is significantly below the NHS Wales sickness target of 4.4%. HEIW's low sickness rate can be viewed in a positive light, as it covers a 12-month period where staff experienced significant organisational change. Such changes can often be associated with high sickness rates, but this has not been seen within HEIW.

When looking at the reasons associated with the sickness absence figures, the most common reason for sickness within HEIW is Anxiety/Stress/Depression. This reason accounted for 39% of all sickness taken during April – February 2020. Also looking at the short term and long-term sickness (periods over 28 days), 71% of all sickness is long term. This would correlate with the sickness reason because the 'stress' category normally relates to cases of long-term sickness. Therefore, with low overall sickness absence figures, one long-term case can make a significant impact on the overall absence picture. The most recent monthly figure for February indicates that 42% of the days lost were attributable to the category of 'benign and malignant tumours, cancers' and 25% to 'anxiety/stress/depression'. Both these categories reflect only a very small number of individual, mainly long-term cases that are being managed sensitively and appropriately with involvement from the People Team. Any cases are carefully and sympathetically managed with involvement from the People Team.

Staff Survey & Health Needs Assessment



HEIW undertook a staff survey in January 2019. The response rate was 48%, which was higher than the NHS Wales response rate of 29%. The overall staff Engagement Index for HEIW was 3.88 out of a possible 5. This score can be seen positively because the survey was taken 4 months after the creation of HEIW. Significant organisational change can often be associated with low engagement scores but HEIW engagement score was higher than the Wales average (3.82).

HEIW's success in this area has been recognised by being shortlisted in three categories at this year's Healthcare People Management Association (HPMA) Wales Excellence Awards. The awards, recognise and reward the outstanding work of healthcare and people managers across Wales.

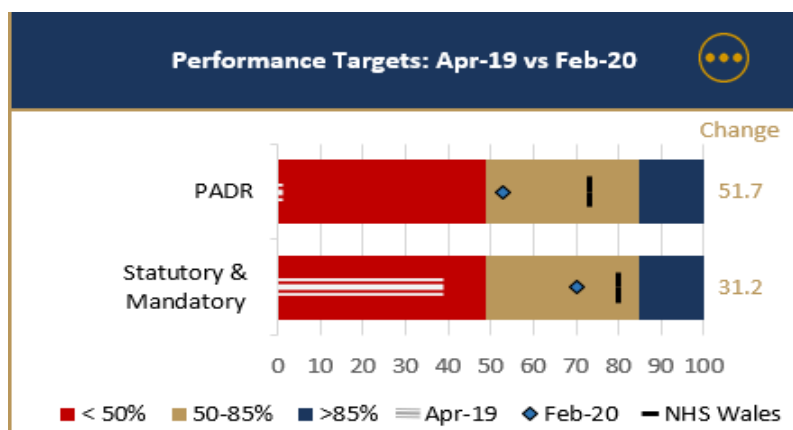
HEIW won in the category 'Colleague Engagement and Experience' for its contribution to empowering staff to create a new culture. The organisation was also highly commended in the category of 'Partnership and Seamless Working' for the new approach to managing attendance at work (in conjunction with workforce and organisational development colleagues, and trade union representatives from all 10 Health Boards and Trusts in NHS Wales).

It has been well documented that staff engagement results in better patient outcomes and the most significant impact on staff engagement is staff health and wellbeing.

The Health Needs Assessment survey was conducted 9 months later in October 2019 and contained the same questions that make up the Engagement Index. The questions in the Staff Survey had a 5-part answer, whilst the questions in the HNA had a 3-part answer, so to allow for comparison, the figures were considered in percentages, with a calculated Engagement Index score of 3.97.

One of HEIW's strategic objectives is to be an exemplar employer and a great organisation to work for. HEIW's Executives and Board has shown its commitment to this in its approach to prioritising budget and resources for staff health and wellbeing and by leading my example by valuing and behaving in a way that supports and empower staff to prioritise their own health and wellbeing and that of others.

Personal Appraisal Development Review (PADR)

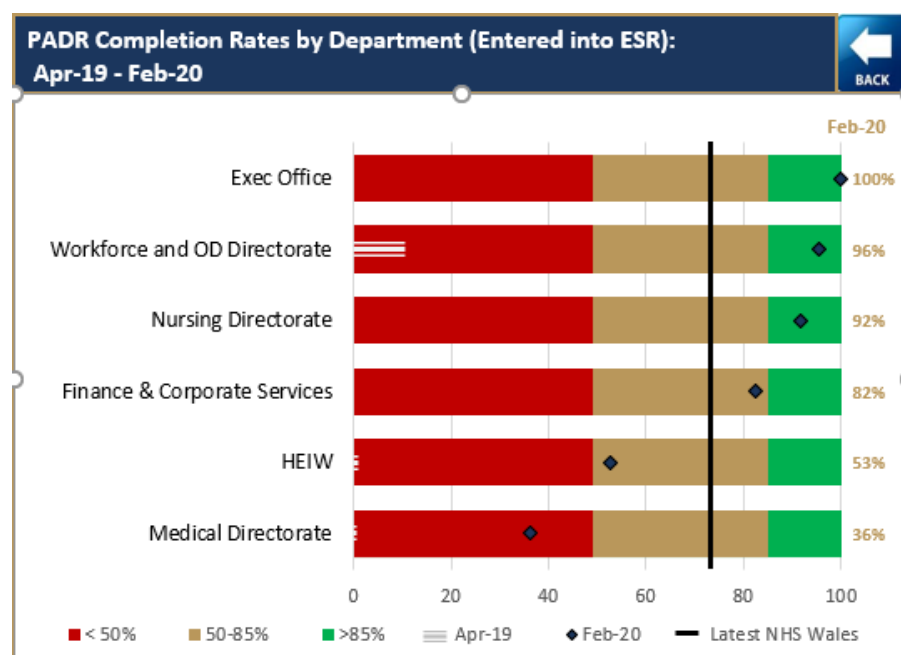


Personal Appraisal Development Review (PADR) forms part of contractual arrangements for all staff. HEIW PADR takes a values-based approach, with the outcome being an agreed personal development plan for ongoing improvement. PADR gives the individual staff member the opportunity to discuss their performance against agreed objectives. The Agenda for Change pay agreement requires confirmation of the PADR taking place to enable ongoing pay progression.

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 figure for PADR compliance in HEIW for all core staff (excluding GP Appraisers/Pharmacy Assessors /Facilitators) as at 29th February 2020 is 53%. This is broken down by Directorate as follows:

Note: There are currently 406 HEIW Staff. Of these, 111 people are GP Appraisers and Pharmacy Assessors/Facilitators. Of these 111 people, 8 have more than one role within HEIW, and 104 people in this group work less than 0.3 FTE (full time equivalent) – or a day and half per week. Together these staff equate to just over 14 FTE and are predominantly employed substantively by other healthcare organisations so we would expect their mandatory training and PADR compliance to be registered with these organisations. For the purposes of this report therefore, we have separated the two groups of staff. The narrative in this section refers to the 272 'core' staff unless otherwise indicated as at 30th November 2019.

Appendix A – HEIW Performance Report



The lowest performing directorate is Medical which shows compliance at 36%.

The compliance levels for core HEIW staff for the months December 19 to February 2020 demonstrate an improving trend as follows:

December – 44%

January – 48%

February – 53%

The compliance levels for the Medical Directorate for the months November to January also demonstrate an improving trend as follows:

December – 30%

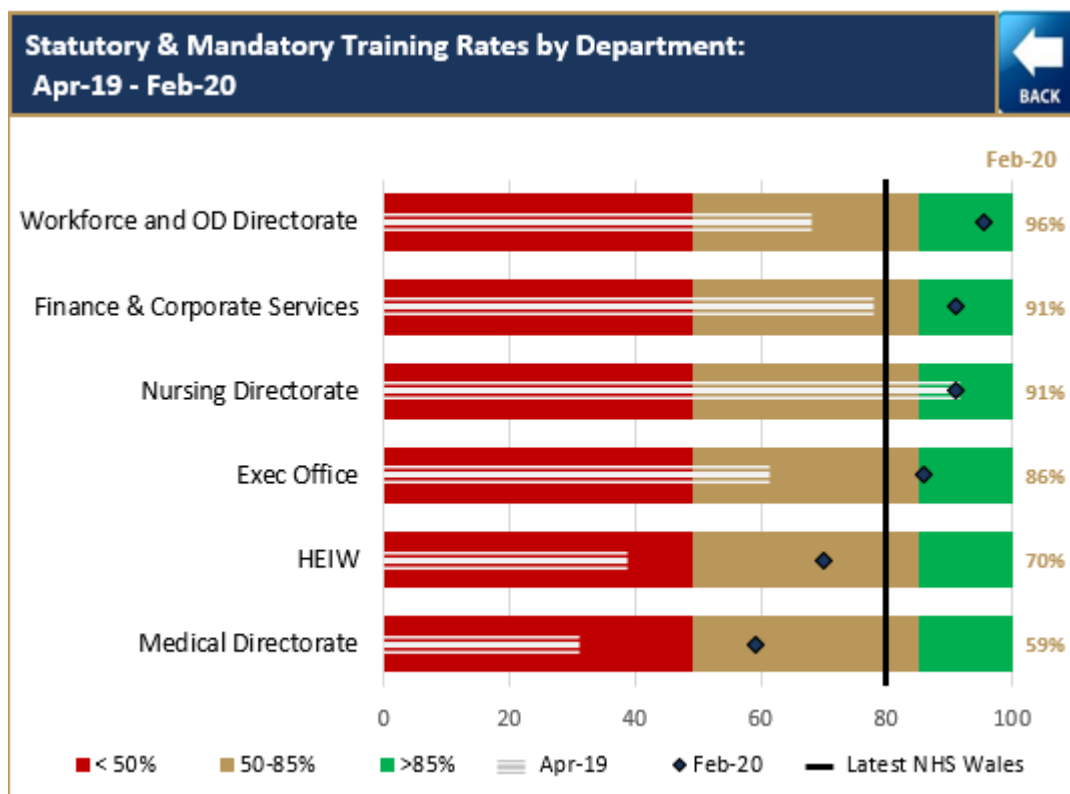
January – 31%

February – 36%

While the People team and the wider Workforce & OD teams are able to support staff in this process, it remains the responsibility of individual managers to ensure that they achieve 85% compliance in PADR for their areas of responsibility.

Statutory & Mandatory Compliance

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) as at 29th February 2020 is 70%.

To support compliance improvement,

- the NHS Wales agreed e-learning material is available through ESR self-service;
- the e-learning material is also available through internet as well as within the NHS Wales system;
- HEIW study leave policy states that staff must be compliant with statutory/mandatory training prior to attendance at other training;

- from 2020, directorate and department compliance rates will be provided on a monthly basis to SLT and Executive Teams.

While the People team and the wider Workforce & OD teams are able to support staff in this process, it remains the responsibility of individual staff and managers to ensure that they achieve a minimum 85% compliance in statutory/mandatory training requirements.

In respect of PADR and Statutory and Mandatory Training there has been a steady and continuing improvement in compliance levels both at organisational and the level of the Medical Directorate which has been the main outlier. In terms of improvement the focus for support has been on the Medical Directorate and the following actions have taken place to date:

- The issue of low levels of compliance has been flagged by the Senior People Business Partner at the Medical SMT (extended) meetings and reinforced by the Medical Dean at and external to those meetings
- The issue has been flagged by the Senior People Business Partner at the Medical Directorate SLT meeting (February)
- The Senior People Business Partner has held individual meetings with specific managers where compliance is particularly low.
- PADR compliance generally is a regular discussion topic at the OMG meetings
- People Business Partners have provided one to one support to managers in the Medical Directorate in respect of loading completed PADR reviews (dates only) on to ESR

A common theme has been managers finding difficulty in loading PADR data onto ESR. In addition to the support provided above, since October 2019 there have been 4 scheduled formal ESR training sessions (incorporating PADR completion) where a total of 11 managers have been trained (this reflects a very moderate take-up). Where attendance at formal sessions has fallen below 4 people arrangements have been made for one to one training.

In addition, ESR guides have been provided on the intranet and all new staff have been introduced to ESR via induction (23 since January). There will be further meetings with managers, and bite sized training sessions focusing on how to complete PADR on ESR are running weekly throughout March

Work is therefore ongoing to improve compliance levels. Given the nature of this and in respect of the time lag between PADR completion and data then being represented on ESR it is anticipated that a radical shift in compliance levels will not be reflected in ESR data before April.

Welsh Language

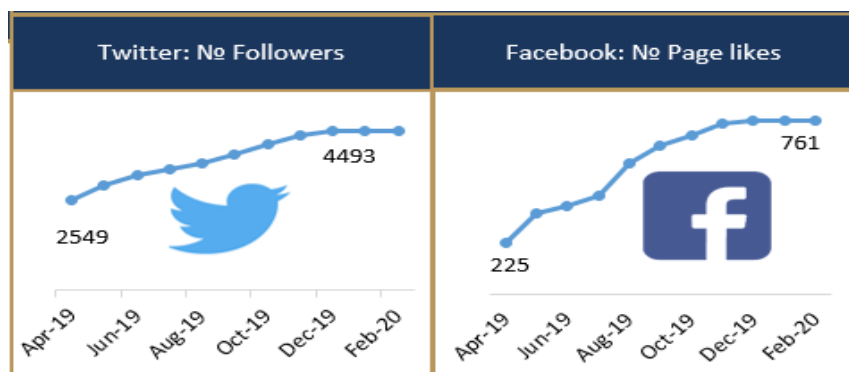
Individuals are able to update their ESR record to log their Welsh competencies in Reading, Writing and Listening/Speaking in Welsh. Of the 406 HEIW staff, 113 individuals have updated their record (27%). Of those who have updated their record, 58.4% have recorded that they have 'No Skills / Dim Sgiliau'.

As with PADR completion dates, every opportunity is being taken to remind staff and managers to complete statutory and compliance training and to update Welsh Language data.

Rollout of ESR Self Service Functionality

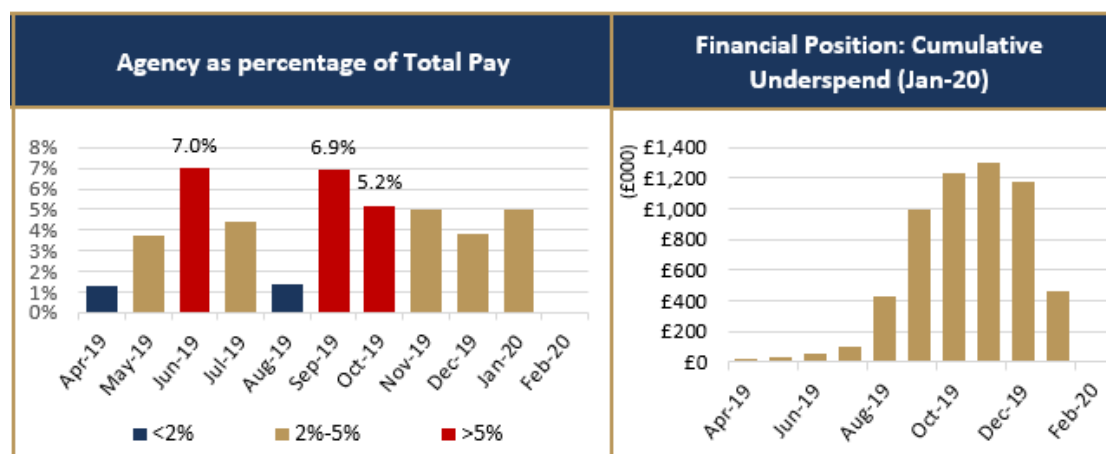
All HEIW staff have access to Employee Self Service and the rollout of Supervisor Self Service was fully implemented in April 2019, with 100% of all employees having a supervisor held within their assignment. In the coming months HEIW will be introducing Manager Self Service functionality in a phased approach. To support this rollout, the Workforce Intelligence team will be working with the People team to ensure staff receive the necessary training in relation to Self Service functionality.

Online Communication/Engagement

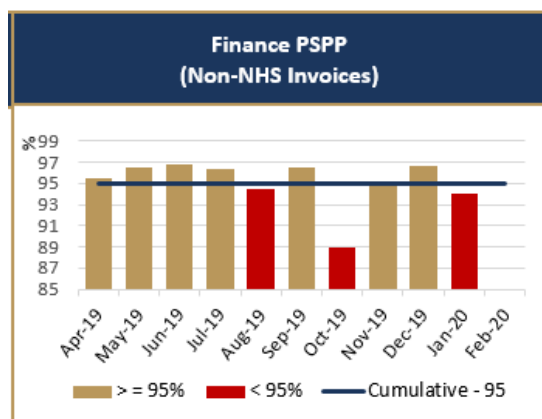


The data shows the increase in numbers of Twitter followers and Facebook page likes during the current financial year. Overall, our scope of engagement is increasing, which is very positive. We are working proactively to increase engagement via these platforms as part of wider communications and engagement planning.

Finance



Appendix A – HEIW Performance Report



A break-even position is forecast at year-end and ongoing discussions are being held with Welsh Government in order to balance this. The £467k underspend to the end of January includes a £2.6m return of funding.

Expenditure on Agency staff reflects the number of vacancies within the organisation. The forecast position at year-end based on cumulative data is 4.7% of total pay costs. This has been reducing throughout the year as posts are filled via recruitment.

The Public Sector Payment Policy Performance target is the payment of 95% of non-NHS invoices within 30 days. HEIW's cumulative position for the financial year is 95% at 31 Jan 2020.

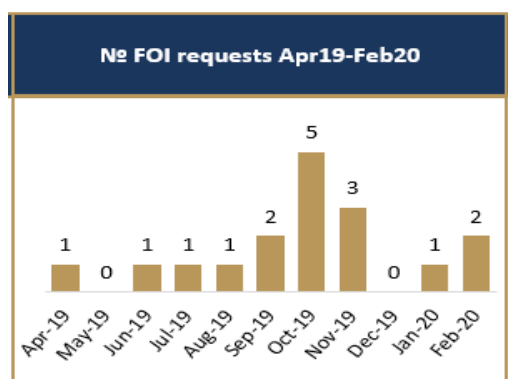
PSPP performance is currently in line with the target and it is anticipated that it will remain at this level at the year-end. Work is ongoing to clear outstanding invoices and invoice holds are now monitored on a daily basis. PSPP data is available at a directorate level and this is being used to identify any problem areas.

Disciplinary & Grievance



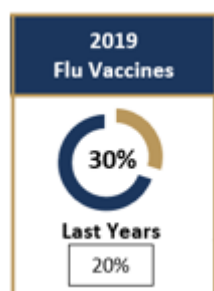
There are have not been any disciplinary or grievance cases in the period.

Freedom of Information Requests



HEIW has received 17 FOI requests between 1 April 2019 and 29 February 2020. 16 responses have been issued within the timescales as set out in the Freedom of Information Act 2000. 1 request remains outstanding but is still within the 20-day timescale for response. The compliance rate (response within the 20-working day deadline) of the requests received between 1 April 2019 and 29 February 20 is 94%. There have been no requests for review.

Flu Vaccines



20% of all HEIW staff had flu vaccines in 2018; in 2019, this increased to 30%. It is important to note that many sessional staff, also employed elsewhere in NHS Wales, may have had flu vaccines with their primary employers.

Health & Safety

Health and Safety	
Mandatory Training (Feb-20)	
Fire Safety	54.3%
Health & Safety	60.1%
Nº of Incidents Apr-19 - Feb20	
	2

Appendix A – HEIW Performance Report

There are 2 health and safety incidents reported/recorded since the last report. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) not applicable.

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'.

The roles of Fire Marshal, First Aider, DSE Assessor and PAT tester are currently filled to the required capacity and all role holders have been trained to the level required to undertake the roles.

Training Courses attended (Number of People):

- IOSH Managing Safely (1)
- Legionella Awareness (2)
- DSE Assessor training (1)
- First Aid (1)

Additional information added to the Health & Safety pages on the Intranet, including policies, processes and guidance where appropriate:

- H&S Policy
- Homeworking
- Car Parking
- Temperature
- Manual Handling
- Risk Assessment
- Control of Contractors
- Young Persons
- Incident Reporting

The 4 outstanding policies have now been completed and approved:

- Travelling for work
- Control of contractors
- Risk assessment
- Manual handling

Staff have been alerted to their presence via internal communication.

Risk Assessments

Number of risk assessments completed (3)

Internal Risk Assessments (1) – Risk Assessments completed by HEIW Staff

Litter Picking Event

Number of Actions – 0

External Risk Assessments (2) – Risk assessments completed by external subcontractors with actions for remedial works.

Fire Risk Assessment

Number of Actions – 13

Completed Actions – 13

Awaiting certificate of completion

Appendix A – HEIW Performance Report

Water Risk Assessment

Number of Actions – 8

Completed Actions – 6

END

Appendix i: Performance metrics definitions (draft, 12.03.20)

Recruitment to commissioned places

Percentage of recruitment achieved against commissioned places

Notes:

1. Data will be included in the relevant Board report according to availability for each profession (submission date to Planning & Performance included in brackets below)
2. Data will be labelled 'initial', 'intermediate' (for GP, Secondary Care and Nursing only) and 'actual', as shown below

	Initial	Intermediate (1)	Intermediate (2)	Actual
GP	Following 1 st round recruitment (April)	Following re-advertising of 1 st round recruitment (June)	Following 2 nd round recruitment (Nov)	Once trainees in post (2 nd Weds in Aug)
Foundation	Following national recruitment, once offers accepted (April)	N/A	N/A	Once trainees in post (Aug)
Secondary Care – Intake 1	Following 1 st round recruitment (includes 1 st round re-advert) (May)	N/A	Following 2 nd round recruitment (May, for different posts to initial figure)	Once trainees in post (Aug/Sept, depending on specialty)
Secondary Care – Intake 2 (round 3 – Feb start)	Following recruitment (Oct/Nov, depending on specialty)	N/A	N/A	Once trainees in post (Feb/Mar, depending on specialty)
Nursing	Following 1 st intake (end Oct)	Following 2 nd intake (end May)	N/A	Once students have started the programme: 1 st intake (end Jan); 2 nd intake (end June)
Midwifery	Following 1 st intake (end Oct)	N/A	N/A	Once students have started the programme (end Jan)
Allied Health Professionals	Following 1 st intake (end Oct)	N/A	N/A	Once students have started the programme (end Jan)
Healthcare Scientists	Following 1 st intake (end Oct)	N/A	N/A	Once students have started the

Appendix A – HEIW Performance Report

				programme (end Jan)
Pre-Registration Pharmacy	Following 1 st intake (May for Sept start - tbc)	N/A	N/A	Once students have started the programme (Oct - tbc)
Pharmacy Diploma	Following 1 st intake (May for Sept start)	N/A	N/A	Once students have started the programme (Oct)
Pre-Registration Pharmacy Technicians	Following recruitment by HBs, which varies (Mar)	N/A	N/A	Once inductions have been held by HBs (following April/May)
Dental Foundation	Following annual national recruitment (July for Sept start)	N/A	N/A	Once trainees have started the programme (Oct)
Dental Core	Based on accepted offers for DC1, DC2 and DC3 (national recruitment – July; local recruitment – Dec)	N/A	N/A	To take account of late local offers and any withdrawals (Jan, following Sept start)
Dental Specialty (exc. Orthodontics)	Following local recruitment (as available)	N/A	N/A	Once trainees in post (Oct)
Dental Specialty - Orthodontics	Following national recruitment, once offers accepted, plus offers accepted from local recruitment (July)	N/A	N/A	Once trainees in post, which varies (update annually in May)

In training

Percentage of trainees/students currently on training programmes (excluding out of placement trainees)

[development of this metric in progress]

Health Education and Improvement Wales Performance Dash Board (2019/20)

HEIW Strategic Objectives as at Feb-20

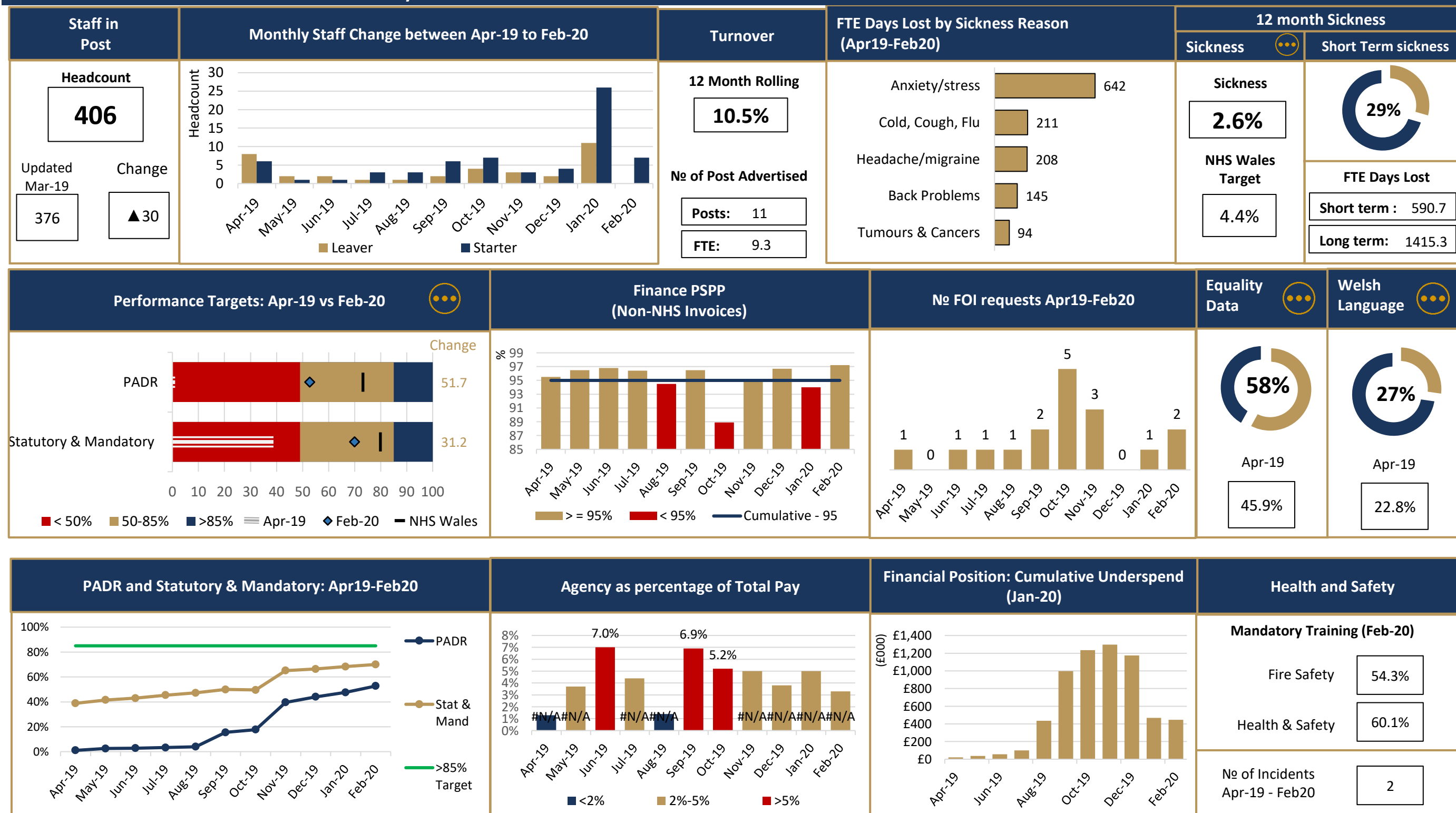
Health Education and Improvement Wales - Remit Letter 2019-20	Obj1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Obj2: Building a sustainable and flexible health and care workforce for the future	Obj3: With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery	Obj4: Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges	Obj5: Improving opportunities for use of technology and digitalisation in the delivery of education and care	Obj6: Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Obj7: Demonstrating value from investment in the workforce and the organisation
RED 0	RED 0	RED 0	RED 1	RED 0	RED 0	RED 0	RED 1
AMBER 1	AMBER 2	AMBER 5	AMBER 1	AMBER 6	AMBER 3	AMBER 3	AMBER 0
GREEN 5	GREEN 0	GREEN 2	GREEN 1	GREEN 0	GREEN 0	GREEN 0	GREEN 0

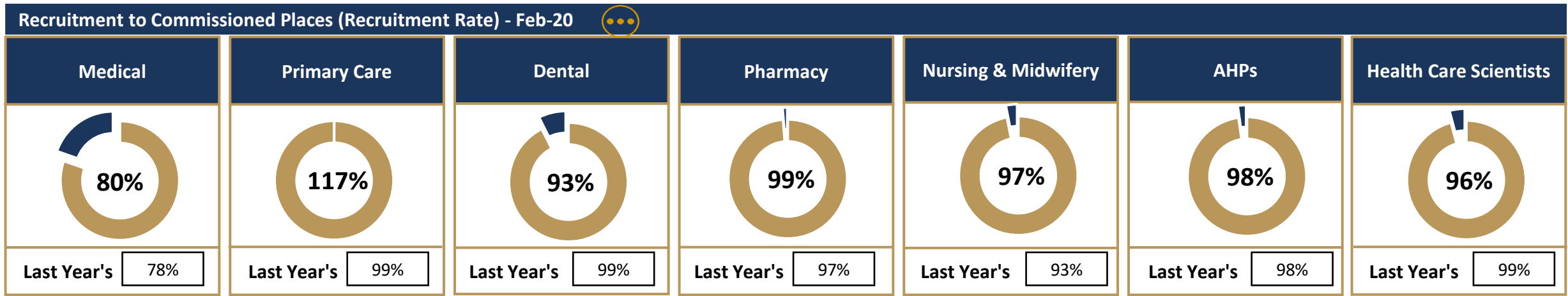
Departmental Information

Annual Review Of Competency Progression (Apr19 - Feb 20)	No of Revalidation Appraisals Completed Apr19 - Feb20	Quality Management: Targeted Visits - Feb-20	Professional Support Unit (Feb-20)	People Team (Feb-20)
<p>Dental Specialty</p> <p>Dental Core Training</p> <p>Dental Foundation</p> <p>Foundation</p> <p>Secondary Care</p> <p>General Practice</p> <p>0% 20% 40% 60% 80% 100%</p> <p>Completed Dev required Unsatisfactory OOP</p> <p>Total</p> <p>19</p> <p>59</p> <p>141</p> <p>751</p> <p>1753</p> <p>485</p>	<p>MARS</p> <p>3613</p> <p>Primary Care - MARS</p> <p>2156</p> <p>No of Completed Review Visits, this 15</p>	<p>Monitoring Progress</p> <p>11</p> <p>De-escalated</p> <p>5</p> <p>Planned</p> <p>3</p> <p>Concerns</p> <p>2</p>	<p>Reason for Visits</p> <p>Health</p> <p>194</p> <p>ARCP outcome</p> <p>73</p> <p>Passing Exam</p> <p>69</p> <p>Training Progression</p> <p>37</p> <p>GMC Referral</p> <p>4</p> <p>Active Cases</p> <p>377</p> <p>Referrals to Hammet Street</p> <p>188</p>	<p>Disciplinary & Grievance</p> <p>0</p> <p>No Complaints</p> <p>0</p>

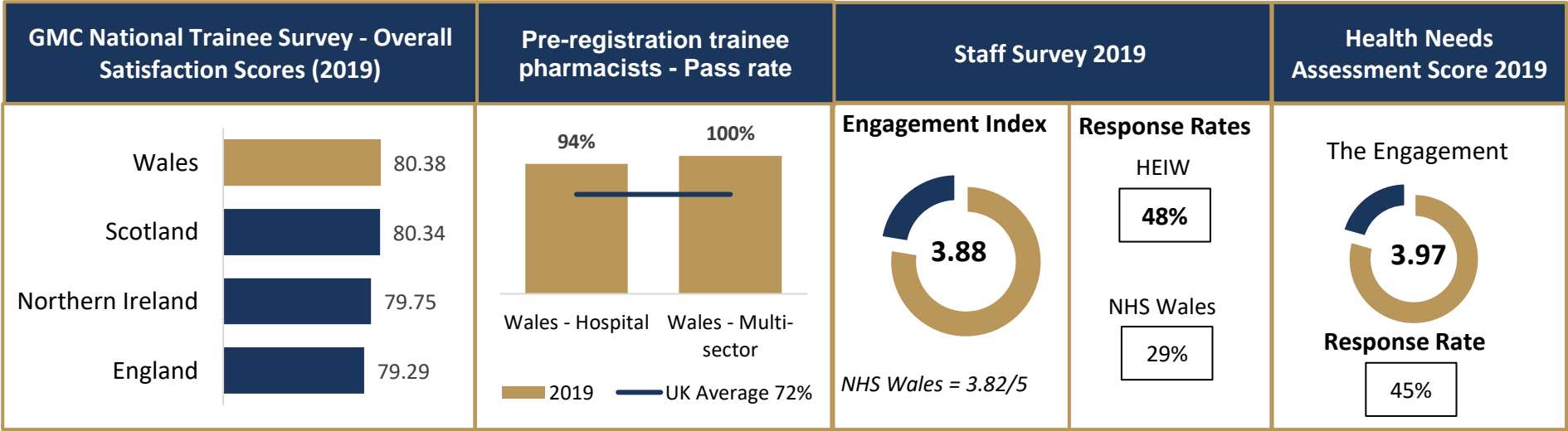
Trainee Progression Governance: No of Reviews	Face to Face & Online CPD Activity (Top 3 Dept. Actual Attendees) : Apr19-Feb20	Online Communication / Engagement
<p>2018 (Jan - Dec)</p> <p>2019 (Jan - Dec)</p> <p>2020 (Jan - Mar)</p> <p>3</p> <p>9</p> <p>1</p> <p>6</p> <p>2</p> <p>1</p> <p>Decisions maintained Decisions changed</p> <p>Total number of Hearings</p> <p>2018</p> <p>2019</p> <p>2020</p> <p>4</p> <p>4</p> <p>0</p>	<p>6997</p> <p>285</p> <p>1810</p> <p>1418</p> <p>1191</p> <p>0</p> <p>Dental Pharmacy RSU</p> <p>Face-to-Face Online</p>	<p>Twitter: No Followers</p> <p>2549</p> <p>4493</p> <p>Apr-19 Jun-19 Aug-19 Oct-19 Dec-19 Feb-20</p> <p>Facebook: No Page likes</p> <p>225</p> <p>761</p> <p>Apr-19 Jun-19 Aug-19 Oct-19 Dec-19 Feb-20</p> <p>RSU Online page hits: as at Feb-20</p> <p>7937</p> <p>15196</p> <p>Apr-19 Jun-19 Aug-19 Oct-19 Dec-19 Feb-20</p>

HEIW Workforce Performance Metrics - February 2020





Benchmarking Information - 2019





GIG
CYMRU
NHS
WALES

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

Meeting Date	26 March 2020	Agenda Item	4.3
Report Title	Corporate Risk Register		
Report Author	Kay Barrow, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	<p>This report provides an overview of the profile of the risks that are assessed as the key risks to HEIW's successful achievement of its strategic objectives within the Annual Plan.</p> <p>It also provides an initial identification of the risks created by the COVID-19 pandemic.</p>		
Key Issues	<p>The report :</p> <ul style="list-style-type: none"> • provides an update on the current position in relation to the Corporate Risk Register which is attached at Appendix 1; • confirms the reduced score of one reassessed risk; • confirms that one risk is currently assessed as 'red'; • confirms that one risk is currently assessed as 'green' • confirms there are two new risks; • provides an initial identification of the risks created by the COVID-19 pandemic. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report for assurance purposes. 		

CORPORATE RISK REGISTER

1. INTRODUCTION

The Board is asked to note the current position with regards to the Corporate Risk Register (**Appendix 1**) as outlined within this report together with a separate consideration of the risk caused by the COVID-19 pandemic.

2. BACKGROUND

The Corporate Risk Register is aligned with the objectives set out in the Annual Plan for 2019/20 and any other areas of inherent risk. Each risk within the Corporate Register is allocated to a specific Annual Plan or Remit letter objective in the left hand column of the register.

The risk associated with the COVID-19 pandemic are considered separately at paragraph 3.2 below.

3. ASSESSMENT

3.1 Corporate Risk Register

Since the last reporting period, there are currently 26 risks on the Corporate Risk Register. These risks have been assessed as follows: one red status, 24 orange status and one green.

The one red risk is detailed below:

Risk 28 – Cyber Security: If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. The Executive Team approved the recommendations within HEIW's Cyber Security Assessment Report on 23 October 2019 which have or are being implemented. Recruitment into the post of Head of Cyber Security is currently ongoing.

- **Risk with an Increased Score:** None

- **Risk with a Reduced Score:**

Risk 10 – NHS Bursary Terms and Conditions: If students are unhappy with receiving an invoice to repay part or all of their NHS Bursary it could cause significant financial and emotional harm to the individuals. It could also be a source of adverse publicity for HEIW. In June 2019, Welsh Government confirmed that HEIW was required to recover funding from students in breach of the bursary terms and conditions. Due to the impact of this decision, the risk was reassessed and upgraded from 'amber' to 'red'. This matter was raised with Welsh Government policy leads and a Ministerial briefing prepared for the Minister's consideration. In February

2020, formal confirmation of the decision that students leaving part way through a course will not be required to repay the bursary. The risk has been reassessed and downgraded to 'green'.

New risks

Risk 32 – Impact of the Changes to the Internal Medicine Training Pathway: If because of the changes to the Internal Medicine Training Pathway (moving from 2 years to 3 years) Wales is unsuccessful in recruiting to the vacant ST3 posts for August 2021 this could affect service delivery across Medical units resulting in a direct impact for patient care. This has been initially assessed as a score of 12 and is an 'amber' risk.

Risk 33 – Impact of the Changes to the Anaesthetics Pathway: If because of the changes to the Anaesthetics pathway (moving from 2 years to 3 years) where ST3 posts will be changed to CT3 and no entry to ST3 for August 2021 vacancies occur that cannot be recruited to service delivery is compromised which could in turn affect patient care. This has been initially assessed as a score of 9 and is an 'amber' risk.

3.2 Risks arising from the COVID-19 pandemic

The high level risks to HEIW's arising from COVID-19 are detailed below. It was originally intended that the Corporate Risk Register (CRR) be aligned from April to HEIW's IMTP. Given the current circumstances the CRR is to focus on the risks created by COVID-19. A more detailed assessment of the risk will be presented to the Audit and Assurance Committee on 1 April.

The key risks have been identified as follows:

- related to progress / completion of education and training for current students and trainees;
- impact of delays in training on the future pipeline of newly qualified NHS staff;
- recruitment to / fill rates of future education and training programmes;
- related to financial implications of plans eg delays in education training programmes, study leave budgets etc;
- related to current major change programmes that are underway eg GP Training and Pharmacy Pre-registration;
- related to delivery of new work programmes in the IMTP;
- related to the wellbeing of HEIW staff.

4. GOVERNANCE AND RISK ISSUES

Risk management through the Corporate Risk Register is a core tool for the governance of risk within HEIW.

5. FINANCIAL IMPLICATIONS

Risk management through the Corporate Risk Register is a core function of HEIW as a Special Health Authority. There are no anticipated additional cost implications.

6. RECOMMENDATION

The Board is asked to:

- **Note** the contents of the report for assurance purposes.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
The Corporate Risk Register is the core tool to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff.				
Financial Implications				
Risk management is a core function of HEIW as a Special Health Authority. There are no anticipated additional costs.				
Legal Implications (including equality and diversity assessment)				
N/A				
Staffing Implications				
There are no additional staffing implications.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The Corporate Risk Register is HEIW's core tool to manage risk going forward.				
Report History	The Risk Register is presented to the Board twice a year.			
Appendices	Appendix 1 – Corporate Risk Register			

March HEIW Corporate Risk Register

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	1. Obj. 1	If staff do not integrate effectively as part of the new organisation this could affect delivery of the annual plan commitments resulting in poor performance and reputational damage. DIRECTOR OF WORKFORCE & OD	4	4	16	<ul style="list-style-type: none"> Co-production with staff of a People and OD strategy by the autumn of 2019 Execs and SLT to maximise opportunities for matrix working, and to encourage staff to work across Culture Champion Group to monitor and feedback Review of structures 1 year on to ensure they support integrated working. 	4	3	12		Work underway across all actions to mitigate this risk. More to be done on use of the physical space within Ty Dysgu as some issues emerging that may be working against better integration. People & OD strategy engagement & development well underway.

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	2. Obj. 1	<p>If the values and behaviours framework is not effectively embedded in the organisation this could impact on morale, engagement and reputation affecting service delivery and reputation.</p> <p>DIRECTOR OF WORKFORCE & OD</p>	4	3	12	<ul style="list-style-type: none"> Refresh of the action plan for embedding values & behaviours framework into core business People and OD strategy to reinforce the importance and expectations on all staff Response to staff survey is framed in context of our values and behaviours and is seen to be acted upon. 	3	3	9		<p>Work in hand; stock take on progress scheduled for October 2019.</p> <p>Values based appraisal system implemented from April 2019.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	3. Obj 1	<p>If the organisation does not have effective programme and project management capacity and expertise this may impact on delivery of the annual plan objectives and result in failure to deliver agreed commitments and levels of performance.</p> <p>DIRECTOR OF CORPORATE SERVICES</p>	4	3	12	<ul style="list-style-type: none"> Identified as a priority area for training in 2019-20 from initial observations in relation to submission and preparation of project plans to deliver annual plan objectives Training in project management to be sourced and rolled out Skills assessment to be undertaken as part of a HEIW TNA to identify prior learning/expertise Best practice examples to be highlighted and shared. 	3	3	9		<p>Limited progress to date due to capacity. Further discussion with interim DoFCS in coming month.</p> <p>Structures being reviewed to support process.</p> <p>Engagement with All Wales Procurement exercise to consider merits of investment in Project Management software</p> <p>Awaiting completion of Procurement exercise undertaken on an All Wales basis. Executive approval given to take forward option to support IMTP implementation and progress</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	4. Obj 1	If the role and functions of HEIW are not fully understood this may impact on engagement and involvement in delivery of objectives, and lead to a mismatch between ambitions and expectations, and reputational damage. DIRECTOR OF WORKFORCE & OD	4	3	12	<ul style="list-style-type: none"> Publication of the Comms & engagement strategy and implementation plan early 2019-20 Regular stakeholder bulletins Targeted comms highlighting specific activities and projects Execs and staff to maximise opportunities to engage and spread understanding. X2 successful national stakeholder events held Autumn 2019 with feedback reported and being used for to inform future plans HEIW Roadshow 	3	3	9		Strategy published and in place. Regular bulletins being prepared & distributed. HEIW Roadshow is continuing to visit NHS sites across Wales meeting students, trainees, mentors, trainers and educators. Feedback from all activities used to inform future engagement plans. HEIW information stand going out to events to increase awareness. Mini promotional campaign being planned for Spring 2020. HEIW individual branding and style guide to be introduced to help build organisation awareness.

HEIW Corporate Risk Register – Updated March 2020

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	5. Obj 1	<p>If the relationship with the NHS is not effective this will impact on HEIW service delivery and implementation of the annual plan.</p> <p>DIRECTOR OF WORKFORCE & OD</p>	4	3	12	<ul style="list-style-type: none"> Implementation of the Comms & engagement plan for 2019-20 Regular stakeholder bulletins Execs to be active members of peer networks and national groups Proactive engagement with NHS organisations including as part of the development of our IMTP and through the annual planning cycle Understanding of NHS to continue to be a theme through staff events and training in 2019. 	3	3	9		<p>See above. Plus, all execs are now regularly attending peer networks. Ops to support national programmes are clear and allocated to key individuals within the organisation</p> <p>Engagement with NHS orgs has been built into our IMTP process for this year.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	6. Obj 1	If the interface with WG is not clear this could impact on delivery and reputation, and could undermine a good relationship with WG. CHIEF EXECUTIVE	5	4	20	<ul style="list-style-type: none"> Regular 1:1s with DG Regular 1:1s with policy leads Quality and delivery meetings start on 23 September Regular JET meetings Agreed plans and remit letter. 	4	3	12		Quality and Delivery meetings commenced on 23 September which will provide a regular forum for addressing the interface, reducing the probability of this risk.

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	8. Obj 1	<p>If HEIW doesn't have sufficient capacity & capability, there is a risk of delay in clearing the job evaluation backlog/appointing to remaining vacancies in the organisational structure, with a consequent impact on delivery of plans and objectives.</p> <p>DIRECTOR OF WORKFORCE & OD</p>	5	4	20	<p>This requires:</p> <ul style="list-style-type: none"> • additional short-term HR capacity to be secured by HEIW to support the initial peak in recruitment & HR activity over the next 6 - 12 months • substantive recruitment to be progressed to HR roles asap. Prioritisation of work for People team including recruitment activity. • investment in training managers across HEIW in job evaluation and job design • Trade Union partners to agree to support local JE panels. 	4	2	8		<p>Internal job evaluation panels commenced in March and have run regularly since then with support from staff representatives and partners.</p> <p>The backlog of job evaluation was finally cleared in September and that has enabled recruitment to be commenced in large volumes.</p> <p>Managers and People Team staff have been trained to undertake online recruitment processes and/or be panel members.</p> <p>Significant improvement in the number of vacancies stuck in the JE pipeline and recruitment campaigns undertaken has been reported to exec team monthly.</p> <p>Volumes have now reached 'steady state'</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Jun 2019	9. Obj. 1	<p>If Staff do not comply with Welsh Language Legislation, then HEIW could be subject to Welsh Language Commissioner Investigations and ultimately a potential fine , reputational damage and decrease in staff morale. Instructing external translators is currently challenging due to increased demand for their work.</p> <p>BOARD SECRETARY</p>	4	5	20	<ul style="list-style-type: none"> Set up staff group to increase awareness and address concerns of generic staff groupings Set up ongoing Communication and Engagement programme to highlight specific risk areas with solutions Identify 10 highest risk areas and report regularly against these Set up training and awareness sessions against the highest areas of risk Proposals presented to the NHS's Heads of Communication Group in respect of improving translation provision. 	4	2	8		Progress being made to embed the Welsh Language Policy within HEIW.

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	10. Obj. 1	If students are unhappy with receiving an invoice to repay part or all of their NHS Bursary it could cause significant financial and emotional harm to the individuals. It could also be a source of adverse publicity for HEIW DIRECTOR OF NURSING	4	4	16	<ul style="list-style-type: none"> HEIW to work with professional bodies and student groups Develop a clear communication plan Clarify T&C of the contract renewal Develop sensitive processes to deal with the requests for reimbursement 	4	1	4		<p>Procedures and protocols are being developed.</p> <p>Meeting held with WG on the 4.12.2019 where it was agreed in principle that the payback of cost would only apply to students who qualify and do not fulfil their commitment to work in Wales.</p> <p>HEIW have received confirmation in writing from WG 6.2.2020 of the decision that students leaving part way through a course will not be required to repay the bursary.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	12. Obj 2	If current approaches to professional boundaries remain this will affect HEIW's ability to transform approaches to workforce planning, development and education. DIRECTOR OF NURSING/ MEDICAL DIRECTOR	4	4	16	<ul style="list-style-type: none"> HEIW Execs to be an active member of executive peer groups Ensure learning opportunities are multi-professional Ensure the HEIW annual plan includes areas of work which challenge professional boundaries, e.g. promotion of delegation guidelines, Development of advanced practice/extended skills, roll out behavioural science approach etc. 	3	3	9		Actively engaging with Peer groups and through HEIW work programme to influence and challenge. Early discussions with Universities to encourage Multiprofessional Undergraduate Education

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	13. Obj. 2	If the quality of postgraduate medical education is not maintained this could impact on patient safety and quality as well as recruitment into education programmes in Wales. MEDICAL DIRECTOR	3	3	9	<ul style="list-style-type: none"> Maintained previous levels of scrutiny by methods sanctioned by the GMC Engage with GMC to review QA process and act as pilot site for review. Ensure effective communication of high-risk areas to CEO and MDs of Health Boards and Trust. 	3	3	9	Ongoing risk Core Business	GMC QA Pilot ongoing HEIW training role related to recent issues in one Health Board communicated to all CEOs, CMO and CNO.

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	14. Obj.2	<p>If universities review their provision of UG programmes and determine to withdraw from the market this will impact on HEIW's ability to deliver commissioned numbers and impact on workforce planning for NHS Wales.</p> <p>DIRECTOR OF NURSING</p>	4	4	16	<ul style="list-style-type: none"> Ensure active communication with HEI to understand their priorities and challenges Through the contracting process work with universities to ensure they are adequately funded for the programmes Work with education providers to determine what other alternatives are possible. 	3	3	9		<p>HEIW engaging with universities and all current programmes will continue to be delivered until 2022 as a minimum. The work surrounding the new contract and "lotting" strategy should minimise this risk beyond 2022.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	16. Obj.2	If the Strategic Review of Health Professional Education does not meet the timescale and future aspirations as agreed by HEIW, this will impact on the quality and suitability of education in the future. DIRECTOR OF NURSING	5	3	15	<ul style="list-style-type: none"> Ensure robust project management arrangements are in place Secure additional resource for the project Ensure robust stakeholder engagement Ensure it links to the 10 year health and social care workforce strategy. 	4	3	12		<p>Project plans are in place and on target to undertake the procurement of health professional education.</p> <p>Engagement with HEI and HB/Trusts currently underway.</p> <p>10.3.2020 the spread of COVID 19 is likely to challenge the current time scale to go out to tender for these contracts, however there is scope within the timescale to push this back by 3-4 months if needed</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	20. Obj.2	Apprenticeship Frameworks If Welsh Government do not provide a means for the newly developed health qualifications to be recognised within Apprenticeship frameworks, health care staff will continue to undertake outdated qualifications as part of their apprenticeship. DIRECTOR OF NURSING	3	4	12	<ul style="list-style-type: none"> Working with WG to develop for health apprenticeships to be revised and updated. 	3	3	9		Group set up. Right staff engaged and processes being updated.

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	21. Obj 3	If the relationship with Social Care Wales is not effective, then this could impact on delivery of key priorities for A Healthier Wales, and in particular the delivery of the workforce strategy which is a high-profile commitment. CHIEF EXECUTIVE	4	3	12	<ul style="list-style-type: none"> Joint exec team and joint Board meetings twice a year 1:1 meetings between CEOs Joint steering group for development and delivery of the health & care workforce strategy, as well as underpinning operational management groups. 	3	3	9		Agreed actions continue.

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	22. Obj 3	If the Workforce Strategy for Health and Social Care does not meet expectations this will impact on reputation and future delivery. DIRECTOR OF WORKFORCE & OD	4	4	16	<ul style="list-style-type: none"> Joint steering group chaired by CEOs Clear project plan and reporting Additional capacity in terms of consultants Significant engagement periods built into the programme to develop ownership, buy-in and understanding. 	4	3	12		<p>Actively engaging with partners, stakeholders and staff. Significant activity underway during consultation phase. Project on course.</p> <p>Final draft strategy completed and signed off by HEIW and SCW Boards. Final draft strategy submitted to Welsh Government on 20th December 2019 – awaiting their feedback.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	23. Obj 5	If the loss of Eduroam portal provision following transition out of Cardiff University is not addressed by an effective replacement, it will impact on trainees and trainers ability to undertake and complete appropriate training through a dedicated internet connection. Risk of reputational risk to Wales and Welsh offer. CHIEF EXECUTIVE	5	4	20	<ul style="list-style-type: none"> WG and NWIS aware of the issue and working on an amendment to GOVROAM to address our needs and the specific authentication requirements which were previously facilitated by Cardiff University. We are continuing to monitor and press WG for a solution, and will escalate to the CEO NHS Wales as appropriate Communications with trainees and trainers are being handled through consistent messaging Positive meetings facilitated with NWIS and JISC to highlight the benefits and added value Eduroam provides over GOVROAM . 	4	3	12		<p>CEO held meeting with Director of NWIS and WG to agree position and actions on 2 July. Following consultation with WG and NWIS we are engaging with Eduroam with a view to entering into a new Eduroam license.</p> <p>NWIS completed and have approved infrastructure design to support Eduroam rollout.</p> <p>Awaiting build of servers to support authentication. Planned testing and confirmation of go live date due end September/Early October depending on time taken to build infrastructure.</p> <p>Infrastructure built and pilot undertaken with a number of specialities across Health Board locations.</p> <p>Further rollout expected during February Working with Health Board IT teams to resolve technical issues impacting on availability.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Apr 2019	25. Obj 7	<p>If there is no agreement on the future arrangements for allocation of SIFT this could undermine HEIW's ability and levers to redesign education.</p> <p>INTERIM DIRECTOR OF FINANCE</p>	5	3	15	<ul style="list-style-type: none"> Work closely with WG colleagues to progress SIFT discussions Participate in the development of proposals for the future allocation of SIFT Use lessons and experience from across UK to inform plans Ensure that the plans are confirmed and agreed prior to transfer to HEIW. 	4	2	8		<p>This is discussed as a regular item during interface meetings with WG</p> <p>IMTP Submission proposes that in 2020/21, discussions are held re the transfer of SIFT resources to HEIW in 2021/22 FY. Transfer of Infrastructure SIFT resources to C&V UHB allocation enacted in 20/21 FY Resource Allocation Letter.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Jul 2019	26. Remit Letter	If 80 new DN are not recruited to NHS Wales by summer 2020 it could affect plans for strengthening primary and community services. DIRECTOR OF NURSING	4	4	16	<ul style="list-style-type: none"> Revisit original plan agreed with WG Meeting with WG on the 22.7.2019 Review projected expenditure and develop additional options Discuss with DON to raise profile and gain support Continue to work with Health Boards to encourage an increased uptake. 	4	3	12		<p>Meetings and correspondence over the summer indicate progress towards the target.</p> <p>It is anticipated that over 50 new DN will be trained however significant level of education going into the community nursing workforce which will be highlighted as well as the DN qualified staff.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Nov 2019	27. Obj 1	<p>If the capacity in the People Team is not addressed there is a risk of delay in progressing 'desirable' policies and practices and levels of service provided to managers and staff, with a consequent impact on reputation of & confidence in the team.</p> <p>DIRECTOR OF WORKFORCE & OD</p>	4	4	16	<p>This requires:</p> <ul style="list-style-type: none"> • additional short-term HR capacity to be secured to support the current gaps • substantive recruitment to be progressed to HR roles asap • prioritisation of work for People team including recruitment activity • communication with managers and staff throughout HEIW 	4	3	12		<p>Interviews held w/c 4th November for HR Business Partner; agreement given to appoint 2nd individual from BP recruitment campaign</p> <p>Experienced new starter joined 4/11/19</p> <p>Discussions with TUS re solutions & prioritisation</p> <p>Execs asked to brief staff on turnover and gaps in People Team and asked to cascade to their teams.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Nov 2019	28. Obj 5	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. DIRECTOR OF WORKFORCE & OD	5	5	25	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report.	5	4	20		<p>Executive team approved the recommendations within HEIW's Cyber Security assessment report on 23 October which have or are being implemented.</p> <p>Action plan being worked through where applicable Board Development session planned for End February Job Description being finalised to enable recruitment Working with procurement to ascertain potential consultancy services</p> <p>Action plan is being worked through where applicable. Initial successful agency recruitment, however individual left to pursue a permanent option. Further agency support to be considered. 12 applications for permanent role received –Shortlisting to be completed with interviews scheduled for 30 March.</p>

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Nov 2019	29. Obj. 1	<p>If HEIW does not ensure that all of its contracts are, where appropriate renewed, within the contract term there is a risk that a supplier may withdraw from a contract at short notice which may impact HEIW's services.</p> <p>BOARD SECRETARY</p>	4	4	16	<p>A Contract and Agreement Register has been compiled to provide assurance in respect of contract management.</p> <p>The Contracts and Agreement Register shall be used as a tool to ensure that contracts are renewed within the contract term.</p> <p>The Corporate team supported by procurement and legal and risk will put together a clear procedure to support HEIW's contract renewal process.</p>	4	3	12		

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Dec 2019	30. Obj 2	<p>If the Welsh Government change the NHS Bursary Policy for 2023/24 and beyond it could impact on the contract procurement process which has been initiated.</p> <p>DIRECTOR OF NURSING</p>	5	3	15	<p>Seek procurement and legal advice</p> <p>Discuss impact of the bursary extension for a further 2 years with WG to determine when a final decision is to be made</p>	3	3	9		Further work has been undertaken to consider the impact of any changes to the bursary after 2023/24 and the impact of this has now been reduced as it will not detract from the contracts being let in 2020/21.

HEIW Corporate Risk Register – Updated March 2020

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
Jan 2020	31. Obj 2	<p>If the Welsh NHS bursary is considered to be of less benefit than the new scheme introduced in England it could adversely impact on student recruitment to commissioned places</p> <p>DIRECTOR OF NURSING</p>	4	3	12	<p>Assess the impact of the new English bursary and compare to Wales.</p> <p>Brief HEIW Exec on 29.1.2020</p> <p>Consider advising WG following the assessment of the different schemes</p>	3	3	9		<p>New Risk</p> <p>Paper been considered by Exec team and following amendments to be submitted to WG</p>

HEIW Corporate Risk Register – Updated March 2020

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
March 2020	32	<p>If because of the changes to the Internal Medicine Training Pathway (moving from 2 years to 3 years) Wales is unsuccessful in recruiting to the vacant ST3 posts for August 2021 this could affect service delivery across Medical units resulting in a direct impact for patient care.</p> <p>MEDICAL DIRECTOR</p>	4	4	16	<ul style="list-style-type: none"> Recruitment for 2021 was initially frozen. Wales has secured agreement to run a recruitment round for entry into 2021 to mitigate against the original risk. Through previous engagement sessions Clinical Directors and medical leads have been informed of the risks and advised of the potential impact to support their local plans for mitigation UK guidance has been issued to all trainees regarding the changes to the IM processes and pathways. Within this it is highlighted that Wales will be running a recruitment round for 2021. Vacant ST3 posts may be used for former Core Medical Trainees who will require an IM3 posts to be eligible for future ST4 recruitment 	4	3	12		NEW RISK

HEIW Corporate Risk Register – Updated March 2020

Date Added	Ref (Objective)	Risk Description	Inherent Risk			Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	Summary of action to date or proposed action to reduce risk impact or proximity	Impact	Probability	Overall Score	R/A/G & trend	
March 2020	33	<p>If because of the changes to the Anaesthetics pathway (moving from 2 years to 3 years) where ST3 posts will be changed to CT3 and no entry to ST3 for August 2021 vacancies occur that cannot be recruited to service delivery is compromised which could in turn affect patient care.</p> <p>MEDICAL DIRECTOR</p>	3	4	12	<ul style="list-style-type: none"> Arrangements have been communicated to Health Board Clinical Directors around changes planned for 2021. Recruitment processes are planned for the February 2021 and February 2022 intakes and we plan to maximise recruitment during those rounds to mitigate the impact for August 2021. 	3	3	9		NEW RISK

Risk Scoring Matrix

–	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Level	Colour	Score Range
Low		1 – 6
Moderate		7 – 14
High		15 – 25

HEIW Strategic Objectives – Annual Plan 2019-20

Strategic Objective 1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand.
Strategic Objective 2: Building a sustainable and flexible health and care workforce for the future.
Strategic Objective 3: With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.
Strategic Objective 4: Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
Strategic Objective 5: Improving opportunities for use of technology and digitalisation in the delivery of education and care.
Strategic Objective 6: Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales.
Strategic Objective 7: Demonstrating value from investment in the workforce and the organisation.



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

Meeting Date	26 March 2020	Agenda Item	4.4
Report Title	Committee Chair's Report – Audit and Assurance Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
Key Issues	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 27 January 2020.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> - NOTE the content of the report for assurance. 		

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 22 November 2019.

4. GOVERNANCE AND RISK ISSUES

Any governance risks and issues are managed via the committee meetings and exception reports will be provided to the Board by the respective chairs.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider/approve.

6. RECOMMENDATION

Members of the Board are asked to:

- **NOTE** the content of the report for assurance.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.				
Financial Implications				
No financial implications for the Board to be aware of.				
Legal Implications (including equality and diversity assessment)				
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.				
Staffing Implications				
No staffing implications for the Board to be aware of.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The report outlines work undertaken by the Committee to review the short term performance and finance of HEIW as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.				
Report History	This report shall be a standing item on the Board's agenda.			
Appendices	Chair's summary - Audit and Assurance Committee (Appendix 1).			

Appendix 1

Meeting Date	26 March 2020	Agenda Item	4.6.2
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, Interim Director of Finance		
Date of last meeting	27 January 2020		
Summary of key matters considered by the committee and any related decisions made:			
<p>The Committee received an update in relation to the Annual Counter Fraud Work Plan and it was highlighted that there was currently one ongoing 'live' investigation. The quarterly Newsletter was available to view on the HEIW intranet. The Committee noted that HEIW had commissioned an independent review of HEIW's Procurement systems and processes and would receive a copy of the review when completed for information.</p>			
<p>The Committee was updated in relation to the progress in the achievement of Compliance with Mandatory Training and PADR recorded on ESR for core staff. As at 30 November 2019 PADR compliance had increased to 40% and Mandatory Training had increased to 65%. It was highlighted that of the 272 core staff, 187 were within the Medical Directorate and this was the lowest performing Directorate. The Committee was assured that focussed work with the Medical Directorate would be undertaken in order to drive improvement in compliance. The Committee has requested that the Medical Director attend the April Committee for a supportive discussion.</p>			
<p>The Wales Audit Office (WAO) presented a number of reports at the meeting:</p> <ul style="list-style-type: none">• The Committee noted the completion of the 2018/19 Plan and that planning had commenced for the 2019/20 Plan.• The Annual Audit Report 2019 provided the Committee with a summary of the audit findings for work undertaken during the year.• The Committee received an overview of the findings and recommendations for the WAO Structured Assessment for 2019. It was highlighted that whilst HEIW had established the necessary arrangements to support good governance, there was more that the organisation needed to do in relation to risk management arrangements; the mapping of key sources of assurance to strengthen the Board Assurance Framework (BAF), and the further development of internal controls to support the Performance Management Framework and Information Governance. The Committee welcomed the report, which was positive and recognised the strong leadership and the progress being made in relation to the strategic vision with the development of the first Integrated Medium Term Plan.• The Committee considered the 2020 Indicative Audit Plan including the proposed fee for 2020. It was highlighted that the proposed WAO audit fee			

was to be reduced following moderation by the Auditor General however; the indicative fee may be subject to change upon finalisation of the 2020 Audit Plan. The Audit Plan for 2020 had an element of local audit work and that the Committee was asked to provide suggestions for that focussed audit work.

The Committee received the **Annual Accounts Plan 2019/20** and the **Draft Annual Report Timetable 2019/20** and noted that the submission date of the draft Annual Accounts had been brought forward to 5pm on 28 April 2020. It was also highlighted that the submission date for the combined Annual Report document has also been brought forward to align with the Final Accounts submission date of Friday, 29 May 2020.

An **Information Governance** report was provided which updated the Committee in relation to the Work plan, and the number of requests for Freedom of Information and Data Subject Access Requests.

The Committee received an update on the current position of the **Strategic Review of Healthcare Education in Wales**. It was noted that the current contracts were to be extended for 2020/21 and that HEIW was working closely with Legal and Procurement colleagues to finalise the process for the extension with the issuing of a modification notice. The new contracts were to be developed by May 2020 in preparation for the tendering exercise and contract award. It was highlighted that the first year of the contract would be for set up to ensure that all aspects of the contracts were in place ready to commence for the academic year 2021/22.

The **Procurement Compliance** Report was received and noted that the reporting was in line with HEIW's Standing Financial Instructions.

Internal Audit provided an update on progress against the delivery of their 2019/20 Audit Plan. The Committee noted that a number of the planned audits had been postponed to Q4 and was assured that there was sufficient capacity in the Internal Audit team to fulfil the Audit Plan.

The Committee was updated in relation to the progress with the finalisation of the **HEIW and HIW Memorandum of Understanding**. The final document would be presented to the April Committee.

Audit Recommendations Tracker The Committee considered the 16 recommendations contained within the Tracker and agreed that those actions that had been assessed as 'Green' and fully completed could be removed. The Committee also agreed that for those recommendations that were past their original deadline date, that a revised target date be assigned to ensure they reach a conclusion. The original target date to be kept on the tracker.

The Committee reviewed the **Corporate Risk Register** and the position in relation to the assessment of the risks. The Committee noted the update in relation to the 2 'Red' risk that related to NHS Bursary Terms and Conditions, which had been discussed as part of the earlier 'In Committee' Session and Cyber Security. A paper to update on the position regarding cyber security was to be presented at the April

Committee. Two new risks relating to Welsh NHS Bursary Policy and Welsh NHS Bursary Versus the New Scheme Introduced in England, and the reasons for their inclusion was provided. However, the Committee queried the process for the generating of new risks. The Committee agreed that the risk escalation process be formalised and that the 'Green' risks be remove from the Risk Register.

The Committee received the Business Case for the **Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role**. Following clarification of the remuneration package by the Interim Director of Finance, the Committee approved the financial business case.

Review of Committee Effectiveness: The Committee approved the Committee Self-Assessment Checklist, which would be used to evaluate its effectiveness. It agreed that the Checklist be issued to Committee Members and Officers for completion by 21 February 2020. The evaluation of the Checklist would be presented to the April Committee.

Key risks and issues/matters of concern of which the Board needs to be made aware:

None has been identified.

Delegated action by the Committee

There are no delegated actions.

Main sources of information received

ESR Compliance Update on Mandatory Training and PADR
Wales Audit Office:

- Audit and Assurance Committee Update
- Structured Assessment 2019
- Annual Audit Report 2019
- 2020 Indicative Audit Plan including the proposed fee for 2020

Annual Accounts Plan 2019/20

Draft Annual Report Timetable 2019/20

Information Governance Update

Update on the Current Position of the Strategic Review of Healthcare Education in Wales

Procurement Compliance Report

Internal Audit Progress Report

HEIW and HIW Memorandum of Understanding

Audit Recommendations Tracker

Corporate Risk Register

Counter Fraud Progress Update

Review of Committee Effectiveness

Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role

Highlights from sub-groups reporting into this committee

n/a

Matters referred to other Committees

None identified.



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Improvement Wales (HEIW)

Meeting Date	26 March 2020	Agenda Item	4.5
Report Title	Matters Reported In-Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To set out key issues discussed at the In-Committee Board Meeting held on 20 January 2020.		
Key Issues	In accordance with Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. The report sets out the decisions made by the Board In-Committee on 20 January 2020.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the report for information. 		

DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 30 JANUARY 2020

1. INTRODUCTION

The purpose of the report is to report on items considered by the in-committee Board meetings on 30 January 2020.

2. BACKGROUND

The Board shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases, the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observer withdraw from the meeting. In doing so, the Board shall resolve:

“that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”

In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken at the next meeting of the Board in public session.

3. GOVERNANCE AND RISK ISSUES

The following item was discussed in the **in-committee meeting of the HEIW Board on 20 January 2020**:

- **Chair’s Report** – The Board received and noted a verbal update from the Chair.
- **Chief Executive’s Report** – The Board received a verbal update from the Chief Executive and the following action was agreed:
 - A report on the changes to the Organisational Structures be considered at a Remuneration and Terms of Service Committee in February 2020.
- **Key Issue Report from the Education, Commissioning and Quality Committee Closed Session** – The key issues report on the recent Education, Commissioning and Quality Committee Closed Session held on 16 January 2020 was considered and the following action was agreed:
 - The Board agreed to consider and approve, at a future meeting, the formal and informal mechanisms and collective engagement between HEIW, Universities and Health Boards/Trusts to ensure its relationship is strong and robust.

4. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update. However, any resource implications would have been detailed in the original requests for ratification.

5. RECOMMENDATION


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

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
Ensuring that the Board and its Committee make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.				
Financial Implications				
There are no direct resource implications related to this report. However, any resource implications would have been detailed in the original requests for ratification.				
Legal Implications (including equality and diversity assessment)				
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.				
Staffing Implications				
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
There are no direct implications on the Act. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.				
Report History	This report is provided at each meeting of the Board.			
Appendices	None.			



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

Meeting Date	26 March 2020	Agenda Item	5.1.1
Report Title	HEIW Annual Equality Report 2018-19		
Report Author	Emma Kwaya-James, Diversity and Inclusion Lead		
Report Sponsor	Foula Evans, Head of People & OD		
Presented by	Julie Rogers, Deputy Chief Executive & Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	To inform the Board HEIW's first Annual Equality Report for the part-year period 2018-19.		
Key Issues	Public sector organisations such as HEIW have a duty under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as 'the Welsh specific equality duties') to produce and publish an Annual Equality Report.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			
Recommendations	The Board to: <ul style="list-style-type: none"> ○ note the report attached ○ and its publication by 31 March 2020. 		

HEIW EQUALITY AND INCLUSION

1. BACKGROUND

1.1. The Public Sector Equality Duty (PSED) requires listed bodies to produce Annual Equality Reports to demonstrate:

- the steps the authority has taken to identify and collect relevant information;
- how the authority has used this information in meeting the three aims of the general duty and in meeting the Wales specific equality duties;
- any reasons for not collecting relevant information;
- a statement on the effectiveness of the authority's arrangements for identifying and collecting relevant information;
- progress towards fulfilling each of the authority's equality objectives;
- a statement on the effectiveness of the steps that the authority has taken to fulfil each of its equality objectives;
- specified employment information, including information on training and pay (unless already published elsewhere).

1.2 Following discussions with the Equality and Human Rights Commission, it is necessary for HEIW to provide a 2018 – 2019 Annual Equality Report. As HEIW didn't come into existence until 1 October 2018 the Commission has agreed the report will reflect the six-month period October 2018 – March 2019.

1.3 As agreed with the Commission, the report contains a disclaimer acknowledging the fact HEIW had only been operating for six months of the year 2018 – 2019 and is therefore only able to provide certain information. six-month operating period and therefore which information HEIW can provide and rational for missing information, which is down to HEIW being in set-up mode during this time, with systems and personnel not in place until end March 2019.

2. GOVERNANCE AND RISK ISSUES

2.1. HEIW have a duty under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 to produce an Annual Equality report.

3. FINANCIAL IMPLICATIONS

3.1. No cost.

4. RECOMMENDATION

4.1. The Board to:

- note the attached report
- and its publication by 31 March 2020.

END

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	x			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
N/A				
Financial Implications				
No Cost				
Legal Implications (including equality and diversity assessment)				
Equality Act 2010 Section Public Sector Equality Duty				
Staffing Implications				
None				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The above proposal will influence across all 5 ways of working as identified in “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.				
Report History	Attached – HEIW Annual Equality Report 2018-19			



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Annual Equality Report 2018-2019

Welcome to our Annual Equality Report, which covers the reporting period 1 October 2018 to 31 March 2019.

Health Education and Improvement Wales (HEIW) was established on 1 October 2018, as a Special Health Authority (SHA), bringing together the Wales Deanery, the Wales Centre for Pharmacy Professional Education and the NHS Workforce and Education Development Service. Its purpose is to provide Wales with a single body to develop an integrated and comprehensive approach to the planning and development of the health workforce.

Sitting alongside NHS health boards and trusts, HEIW has a leading role in the education, training, development, and shaping of the healthcare workforce in Wales. Its key functions include education and training, workforce development and modernisation, leadership development, strategic workforce planning, workforce intelligence, careers, and widening access.

Our Commitment

HEIW is committed to supporting, developing and promoting equality, diversity and inclusion in all its practices and activities. We aim to establish an inclusive culture, free from discrimination, based upon the values and behaviours developed by HEIW staff. These values and behaviours reflect our thoughts, feelings and understanding of how we will and will not behave towards others.

Values and Behaviour Framework (Appendix 1)

- Respect for all - in every contact we have with others
- Together as a team.
- Ideas that improve - harnessing creativity and continuously innovating, evaluating and improving.

HEIW will ensure equality of opportunity and access for all by building upon the foundation of Equality and Human Rights Legislation and strive not only to comply with legal requirements, but also to use these to ensure that the organisation exemplifies best practice. HEIW acknowledges that our ability to recruit and retain the best people depends upon creating a positive, compassionate and inclusive culture.

HEIW values diversity and recognises that the organisation is greatly enhanced by the wide range of backgrounds, experiences, views, beliefs and cultures represented within its workforce. It aims to embrace diversity and proudly acknowledges that variety and difference are intrinsic to the wellbeing and future development of HEIW.

Disclaimer

It is recognised and acknowledged that for this equality reporting period (October 2018 – March 2019) HEIW was in set-up mode both as a new organisation and in terms of its equality and inclusion agenda, with the agenda progressing at a greater pace in March 2019 with the appointment of a workforce equality and inclusion officer and establishment of necessary systems. Therefore, this report is limited to:

- monitoring progress;
- information on training provision for period January 2019 to March 2019;
- over-view of Welsh Language provision January 2019 to March 2019;
- recruitment and selection, and
- workforce equality data as a snapshot as at 1st April 2019. N.B. Due to the different system being in operation, data prior to 1st April 2019 is not available (Appendix 2)

Monitoring Progress

HEIW equality and inclusion group was set up and held its first meeting in December 2018. Its purpose is to consider any matters relating to equality and inclusion within HEIW and make recommendations to the HEIW Senior Leadership Team and Executive. Its main responsibility is the implementation, monitoring and review of HEIW's equality and inclusion policy, strategic equality objectives and equality impact assessment process.

Training

HEIW appointed its organisation development and learning practitioner in January 2019 and quickly established some core training packages alongside statutory and mandatory training to assist in the promotion of equality and human rights, including: Induction

- Electronic Staff Records
- Welsh Language lessons
- Recruitment and selection
- Lunch and Learn opportunities including presentations from partner agencies such as Stonewall and Public Health Wales

Welsh Language

Being a new organisation HEIW was not named under the Welsh Language Standards (2011). However, its commitment to providing bilingual services has been evident since its inception. HEIW's Welsh language manager joined the organisation in December 2018 and translation services became effective immediately as demonstrated in table below:

Month	Number of Translations	Number of Words
December 2018	32	3,000
January 2019	49	29,000
February 2019	106	65,000
March 2019	86	39,000

Following discussions with the Welsh Language Commissioner in December 2018 HEIW developed a non-statutory plan which was presented to the HEIW Executive Team in February 2019. Welsh language courses commenced in January 2019 with 45 new learners signed up between January 2019 and March 2019.

Recruitment and selection

HEIW is committed to making sure we have a reliable recruitment and selection process, which deals with applications fairly and consistently in line with statutory and NHS Wales requirements and good practice guidance. Since January 2019 managers responsible for recruitment have been provided with recruitment and selection training. In March 2019, HEIW signed up to Disability Confident to ensure fairness, inclusivity and equal opportunity for those with disabilities within our recruitment process.

In the first six months of operation (Oct 2018 – March 2019) as part of its work to establish and grow as an organisation, HEIW raised 47 vacancies of which 41 were full-time equivalent positions.

N.B. Equality and diversity data is collected at point of application which is managed by the NHS Wales Share Services Partnership on behalf of all NHS Wales organisations and is not standardly shared with HEIW. Therefore, HEIW is unable to report on equality breakdown of candidates within this report.

Recruitment Volumes	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	HEIW Year to Date Total
Vacancies Raised	4	6	15	6	14	2	47
Number of FTE Raised	3.3	5.5	13.2	5.3	13.1	1.1	41.5

Conclusion

HEIW recognises and acknowledges as stated in its disclaimer that this report does not provide information on how it has specifically met its public sector duties due to the organisation being in set up mode. However, HEIW from its inception has ensured that equality and inclusion is at the heart of its business including by making the establishment of its equality and inclusion monitoring group an early priority.

HEIW proactively signed up to critical government schemes such as Disability Confident to influence its recruitment process and undertook its first gender pay gap analysis a snapshot as at 31st March 2019. In the reporting year 2019-2020 HEIW's focus has been on developing its first strategic equality plan, and undertaking further work to develop and embed equality and inclusion into all of our practices through equality impact assessment and external benchmarking.

Values and Behaviour Framework

Respect for all

In every contact we have with others.

- ✓ **Actively listen** and respond to everyone's views;
- ✓ **Seek to understand** alternative viewpoints and perspectives;
- ✓ **Challenge constructively** and objectively; maintain people's dignity;
- ✓ **Respect** other people's expertise;
- ✓ **Take personal responsibility** for our actions, admit mistakes and apologise;
- ✓ **Treat people fairly and equitably**;
- ✓ **Value all differences** not just professional backgrounds, experience and skills.

Together as a team

We will work with colleagues, across NHS Wales and with partner organisations.

- ✓ **Seek out**, recognise and value the knowledge, skills and experience of others;
- ✓ **Openly receive contributions** from colleagues and partners;
- ✓ **Work hard** for each other, contribute our best whether we are leading or supporting work;
- ✓ **Work collaboratively**;
- ✓ **Be open and transparent** and work towards shared objectives;
- ✓ **Have fun**.

Ideas that improve

Harnessing creativity and continuously innovating, evaluating and improving.

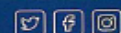
- ✓ **Be creative**, curious and future thinking;
- ✓ **Challenge** the status quo and suggest constructive solutions;
- ✓ **Take a positive approach** to challenges and problems;
- ✓ **Drive informed innovation and improvement** for patients, staff and learners;
- ✓ **Empower** staff, teams and partners with skills to improve;
- ✓ **Seek out and respond to feedback** from patients, learners, staff and partners;
- ✓ **Talk up** and celebrate success;
- ✓ **Embrace and learn from mistakes**;
- ✓ **Focus on the 'whys'** - the purpose and the outcome;
- ✓ **Create and protect time** and space for reflection and evaluation.

Our values and behaviours have been developed by us; the 400 plus people who have come together as a team to form HEIW. They reflect our thoughts, feelings and beliefs in how we will, and won't, behave and treat others. They reflect how we will carry out our work and support the delivery of health and social care to the people of Wales.



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A Special Health Authority

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Appendix 2 Workforce Equality Data snapshot as at 1st April 2019

Please note that figures less than 10 are shown with an Asterix to avoid individuals being identified.

HEIW Workforce Equality Detail @ 31st March 2019		
Gender	Headcount	
Female	243	
Male	130	
Total	373	
<i>Data Source: ESRBI</i>		
Disability	Headcount	
No	61	
Not Declared	*	
Prefer Not To Answer	*	
Unspecified	305	
Yes	*	
Total	373	
<i>Data Source: ESRBI</i>		
Ethnic Origin	Headcount	
A White - British	67	
CC White Welsh	18	
D Mixed - White & Black Caribbean	*	
E Mixed - White & Black African	*	
H Asian or Asian British - Indian	*	
N Black or Black British - African	*	
Unspecified	282	
Z Not Stated	*	
Total	373	
<i>Data Source: ESRBI</i>		
Religious Belief	Headcount	
Atheism	23	
Buddhism	*	
Christianity	67	
Hinduism	*	
I do not wish to disclose my religion/belief	20	

Jainism	*	
Other	*	
Unspecified	252	
Total	373	
Data Source: ESRBI		
Sexual Orientation	Headcount	
Bisexual	*	
Gay or Lesbian	*	
Heterosexual or Straight	108	
Not stated (person asked but declined to provide a response)	12	
Undecided	*	
Unspecified	248	
Total	373	
Data Source: ESRBI		
Marital Status	Headcount	
Divorced	*	
Legally Separated	*	
Married	93	
Single	20	
Unknown	11	
Widowed	*	
(blank)	239	
Total	373	
Data Source: ESRBI		
Nationality	Headcount	
Beninese	*	
British	66	
Dutch	*	
Scottish	*	
Welsh	18	
(blank)	286	
Total	373	
Data Source: ESRBI		
Age Bands	Headcount	
<=20 Years	*	
21-25	*	

26-30	12	
31-35	24	
36-40	50	
41-45	66	
46-50	60	
51-55	70	
56-60	54	
61-65	23	
66-70	*	
>=71 Years	*	
Total	373	
<i>Data Source: ESRBI</i>		



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Meeting Date	26 March 2020	Agenda Item	5.1.2
Report Title	HEIW Gender Pay Gap Reporting		
Report Author	Emma Kwaya-James, Workforce Inclusion Lead		
Report Sponsor	Foula Evans, Head of People, Inclusion & OD		
Presented by	Julie Rogers, Deputy Chief Executive & Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	To inform the Board of the gender pay gap at HEIW and compliance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017		
Key Issues	<p>Our obligation under Equality Act 2010 (Gender Pay Gap Information) Regulations 2017</p> <p>The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6th April 2017, which requires employers with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees. The deadline for publishing gender pay gap information annually is 30 March.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>The Board to:</p> <ul style="list-style-type: none"> ○ note the gender pay gap report (appendix 1) ○ and its publication by 30 March 2020. 		

HEIW GENDER PAY GAP REPORTING

1. BACKGROUND

- 1.1. The purpose of this paper is to inform the Board of HEIW's first gender pay gap report and to note the intention for it to be published by 30 March 2020.
- 1.2. The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6th April 2017, which requires employers with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees. The deadline for publishing gender pay gap information annually is 30 March.
- 1.3. The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:
 - Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
 - The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.
- 1.4. Legislation requires employers to publish six calculations:
 - Average gender pay gap as a mean average;
 - Average gender pay gap as a median average;
 - Average bonus gender pay gap as a mean average;
 - Average bonus gender pay gap as a median average;
 - Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment, and
 - Proportion of males and females when divided into four groups ordered from lowest to highest pay.

2. GOVERNANCE AND RISK ISSUES

- 2.1. HEIW have a duty under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
 - Advance equality of opportunity between people who share a protected characteristic and those who do not, and
 - Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people, and
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Without the production and publication of Gender Pay Gap HEIW is at risk of being in breach of its public sector duty.

3. FINANCIAL IMPLICATIONS

- 3.1. There are no financial implications arising from the production and publication of this report.

4. RECOMMENDATION

- 4.1. The Board to:
- note the gender pay gap report (appendix 1)
 - and its publication by 30 March 2020.

END

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	x			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
		x		
Quality, Safety and Patient Experience				
N/A				
Financial Implications				
None				
Legal Implications (including equality and diversity assessment)				
Equality Act 2010 (Gender Pay Gap Information) Regulations 2017:				
Staffing Implications				
No staffing implications noted, only positive effect fostering better communication and transparency				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The above proposal will influence across all 5 ways of working as identified “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.				
Report History	Appendix 1 Proposed Gender Pay Gap Report for publication			



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Appendix 1

Gender Pay Gap Snapshot Report for 31st March 2019

Health Education and Improvement Wales (HEIW)

Introduction

Health Education and Improvement Wales (HEIW) was established on 1st October 2018. It is a special health authority within NHS Wales, created by bringing together three key organisations: The Wales Deanery; NHS Wales's Workforce Education and Development Services (WEDS); and the Wales Centre for Pharmacy Professional Education (WCPPE).

Sitting alongside NHS health boards and trusts, HEIW has a leading role in the education, training, development, and shaping of the healthcare workforce in Wales. Its key functions include education and training, workforce development and modernisation, leadership development, strategic workforce planning, workforce intelligence, careers, and widening access.

As at the 31st March 2019, HEIW employed 351 staff as defined by the gender pay reporting guidelines, of which 64% were female and 36% male. Most staff were TUPE'd into the organisation on establishment and remain on their existing contractual arrangements. The impact of this is that we have staff on NHS and former Cardiff University grades, pay scales and terms and conditions. Our staff comprise a significant number of clinicians and professions, as well as general management and administration.

Table 1. Gender Split by Headcount and Grade for staff included in Gender Pay Gap Report @ 31 Mar 19

Grade Type	Male	Female	Headcount	Male %	Female %
Senior Staff	2	1	3	67%	33%
Chair/Non-Executive Directors	3	4	7	43%	57%
Clinical	85	83	168	51%	49%
Band 2		2	2	0%	100%
Band 3		2	2	0%	100%
Band 4	1	2	3	33%	67%

Band 5	1	4	5	20%	80%
Band 6	2	5	7	29%	71%
Band 7	3	3	6	50%	50%
Band 8a		6	6	0%	100%
Band 8b	1	2	3	33%	67%
Band 8c	1	2	3	33%	67%
Band 8d	1	3	4	25%	75%
Grade 1	1	1	2	50%	50%
Grade 2	1		1	100%	0%
Grade 3	5	15	20	25%	75%
Grade 4	5	16	21	24%	76%
Grade 5	3	30	33	9%	91%
Grade 6	7	23	30	23%	77%
Grade 7	3	18	21	14%	86%
Grade 8		4	4	0%	100%
Headcount on GPG Report	125	226	351	36%	64%

Data Source: ESR BI - NHS Workforce Profile Dashboard - Mar 19

Why Gender Pay Gap reporting is important:

Gender pay gap reporting is a valuable tool for HEIW not only in terms of compliance but also for the organisation to assess levels of equality in the workplace. Specifically, in respect of female and male participation, and how effectively talent is being maximised.

Our obligation under Equality Act 2010 (Gender Pay Gap Information) Regulations 2017:

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6th April 2017, which requires employers in or more employees to publish statutory calculations every year showing the pay gap between their male and female employees. The deadline for publishing gender pay gap information annually is 30 March.

Equal pay and gender pay:

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010, and

- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

What employees count?

For the purposes of gender pay reporting, the definition of who counts as an employee is defined in the Equality Act 2010. This is known as an 'extended' definition which includes:

- Employees (those with a contract of employment);
- Workers and agency workers (those with a contract to do work or provide services), and
- Some self-employed people (where they have to personally perform the work).

For the purpose of the gender pay gap reporting, agency workers will form part of the headcount of the agency that provides them, and not HEIW.

Gender pay reporting and gender identity

Current Acas and government guidance suggests that if an individual doesn't identify with either gender they should be excluded from the report. We recognise that this excludes employees who do not identify as either 'male' or 'female' i.e. transgender or non-binary employees, and are aware of the importance of being sensitive to how an employee chooses to self-identify in terms of their gender. Regulations do not define the terms 'male' and 'female' and the requirement to report gender pay should not result in employees being singled out and questioned about their gender. We are therefore using the data provided by Electronic Staff Records (ESR) based on the gender identification the employee has provided.

The Gender Pay Gap Indicators

The legislation requires an employer to publish six calculations:

- Average gender pay gap as a mean average;
- Average gender pay gap as a median average;
- Average bonus gender pay gap as a mean average;
- Average bonus gender pay gap as a median average;
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment, and
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

What is our pay gap?

Table 2 shows the gender pay gap in HEIW as at 31st March 2019.

Table 1

Gender	Male	Female	Difference in Hourly Rate	Pay Gap % Difference
Mean (Avg) Hourly Rate	38.29	28.64	9.64	25.18%
Median Hourly Rate	45.33	23.51	21.82	48.15%

Data Source: ESR BI - NHS Workforce Profile Dashboard - Mar 19

What is the difference between mean pay gap and median pay gap?

The mean pay gap is the difference between the average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

The proportion of men and women in each quartile of our pay structure are shown in table 3 below:

Table 3.

Quartile	Male	Female	Headcount	Female %	Male %
1	19	68	87	78.2%	21.8%
2	19	69	88	78.4%	21.6%
3	34	54	88	61.4%	38.6%
4	53	35	88	39.8%	60.2%
Total	125	226	351	64.4%	35.6%

Data Source: ESR BI - NHS Workforce Profile Dashboard - Mar 19

Understanding the pay gap

The figures in table 1 highlight the gap between the average and median hourly pay for men and women in the organisation. The presence of a gender pay gap is disappointing, further exploration has been undertaken to better understand why the gap exists.

Initial findings indicate that a contributor is the unique makeup of HEIW's workforce. Whilst HEIW staff group is predominately female, with a number of senior roles held by women, there are a number of differing contractual arrangements and pay structures evident including: Agenda for Change; Cardiff University; Medical and Dental (GP and Dental Educators, Medical and Dental Consultants) and Executive and Senior Pay (VSM).

There are several contributing factors to the gender pay gap which are out of the direct control or within the gift of HEIW to change. These include the national frameworks for the remuneration of medical and dental staff and the national Clinical Excellence Awards scheme.

Welsh Government sets the pay for doctors' and dentists' following the advice and recommendations of the Review Body of Doctors' and Dentists' Remuneration, an independent UK body. The pay for staff on Agenda for Change arrangements follows a similar approach with the final decision resting with Welsh Ministers. All NHS organisations are required to ratify the pay awards through local governance mechanisms. For non-medical and dental staff on former Cardiff University contracts, HEIW has put in place a pay arrangement that mirrors the NHS Wales Agenda for Change arrangements. The pay uplift for Executives and Senior managers is determined annually by Welsh Ministers and ratified through local governance arrangements.

Within the national medical and dental contract, the Clinical Excellence Awards scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. This includes those consultants and senior academic GPs who do so through their contribution to academic medicine.

The pay gap between men and women in relation to bonuses is caused by the Clinical Excellence Awards. The following tables 4-6 highlight the significant gap between men and women in receipt of such Awards. With the average hourly and median difference being 87.15% and 77.08% respectively for the period 1st April 2018 to 31 March 2019. There were 13 staff in total in receipt of CEA for this period with a gender breakdown of 9 men and 4 women.

Table 4. Gender Split of Mean and Median Bonus Payments for staff included in Gender Pay Gap Report 01 Apr 18 - 31 Mar 19

Gender	Mean (Avg) Pay	Median Pay
Male	6040.19	3922.44
Female	776.39	898.92
Difference	5263.80	3023.52
Pay Gap %	87.15%	77.08%

Data Source: ESR BI - NHS Workforce Profile Dashboard - Mar 19

Table 5. Gender Split of Bonus Payments for staff included in Gender Pay Gap Report 01 Apr 18 - 31 Mar 19

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	4	262	1.53%
Male	9	158	5.70%

Data Source: ESR BI - NHS Workforce Profile Dashboard - Mar 19

Table 6. Clinical Excellence Award Payments - % of Total Paid for staff included in Gender Pay Gap Report 01 Apr 18 - 31 Mar 19

Clinical Excellence Awards	% of Total Paid
CEA Silver	45.5%
Commitment Award 1	0.6%
Commitment Award 3	3.4%
Commitment Award 4	16.4%
Commitment Award 5	1.4%
Commitment Award 8	32.7%
Total	100.0%

Data Source: ESR BI - NHS Workforce Profile Dashboard - Mar 19

Closing the pay gap at HEIW

In conclusion we recognise that whilst there are factors outside of our control or influence which are impacting on pay, we will continue to take steps to raise awareness of and mitigate the gender pay gap wherever possible. One area where we are able to make an impact is in our recruitment and selection processes and adoption of best practice against external benchmarking:

Recruitment and selection

- Anonymous recruitment and selection process has been adopted to prevent unconscious bias or prejudice entering into the selection process;
- Introduction of unconscious bias training as part management training;
- Offer of a variety of flexible working practices to support staff and foster an inclusive environment, and
- Family friendly policies and practices.

External benchmarks

- We are active members of Stonewall Diversity Champion scheme;
- We are active members of Disability Confident, and
- We intend to work towards the Investors in People Award.

Next Steps

As a relatively new organisation we acknowledge that there is more work to be done to fully understand our pay gaps in more detail. Therefore, we will:

- develop opportunities for progression for the present and future workforce, within our leadership, succession and talent programme;

- recognise the interconnected nature of social categorisation resulting in overlapping systems of discrimination and oppression, known as intersectionality. This understanding will influence our strategic equality planning and in line with Equality Act 2010 HEIW will enable exploration of the correlation of intersectionality and its impact upon pay gaps;
- create a culture of trust where staff will feel comfortable and confident to complete their ESR information to assist in the reliability of information submitted on ESR, and
- through training, awareness raising and clear communication plans inform staff that gender pay reporting is taking place and the importance of self-disclosure.

HEIW, March 2020