

HEIW Board (Open)

Thu 30 September 2021, 10:00 - 12:20

Zoom

Agenda

10:00 - 10:20
20 min

1. PRELIMINARY MATTERS

 00 - Board Agenda September (Open) (300921).pdf (2 pages)

1.1 Welcome and Introductions

Presenter: Chair/Oral

1.2 Apologies for Absence

Presenter: Chair/Oral

1.3 Declarations of Interest

Presenter: Chair/Oral

1.4 Improvement Story

Presenter: Director of Nurse and Health Professional Education


1.5 Draft Minutes of the Annual General Meeting held on the 29 July 2021

Presenter: Chair/Attachment

 1.5 - Unconfirmed AGM Minutes 29 July 2021 (F).pdf (4 pages)

1.6 Draft Minutes of the Board Meeting held on 29 July 2021

Presenter: Chair/Oral

 1.6 - Unconfirmed Board Minutes (Open) 29 July 2021 (F).pdf (10 pages)

1.7 Action Log from the Board Meeting held on 29 July 2021

 1.7 - Board Actions (Open) 29 July 2021.pdf (2 pages)

1.8 Matters Arising

Presenter: Chair/Oral

10:20 - 10:45
25 min

2. CHAIR AND CHIEF EXECUTIVE REPORTS

2.1 Chairs Report and Affixing of the Common Seal

2.1.1 - Chairs Report

Presenter: Chair/Attachment

 2.1.1 - Chairs rep sep 2021 (F) (003).pdf (5 pages)

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2.1.2 - Affixing of the Common Seal

Presenter: Chair/Attachment

 2.1.2 - Affixing of the Common Seal (300921)(F).pdf (8 pages)

2.2 Chief Executive's Report

Presenter: Chief Executive/Attachment

 2.2a - CEO Report September 2021. (F).ocx.pdf (4 pages)

 2.2b - Stakeholder Bulletin - Sept ENG.pdf (12 pages)


10:45 - 11:25
40 min

3. STRATEGIC MATTERS

3.1 Update on Multi-Professional Primary and Community Education and Training Framework


Presenter: Chief Executive/Attachment

 3.1a - Board paper on Primary Care ET Framework with Cover sept 21(F) docx.pdf (9 pages)

 3.1b - Appendix 2 - Primary and Community Care Training and Education Framework for NHS Wales.pdf (7 pages)

3.2 Update on the Development of the IMTP 2022-25 and Refresh of Our Strategic Aims

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

 3.2a - Development of IMTP 22-25 Paper Sept Board v1.pdf (9 pages)

 3.2b - 15092021 Reviewing the Strategic Aims IMTP 22-25 v2.pdf (12 pages)

3.3 Evaluation of the 2021 Streamlining for Allied Health Professional and Health Care Science graduates

Presenter: Director of Nurse and Health Professional Education

 3.3 - Streamlining next steps 2022_Board 2021.09.30 final_(clean).pdf (9 pages)

11:25 - 12:10
45 min

4. GOVERNANCE, PERFORMANCE AND ASSURANCE

4.1 Director of Finance Report

Presenter: Director of Finance/Attachment

 4.1a - Finance Report - Month 5 (300921).pdf (7 pages)


 4.1b - Finance Report - Appendix 1.pdf (3 pages)

 4.1c - Appendix 2 MMR Template Aug 21 - HEIW.pdf (37 pages)

4.2 Performance Report - Quarter 1

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

 4.2a - Board Cover Paper 290921 - Integrated Performance Report Q1 2021-22 FINAL (tracked).pdf (4 pages)


 4.2b - 2021-09-22 Integrated Performance Report Q1 2021-22 FINAL.pdf (44 pages)

 4.2c - Dashboard - Performance Reporting - Sep 21 FINAL.pdf (3 pages)

4.3 Gender Pay Report

Presenter: Director of Workforce and OD/Attachment

 4.3a - Gender Pay Gap Report 2019-20 (JR).pdf (4 pages)

 4.3b - Appendix 1 - Gender Pay Gap report 2019-20 (BD.30.09.21)(JR).pdf (9 pages)

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4.4 Corporate Risk Register

Presenter: Board Secretary/Attachment

- 📎 4.4a - CRR (300921).pdf (8 pages)
- 📎 4.4b - Corporate Risk Register SEP21docx.pdf (7 pages)

4.5 Welsh Language Scheme Update

Presenter: Board Secretary/Attachment

- 📎 4.5 - Welsh Language Report Medi 21 (F).pdf (6 pages)

4.6 Independent Member Committee Reappointments

Presenter: Chair/Attachment

- 📎 4.6 - Independent Members Committee Reappointments (300921)(F).pdf (3 pages)

4.7 Committee Key Issue Reports

4.7.1 Audit and Assurance Committee held on the 21 July 2021

Presenter: Committee Chair/Attachment

- 📎 4.7.1 - Key Issues Report AAC 21 July to Board (002).pdf (7 pages)

4.7.2 Education, Commissioning and Quality Committee held on the 2 September 2021

Presenter: Committee Chair/Attachment

- 📎 4.7.2a - Key Issue Report ECQC 2 September to Board(F).pdf (6 pages)
- 📎 4.7.2b - ECQC ToR (Sept 21).pdf (4 pages)

4.8 In Committee Decisions

Presenter: Chair/Attachment

- 📎 4.8 - In Committee Decisions July Board (300921).pdf (4 pages)

12:10 - 12:15

5 min

5. FOR NOTING

5.1 Welsh Health Circular on Violence Against NHS Staff

Presenter: Director of Workforce and OD/Attachment

- 📎 5.1a - Board Report on VA circular (BD.30.09.21).pdf (4 pages)
- 📎 5.1b - WHC 2021-012 (BD.30.09.21).pdf (4 pages)
- 📎 5.1c - Draft joint statement with TUS on VA Sept 2021.pdf (2 pages)

12:15 - 12:20

5 min

6. OTHER MATTERS

6.1 Any Other Urgent Business

Presenter: Chair/Oral

6.2 Dates of Next Meetings

Presenter: Chair/Oral

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HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Open Board Meeting – 10:00 – 12:20

**to be held on Thursday, 30 September 2021
via Zoom**

AGENDA

PART 1	PRELIMINARY MATTERS	10:00-10:20
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for Absence	Chair/Oral
1.3	Declarations of Interest	Chair/Oral
1.4	Improvement Story	Director of Nurse and Health Professional Education/ Presentation
1.5	Draft Minutes of the Annual General Meeting held on 29 July 2021	Chair/Attachment
1.6	Draft Minutes of the Board meeting held on 29 July 2021	Chair/Attachment
1.7	Action Log from the Board meeting held on 29 July 2021	Chair/Attachment
1.8	Matters Arising	Chair/Oral
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	10:20-10:45
2.1	Chair's Report and Affixing of the Common Seal <ul style="list-style-type: none"> 2.1.1 – Chairs Report 2.1.2 – Affixing of the Common Seal 	Chair/Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
PART 3	STRATEGIC MATTERS	10:45-11:25
3.1	Update on Multi-Professional Primary and Community Education and Training Framework	Chief Executive/ Attachment
3.2	Update on the Development of the IMTP 2022-25 and refresh of our Strategic Aims	Director of Planning, Performance & Corporate Service
3.3	Graduate Recruitment Process/AHP Streamlining	Director of Nurse and Health Professional Education/ Attachment
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	11:25-12:10
4.1	Director of Finance Report	Director of Finance/ Attachment
4.2	Performance Report (Quarter 1)	Director of Planning, Performance &

		Corporate Services/ Attachment
4.3	Gender Pay Report	Director of Workforce and OD/ Attachment
4.4	Corporate Risk Register	Board Secretary/ Attachment
4.5	Welsh Language Scheme Update	Board Secretary/ Attachment
4.6	Independent Member Committee Reappointments	Chair/Attachment
4.7	To receive key issues report from the: <ul style="list-style-type: none"> 4.7.1 - Audit and Assurance Committee 21 July 4.7.2 - Education Commissioning and Quality Committee held on 2 September 	Chair of the Committee/ Attachment
4.8	In Committee Decisions	Chair/Attachment
PART 5	FOR NOTING	12:10-12:15
5.1	Welsh Health Circular on violence against NHS staff	Director of Workforce and OD/ Attachment
PART 6	OTHER MATTERS	12:15-12:20
6.1	Any Other Urgent Business	Chair/Oral
6.2	Dates of Next Meetings: <ul style="list-style-type: none"> HEIW Board Development Session to be held on 28 October 2021 to be confirmed either via Microsoft Teams/Teleconference or Ty Dysgu HEIW Board to be held on 25 November 2021 to be confirmed either via Microsoft Teams/Teleconference or Ty Dysgu 	

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.

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**Unconfirmed Minutes of the HEIW Annual General Meeting
held on 29 July 2021
via Zoom/Teleconferencing**

Present:

Dr Chris Jones	Chair
Tina Donnelly	Independent Member
Gill Lewis	Independent Member
Dr Ruth Hall	Independent Member
Dr Heidi Phillips	Independent Member
Alex Howells	Chief Executive
Julie Rogers	Director of Workforce and Organisational Development
Eifion Williams	Director of Finance
Professor Pushpinder Mangat	Medical Director
Lisa Llewelyn	Director of Nurse and Health Professional Education

In attendance:

Dafydd Bebb	Board Secretary
Nicola Johnson	Director of Planning, Performance and Corporate Services
Sian Richards	Director of Digital
Angharad Price	Head of Communications
Huw Owen	Welsh Language Service Manager
Catherine English	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
AGM 2907/1.1	Welcome and Introductions	
	The Chair welcomed everyone to the Annual General Meeting of HEIW. Apologies were received from John Hill-Tout.	
AGM 2907/1.2	Introductory Remarks	
English Catherine 09/29/2021 14:12:49	The Chair opened the Annual General Meeting and welcomed everyone in attendance. Reflecting on the year, he explained that despite the challenges associated with the pandemic, HEIW had come to feel a part of NHS Wales. He said that the AGM gave HEIW an opportunity to look back and reflect on the past year and look forward to the challenges and opportunities ahead. The Chair confirmed a ten-minute question and answer session with the public would follow the presentation of the Annual Report and Outlook for 2021/22 and highlighted that a Public Showcase event on HEIW's work would follow the AGM.	
	Finally, the Chair thanked HEIW staff, the NHS and partners for their hard work and commitment.	

PART 2	ANNUAL REPORT 2020/21	
AGM 2907/2.1	Chief Executive Overview	
	<p>The AGM received the Chief Executives presentation of the work undertaken by HEIW in 2020/21.</p> <p>In presenting the overview, Alex Howells welcomed that there were so many attendees to the meeting, which was a clear benefit of virtual working. It was explained that the pandemic had presented new challenges for HEIW, particularly in its continued development and integration. Despite this, HEIW continued to develop and demonstrate good financial and corporate governance. HEIW had received positive Structured Assessments during 2020/21, and all Internal Audits received a minimum rating of reasonable assurance. Additionally, all financial targets had been achieved, and HEIW had received positive feedback on all plans from Welsh Government.</p> <p>Alex Howells highlighted that during 2020/21, there had been a continued focus on developing the culture within HEIW with the ambition of making HEIW a great place to work and that the past year had seen an increased focus on equality and diversity. It was confirmed that during 2020/21 HEIW had published its first Strategic Equality Plan and continued to focus on values and behaviours through a programme of executive-led staff engagement.</p> <p>Despite the challenges posed by the pandemic, HEIW had continued its growth and expansion in 2020/21 and had launched the Workforce Strategy for Health and Social Care jointly with Social Care Wales, Compassionate Leadership Principles and reintroduced the Graduate Management Programme. Two new directors had also been appointed: Sian Richards as the new Director of Digital and Nicola Johnson as the new Director of Planning, Performance and Corporate Services.</p> <p>Highlighting HEIW's achievements, Alex Howells confirmed that during 2020/21 HEIW had secured increased investment in commissioning numbers for 2021/22 and completed phase 1 of the Strategic Review of Health Professional Education. HEIW had also implemented single lead employer arrangements in pharmacy, dental and medical secondary care and developed quality frameworks for education and training.</p> <p>Outlining HEIW's contribution to the Covid response, Alex Howells explained how HEIW had embraced new approaches to clinical placements, digitised the delivery of progression and training and effectively managed re-deployment to protect and maintain the education and training provision within Wales. HEIW had also embraced remote working and governance arrangements to ensure business continuity and actively supported the wellbeing of students and trainees.</p>	

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	Looking forward, Alex Howells outlined HEIW's ambition to embrace a more strategic approach to segmented and targeted stakeholder engagement, resume multi-stakeholder engagement events and develop new relationships with Higher Education Institutions and Further Education Providers outside of the commissioning process.	
Resolved	The AGM noted the Chief Executives overview.	
AGM 2907/2.2	Director of Finance Overview	
	<p>The AGM received the presentation on the 2020/21 financial performance.</p> <p>In presenting the 2020/21 financial performance, Eifion Williams highlighted that the year-end financial position was an underspend of £95,000 against a revenue allocation of £234,819 million. Against a capital allocation of £105,000, there was an underspend of £21,000 at year end. It was confirmed that HEIW has an annual statutory requirement to achieve a balanced year-end position against the Revenue and Capital Resource Limits set for the year and that this had been achieved. It was also confirmed that HEIW had met its Public Sector Payment Policy target.</p>	
Resolved	The AGM noted the Director of Finance overview.	
AGM 2907/2.3	To received and approve the Annual Report 2020/21	
	The AGM received the Annual Report for 2020/21.	
Resolved	The AGM received and approved the Annual Report 2020/21.	
PART 3	OUTLOOK FOR THIS YEAR 2021/22	
AGM 2907/3.1	Executive Team Outlook for This Year	
	The AGM received presentations from the Executive Team on HEIW's plans for the months ahead.	
Resolved	The AGM noted the Executive Team presentations on the outlook for 2021/22	
PART 4	Question and Answer Session	
AGM 2907/4.1	Board to consider written questions received from observers of the AGM	
	There were no questions received from observers.	
PART 5	MEETING CLOSE	
AGM 2907/5.1	Close	
Resolved	There being no further questions, the Chair closed the Annual General Meeting.	

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Chris Jones (Chairman)

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Date:

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Unconfirmed Minutes of the HEIW Board Meeting
held at 10am on 29 July 2021
via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw

Present:

Dr Chris Jones	Chair
Tina Donnelly	Independent Member
Gill Lewis	Independent Member
Dr Ruth Hall	Independent Member
Dr Heidi Phillips	Independent Member
Alex Howells	Chief Executive
Lisa Llewelyn	Director of Nurse and Health Professional Education
Julie Rogers	Director of Workforce and Organisational Development
Eifion Williams	Director of Finance
Professor Pushpinder Mangat	Medical Director

In attendance:

Dafydd Bebb	Board Secretary
Sian Richards	Director of Digital
Nicola Johnson	Director of Planning, Performance and Corporate Services
Huw Owen	Welsh Language Service Manager
Catherine English	Corporate Governance Manager (Secretariat)
Angharad?	

PART 1	PRELIMINARY MATTERS	Action
2907/1.1	Welcome and Introductions	
	The Chair welcomed everyone to the meeting, and a quorum was confirmed present.	
2907/1.2	Apologies for absence	
	Apologies were received from John Hill-Tout.	
2907/1.3	Declaration of interest	
	<p>The following members declared an interest through their connections with universities with reference to agenda item 2.1, the Chair's Report, and specifically ratification of the Chair's action to award the Phase 1 contracts to Universities.</p> <ul style="list-style-type: none"> • Dr Ruth Hall, Independent Member - Advisory Board Member, Centre for Public Policy Wales, Cardiff University • Dr Heidi Phillips, Independent Member – Associate Professor for Primary Care, Swansea University. • Tina Donnelly, Independent Member – Fellow, University of South Wales. • Eifion Williams, Director of Finance – Member of the Finance Committee, Swansea University. 	

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	<ul style="list-style-type: none"> Professor Pushpinder Mangat, Medical Director – Honorary Chair, Swansea University Medical School. <p>The Chair noted that all declarations were included in the Declaration of Interest Register and had previously been declared.</p>	
2907/1.4	To receive and confirm the minutes of the Board held on 10 June 2021	
Resolved	The minutes were received and approved as an accurate record of the meeting.	
2907/1.5	Action Log from the Board meeting held on 10 June 2021	
	The Board received the Action Log and noted all but one of the actions were complete. The outstanding action would be reviewed in September.	
Resolved	The Board noted the Action Log	
2907/1.6	Matters Arising	
	There were no matters arising.	
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	
2907/2.1	Chairs Report	
	<p>The Board received the report.</p> <p>The Chair reflected on how the pandemic had affected health and social care services across Wales and the need to build on the innovations, relationships, and opportunities presented by past year. He stated that building a skilled, more inclusive, and diverse workforce and embedding the principles of Compassionate Leadership would be a key task for HEIW.</p> <p>It was confirmed the Chairs and Chief Executives of NHS Wales had recently met with the Minister and Deputy Ministers for Health and Social Services, where there were focused discussions around ministerial priorities. HEIW's Chair and Chief Executive subsequently met with the Minister for Health and Social Services, which provided an opportunity to reflect upon the organisation's role during the pandemic and its key position in supporting the recovery and reset of the wider health and care sector going forward.</p> <p>The Chair thanked everyone who had signed up to attend the Annual General Meeting and explained it demonstrated the breadth of partnership, not only within NHS Wales, but also the education sector and wider population.</p> <p>The Chair confirmed that the midyear reviews of Board members had now concluded and expressed his gratitude to the Independent Board Members for their continued passion and commitment.</p> <p>The Chair confirmed that he had attended the HEIW staff conference on the 15 July, where the Chief Executive of Hywel Dda Health Board, Steve Moore, gave a humbling insight into his experiences of leading the frontline NHS during the pandemic.</p>	

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	<p>Outlining some of the opportunities and challenges faced by the HEIW workforce as they planned a return to the office, the Chair expressed his hope that the organisation would continue to embrace the technical advantages gained from our experiences of remote working.</p> <p>Finally, the Chair asked the Board to ratify the two Chairs Actions as detailed on pages five and six of his report. It was confirmed that in accordance with HEIW's Standing Orders, each Chair's Action was undertaken by the Chair and Chief Executive after consulting with two Independent Members.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the report for information. • ratified Chair's Action taken on 25 June to confirm that the new education contracts, relating to Phase 1 of the Strategic Review of Health Professional Education, be awarded based on the successful bids that resulted from the extensive procurement and robust evaluation process recently undertaken by HEIW and NWSSP; and • ratified the Chair's Action taken on 29 June for the Board to support that HEIW's function be amended so that it may host the Office of Chief Digital Officer. 	
2907/2.1	Chief Executives Report	
	<p>The Board received the report.</p> <p>Briefly outlining her report, Alex Howells reaffirmed the pressures currently facing the NHS and the important role HEIW had to play in contributing to the reset and recovery agenda.</p>	
Resolved	The Board noted the report.	
PART 3	STRATEGIC MATTERS	
2907/3.1	Annual Education and Training Plan 2022/23	
	<p>The Board received the report.</p> <p>In presenting the Annual Education and Training Plan 2022/23, Lisa Llewelyn explained that the development of the Plan was a HEIW statutory function of HEIW which supported the continued investment in health education and training in Wales. It was confirmed the plan was based on several assumptions, including maintaining the growth of students and trainees, considering the impact of Covid-19 and the reset and recovery of services following the pandemic.</p> <p>It was confirmed that HEIW consulted upon the changing strategic context for the development of this year's Plan through a series of presentations to Chief Executives, Executive peer</p>	

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	<p>groups, and the Wales Partnership Forum, and was refined as a result of these discussions.</p> <p>It was reported that the plan had been scrutinised by the Education, Commissioning and Quality Committee and reviewed by the Executive Team prior to being submitted to the NHS Executive Board.</p> <p>The Board considered the importance of professional clinical placements and opportunities to increase capacity and enrich learner experiences. It was explained that there is a need for institutions to work collaboratively across Wales to address the issues associated with clinical placements, particularly in terms of capacity.</p> <p>The Board also considered the financial implications of the Plan, noting the resources required to deliver the 2022/23 Plan would increase from £251m to £262m.</p> <p>The Board thanked Lisa Llewelyn and her team for their work on developing the Plan. It was confirmed work is underway to consider how it can be better aligned to other NHS Integrated Medium Term Plans (IMTP's) in the future.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the current position with regard to the 2022/23 Education and Training plan; • Supported the submission of the plan to Welsh Government subject to feedback from the NHS Executive Board; and • Noted that there will be a review of the process to identify lessons learned for next year. 	<p>LL</p> <p>LL</p>
2907/3.2	Pharmacy Strategic Outline Case and Associated Business Cases	
<p>English Catherine 09/29/2021 14:12:49</p>	<p>The Board received the report.</p> <p>In presenting the report, Pushpinder Mangat explained the Strategic Outline Case (SOC) had been developed by the Pharmacy Deanery and scrutinised by the Pharmacy Initial Education and Training of Pharmacists Steering Group, Executive Team, and Board at a Board Briefing held earlier in July. He explained the SOC outlined the path to Independent Prescribing Status for all newly registered Pharmacists by 2026, the need for new undergraduate clinical placements, the need for transforming the current multi-sector pre-registration year into a different Foundation Year, the need for a new postgraduate programme together with the steps required to achieve this.</p> <p>It was confirmed that the SOC would therefore guide the implantation of the new standards for the Initial Education and</p>	

	<p>Training of Pharmacists (IETP) as mandated by the General Pharmaceutical Council.</p> <p>The Board highlighted the importance of ensuring a well-developed communication strategy underpinned the implementation of the new standards for the IETP, explaining it was essential professionals, students, and other groups understood the changes and why they were necessary.</p>	
Resolved	The Board endorsed the Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case and its submission to Welsh Government.	PM
2907/3.3	Re-purposing of Pharmacy Pre-Registration Funds	
	<p>The Board received the report.</p> <p>In presenting the report on re-purposing of Pharmacy pre-registration funds, Pushpinder Mangat explained the report was the first business case referred to in the Pharmacy IETP Strategic Outline Case (SOC) and one that required immediate Welsh Government approval. It was confirmed the previous business case approved by Welsh Government in 2019, in respect of this subject matter, secured funding for pre-reg foundation pharmacist programme training in Wales up to 2023/24 based on increasing the placements each year.</p> <p>However, the unexpected impact of Covid and the accelerated introduction of IETP in January 2021 had placed significant pressures on the training organisations and HEIW staff, which was not foreseen in 2019. Given this, it was proposed that the foundation training numbers for the next two years be reduced from 160 to 130, to allow a period of stabilisation and evaluation, and the existing funds be re-purposed.</p> <p>It was confirmed the re-purposing of funds would ensure Wales can establish stable trainee numbers and standards whilst managing the significant changes to the initial education and training standards outlined in the HEIWSOC.</p> <p>The Board considered the proposal and discussed opportunities to maintain foundation training numbers at 160 while re-purposing underspend from other areas of the business. It was clarified that 130 placements represented a more realistic and sustainable position for HEIW and that reducing the numbers would still result in Wales having the highest pre-registration recruitment rate within the United Kingdom.</p>	
Resolved	The Board noted the report and the change of Foundation training numbers from 160 to 130.	
2907/3.4	Biodiversity and Decarbonisation Strategy	
	The Board received the Biodiversity and Decarbonisation Strategy.	

	<p>In introducing the report, Nicola Johnson explained Welsh Government had set out its legal commitment to achieve net-zero emissions by 2050 and declared its ambition for a carbon-neutral public sector in Wales by 2030. In response, NHS Wales had published its All-Wales Decarbonisation Strategic Delivery Plan 2020-2030. HEIW's strategy was developed to ensure the organisation delivered change in the areas that will generate the most significant impact and enable appropriate and efficient reporting.</p> <p>It was confirmed that following approval of the strategy, HEIW would develop and implement a 3-year action plan in line with the biodiversity and decarbonisation strategy and develop and implement organisational targets in line with the NHS Wales goal of becoming carbon neutral by 2030.</p> <p>The Board welcomed the report and were pleased to note HEIW's commitment to the decarbonisation agenda. Consideration was given to initiatives aimed at supporting the decarbonisation strategy, including the incentivisation of e-vehicles among staff.</p>	
Resolved	The Board approved the HEIW Biodiversity and Decarbonisation Strategy 2021-24.	
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	
2907/4.1	Director of Finance Report	
	<p>The Board received the Director of Finance Report.</p> <p>In presenting the report, Eifion Williams provided an update on the financial position for the period to 30 of June 2021 and identified the reasons for any financial variation against the budgets set. HEIW reported an underspend of £214,693 against profiled budgets as at 30 June 2021.</p> <p>It was confirmed the underspend in non-pay budgets was a result of reduced face to face training and education activity due to the Covid lockdown restrictions. The underspend on Commissioning budgets was as a result of known under recruitment of trainees to programmes in Pharmacy, Dental Foundation training and the Medical training grades, offset by a small overspend within GP training as a result of protected salaries.</p> <p>It was noted HEIW has a capital allocation of £100k for 2021/22, and an order for IT equipment totalling £15k was raised in June. The cash position at the end of month 3 was £7.4m.</p> <p>It was confirmed that for the period April to June 2021, HEIW cumulatively paid 99.3% of non-NHS invoices and 97.8% of NHS invoices within 30 days.</p> <p>The Committee noted that 'Trade and other payables' continued to be high, totalling £12.5m as at 30 June. It was explained that</p>	

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	the main balances included £6.8m for other NHS Wales organisations and £2.1m for GP Trainee payments to NWSSP, which will not be invoiced until the end of the month. The £5.3m to non-NHS creditors primarily related to payments due to universities that have not yet been invoiced. It was confirmed HEIW has been working with universities to improve the billing and payments process, and an update on that work would be provided to the Board later in the year.	
Resolved	The Board noted the financial position reported at month three and the underlying reasons for the key variances to budget.	
2907/4.2	Updated Standing Financial Instructions	
	<p>The Board received the report.</p> <p>In presenting the report, Eifion Williams explained that following an all-Wales review, Welsh Government had issued HEIW with updated model Standing Financial Instructions(SFIs). It was confirmed that HEIW had been in discussions with Welsh Government about further changes to HEIW's SFI's in respect of procurement processes to better reflect its position as an education commissioner. Confirming a change to the report, Eifion Williams explained the Board were being asked to note that updated SFI's had been issued and that HEIW was in discussions with Welsh Government for further amendments that would apply solely to HEIW.</p> <p>It was confirmed that an impact assessment would be undertaken once the HEIW's final SFI's had been agreed with Welsh Government. The final updated SFI's would be brought back to the Board for approval.</p>	
Resolved	The Board noted the model Standing Financial Instructions.	
2907/4.3	Updated Standing Orders	
	<p>The Board received the report.</p> <p>In presenting the report, Dafydd Bebb explained that following a review, revised Model Standing Orders had been issued by Welsh Government. Given this, HEIW's Standing Orders had been updated to account for changes made to the Model Standing Order together with some local amendments including to the delegated financial limits. It was confirmed these amendments were identified within the cover paper and the update Standing Orders attached at Appendix 1.</p> <p>It was confirmed that the amendments had been considered and approved at the July meeting of the Audit and Assurance Committee.</p> <p>It was confirmed a light touch impact assessment had been undertaken.</p>	
Resolved	The Board approved the amended HEIW Standing Orders.	

2907/4.4	Hosting of the Office of Chief Digital Officer	
	<p>The Board received the report.</p> <p>In presenting the report, Dafydd Bebb explained it provided an update on locating the Office of the Chief Digital Officer (OCDO) for Health and Care within HEIW and a summary of the progress to date. It was confirmed that a Direction was imminent from the Welsh Minister for Health and Social Services confirming that the OCDO has been added into the functions of HEIW and that Chair's Action (ratified earlier by the July Board under the Chair's Report) has been taken by HEIW to support the extension of HEIW's function to include the permanent hosting of the OCDO.</p> <p>It was confirmed a Memorandum of Understanding (MOU) with Welsh Government outlining the operating arrangements for the OCDO being located within HEIW had been drafted and was close to being finalised. A Project Team had been formed to oversee the establishment of the OCDO together with a Programme Project Board with Welsh Government. The first HEIW Project Steering Group met on the 27 July.</p>	
Resolved	The Board noted the update for information.	
2907/4.5	Education, Commissioning and Quality Committee Annual Report 2020/21	
	<p>The Board received the Education, Commissioning and Quality Committee Annual Report 2020/21.</p> <p>In presenting the report, Ruth Hall explained it summarised the key areas of business activity undertaken by the Committee during 2020/21 and highlighted some of the key issues which the Committee intended to consider over the next twelve months.</p> <p>The Committee thanked everyone who had contributed to the work of the Committee over the past twelve months.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • Noted that the Education Commissioning and Quality Committee had approved the Annual Report 2020/21 for submission to the Board for assurance. • Noted the Education, Commissioning and Quality Committee Annual Report 2020/21 for information. 	
2907/4.6	Key Issues Reports	
2907/4.6.1	Education Commissioning and Quality Committee held on 25 June 2021	
English Catherine 09/29/2021 14:12:49	<p>The Board received the report.</p> <p>In presenting the report, Ruth Hall highlighted that a wide variety of reports had been considered by the Committee and provided a brief overview of the items that had been considered.</p>	

	<p>It was highlighted that the Committee had received the draft National Annual Education and Training Plan 2022/23 and considered a submission provided by the Royal College of Nursing on service priorities and education commissioning figures for nursing. The submission by the Royal College of Nursing raised some important points, and the Committee had discussed the deficit in paediatric nursing recruitment against the IMTP and considered ways to encourage individuals to return to nursing. The Committee had also considered the limits on growth, in particular, placement capacity but noted HEIW continued to make inroads into aligning the IMTP requests with commissioning numbers. It was confirmed a response had been issued to the Royal College of Nursing.</p> <p>It was confirmed that the Committee had recommended the following agenda items to the July Board (which had already been considered by the Board)</p> <ul style="list-style-type: none"> • Approve the Initial Education and Training of Pharmacists Programme Strategic Outline Case (considered under agenda item 3.2 above). • Approve the draft National Annual Education and Training Plan 2022/23 (considered under agenda item 3.1 above). • Review the performance of the Committee as set out in the Committee Annual Report for 2020-21 (considered under agenda item 4.5 above) 	
Resolved	<p>The Board noted the content of the report for assurance.</p> <p>It was agreed future Committee Annual Reports would include a table of Committee recommendations made throughout the year.</p>	
2907/4.6.2	Audit and Assurance Committee held on 21 July 2021.	
	<p>The Board received a verbal update.</p> <p>Gill Lewis explained that the Committee had considered a wide variety of reports and provided a brief overview of the items that had been considered. It was highlighted that:</p> <ul style="list-style-type: none"> • the Information Governance Toolkit Internal Audit Report received 'substantial' assurance. • The Committee had received a report on the Review of HEIW's Procurement Systems and Processes Action Plan and that good progress had been made to address the recommendations arising from the review. • The Committee received and noted the Governance Arrangements Internal Audit Report and Pre-Registration Pharmacy Internal Audit Report noting that the overall assurance level for both was reasonable. 	

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	<p>It was confirmed that the Committee had recommended following items for consideration by the Board:</p> <ul style="list-style-type: none"> • Approve the updated Standing Financial Instructions (considered separately under item 4.2 above) • approve the updated Standing Orders and proposed amendments to the Delegated Financial Limits (considered separately under agenda item 4.3 above). 	
Resolved	The Board noted the content of the report for assurance .	
PART 5	OTHER MATTERS	
2907/5.1	Any Other Urgent Business	
	No other urgent business.	
2907/5.2	Date of next meeting	
	<p>Dates of Next Meetings:</p> <ul style="list-style-type: none"> • HEIW Board Development Session to be held on 19 August 2021 to be held via Microsoft Teams/Teleconference. • HEIW Board to be held on 30 September 2021 to held via Zoom/Teleconference. 	
	The Board resolved to go in-committee.	

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Chris Jones (Chairman)

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Date:

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HEIW Board (Open)
29 July 2021
Action Log

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
2503/1.6	Matters Arising			
	<ul style="list-style-type: none"> The arrangements for holding Board and Committee meetings virtually be extended to the end of September 2021. 	Board Secretary	Sept 2021	Matter considered under the Chair's report.
2907/3.1	Annual Education and Training Plan 2022/23			
	<ul style="list-style-type: none"> The Annual Education and Training Plan 2022/23 to be submitted to Welsh Government subject to feedback from the NHS Executive Board. 	Director of Nurse and Health Professional Education	August 2021	Completed. Education and training plan 2022/23 submitted to the Welsh Government 19/8/21
	<ul style="list-style-type: none"> A review of the process to be undertaken to identify lessons learned for next year. 	Director of Nurse and Health Professional Education	October 2021	Meeting held on 14 th September 2021.
2907/3.2	Pharmacy Strategic Outline Case and Associated Business Cases			
	<ul style="list-style-type: none"> The Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case and to be submitted to Welsh Government. 	Medical Director	September 2021	Completed
2907/4.6.1	Education Commissioning and Quality Committee held on 25 June 2021			
	<ul style="list-style-type: none"> Future Committee Annual Reports to include a table of Committee recommendations made throughout the year. 	Board Secretary	September 2021	Completed – Committee Annual Report Template updated to include a table of committee recommendations.



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

Meeting Date	30 September 2021	Agenda Item	2.1.1
Report Title	Chair's Report		
Report Author	Dr Chris Jones, Chairman		
Report Sponsor	Dr Chris Jones, Chairman		
Presented by	Dr Chris Jones, Chairman		
Freedom of information	Open		
Specific action required	<p>The Board is asked to</p> <ul style="list-style-type: none">• note the report for information;• ratify the Chair's Action taken on 11 August for the Board to approve the 3% NHS staff pay rise for implementation;• approve extending the holding of virtual Board and Committee meetings until the end of January 2022.		

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CHAIR'S REPORT

1. PURPOSE OF REPORT

The purpose of this report is to update the Board on the range of activities and meetings undertaken by the HEIW Chairman and Vice Chair since the last Board meeting.

2. CHAIR'S REPORT

As we come to the end of summer and autumn emerges, health and social care is busier than ever. Covid 19 continues to challenge the health and care system, resulting in a combination of dealing with high levels of demand for Primary Care, Mental Health Services, Urgent and Planned Care.

HEIW continues to contribute to supporting the system response whilst progressing our plans at the heart of our Workforce Strategy. We were pleased to host a visit from the Health Minister Eluned Morgan on 16th September. The Minister had the opportunity to meet staff and receive presentations on key work programs reflecting the span of our work. The Minister was clearly interested and engaged with the breadth and depth of the HEIW contribution.

The advert for two new independent members of the Board is imminent and is currently expected to be posted on 11 October.

Independent members meet informally on a fortnightly basis for a catchup. John Hill-Tout and I have twice weekly catch ups. I continue to meet formally with Alex as CEO on a weekly basis and members of the executive team fortnightly.

At the Board Development Session on 19th August, we received a presentation on equality and diversity from Sarah Mosley Head of the GMC Wales. We also received a presentation from Kieran Walshe, Director of Health and Care Research Wales, and Helen Grindell, Head of Support and Delivery, Health and Care Research Wales on Improving Research Capacity and Capability. An update was also given by Dr Ruth Alcolado on the Medical Engagement scale results and Clinical leadership.

On the 16th September the Board held a Special Briefing Session on the Primary and Community Education and Training Framework.

Chairs of all Welsh Health organisations continue to meet monthly. In our meeting of the 7th August, the agenda included an update from Chief Executives of NHS Wales, a presentation from Sally Holland, the Children's Commissioner, and an update on the National Clinical Plan. There was an important presentation on Population Health Wider Harms. Chairs had wide ranging discussions around health and social care priorities and the NHS and Social Care performance and pressures, in particular the challenges in Urgent and Emergency Care.

John and I continue to attend the monthly webinars organised by the NHS Confederation that have continued during the summer, and in July, the session considered the demand pressures on the NHS in all the main areas of care - Emergency Care, Primary Care and Elective Care. It was recognised that this has been caused by the Covid Pandemic, with its impact on capacity. There was acute awareness of the impact on staff, evidenced by vacancies and absences due to stress and anxiety. All organisations are focused on staff wellbeing, and HEIW's programmes to provide support are a crucial part of the recovery process.

Vice Chair's Report

I have continued to attend the regular vice chairs meetings where the issues of high service demand are reported and discussed. Vice Chairs receive regular briefings from Welsh Government leads in mental health and primary care and report back on actions being taken by NHS organisations to respond to Welsh Government priorities.

On 10th September I joined other Board members when we met the Board of the newly established Digital Health and Care Wales. The meeting was very productive in sharing our respective priorities and plans, and we agreed that it will be important to remain in close communication as we go forward.

Finally, on 21st September, I attended a meeting of the Ministerial Task Group on the Whole School Approach. I represent Welsh Vice Chairs on this group, and we received a briefing on the research evaluation of the implementation of this important programme, which is designed to bring all appropriate agencies together in their approach to the wellbeing of schoolchildren in Wales.

Chair Action – 3% NHS Staff Pay Award

Background

The Remuneration and Terms of Service (RATS) Committee received a report on the 28 July confirming that on the 21 July 2021, the Welsh Government had announced that a 3% pay rise had been agreed for all NHS Staff. It was confirmed the proposed award was in line with the recommendations from the NHS Pay Review Body and the Doctors and Dentist Review Body and matched the announcement of the UK Government on a 3% pay award uplift for all staff. It was confirmed the pay award would be backdated to 1 April 2021 and was in addition to the NHS and Social Care bonus payment made in May 2021.

Chair's Action

Chair's Action was taken on 11 August for the Board to approve the 3% NHS staff pay rise for implementation. In accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after first consulting with two Independent Members.

Ratification

The Board is asked to ratify the Chair's Action taken on 11 August for the Board to approve the 3% NHS staff pay risk for implementation.

Virtual Meetings

It is recommended that the arrangements for holding virtual Board and Committee meetings be extended to the end of January 2022.

3. RECOMMENDATIONS

The Board is asked to:

- **note** the report for information;
- **ratify** the Chair's Action taken on 11 August for the Board to approve the 3% NHS staff pay rise for implementation;
- **Approve** extending the holding of virtual Board and Committee meetings until the end of January 2022.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
There are no direct quality, patient safety and experience issues relating to this report.			
Financial Implications			
There are no direct financial implications of this report			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications of this report.			

Staffing Implications	
There are no direct staffing implications of this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.	
Report History	N/A
Appendices	N/A

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Addysg a Gwella Iechyd
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Meeting Date	30 September 2021	Agenda Item	2.1.2
Report Title	Affixing of the Common Seal		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	In accordance with Section 7 of the Standing Orders, this paper reports on the use of HEIW's Common Seal and the Register of Sealing.		
Key Issues	<p>HEIW has entered into 49 deeds under Phase 1 of the Strategic Review of Health Professional Education. All documents were signed in duplicate and authorised for sealing in line with Section 7 of the Standing Orders.</p> <p>Each deed has been recorded on HEIW's Register of Sealing and are detailed in Appendix 1.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendation	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report for information. 		

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AFFIXING OF THE COMMON SEAL

1. INTRODUCTION

The purpose of the paper is to report on the use of HEIW's Common Seal.

2. BACKGROUND

HEIW's Common Seal has been applied to 49 deeds (in duplicate) and a record of the sealings has been entered into the Register of Sealing. The deeds relate to the delivery of Phase 1 of the Strategic Review of Health Professional Education.

In accordance with Section 7 of the Standing Orders, the entry into the Register of Sealing was signed by the persons who witnessed the sealing of the deeds being the Chair and the Chief Executive.

3. PROPOSAL

Appendix 1 provides an overview of those deeds that have been entered into the Register of Sealing.

4. GOVERNANCE AND RISK ISSUES

HEIW's Standing Orders provides that the Board Secretary shall keep a register that records the sealing of every document, and a report of all sealings shall be presented to the Board at least bi-annually.

5. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update.

6. RECOMMENDATION

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

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of	Strategic Aim 5: To be an exemplar employer	Strategic Aim 6: To be recognised as an excellent partner, influencer and

	safety and quality	and a great place to work	leader
Quality, Safety and Patient Experience			
n/a			
Financial Implications			
There are no direct resource implications related to this report.			
Legal Implications (including equality and diversity assessment)			
There are no legal implications contained within this report.			
Staffing Implications			
There are no direct staffing implications within this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
There are no direct implications on the Act.			
Report History			
Appendices			
Appendix 1 – Register of Sealing			

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Appendix 1 - Register of Sealing

No.	Date	Document Details	Signed
1	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1a Nursing (Adult, Child, and Mental Health) – Cardiff and Vale including Velindre Full Time Only	Chris Jones (Chair) Alex Howells (Chief Executive)
2	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1b Nursing (Adult, Child, and Mental Health) – Cardiff and Vale Full Time BSc/BN, Part Time BSc/BN, PG, Dip/MSc	Chris Jones (Chair) Alex Howells (Chief Executive)
3	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1c Nursing (Adult, Child, and Mental Health) – Aneurin Bevan Full Time Only	Chris Jones (Chair) Alex Howells (Chief Executive)
4	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1d Nursing (Adult, Child, and Mental Health) – Aneurin Bevan and Powys Full Time BSc/BN, Part Time BSc/BN, PG, Dip/MSc	Chris Jones (Chair) Alex Howells (Chief Executive)
5	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1e Nursing (Adult, Child, and Mental Health) – Cwm Taf Morgannwg	Chris Jones (Chair) Alex Howells (Chief Executive)
6	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1f Nursing (Adult, Child, and Mental Health) – Swansea Bay	Chris Jones (Chair) Alex Howells (Chief Executive)
7	11/08/21	Aberystwyth University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1g Nursing (Adult, Child, and Mental Health) – Hywel Dda North	Chris Jones (Chair) Alex Howells (Chief Executive)
8	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1h Nursing (Adult, Child, and Mental Health) – Hywel Dda East, South and West	Chris Jones (Chair) Alex Howells (Chief Executive)
9	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1i Nursing (Adult, Child, and Mental Health) – BCU West	Chris Jones (Chair) Alex Howells (Chief Executive)

No.	Date	Document Details	Signed
10	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1j Nursing (Adult, Child, and Mental Health) – BCU Central, East	Chris Jones (Chair) Alex Howells (Chief Executive)
11	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 1k Nursing (Adult, Child, and Mental Health) – BCU Central, East (teaching across C&D and Wrexham)	Chris Jones (Chair) Alex Howells (Chief Executive)
12	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 2a Nursing Learning Disability – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
13	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 2b Nursing Learning Disability – South East Wales and Powys	Chris Jones (Chair) Alex Howells (Chief Executive)
14	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 2a Nursing Learning Disability – South West and West Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
15	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 3a Dispersed Learning: Nursing (Adult and Mental Health) – Powys	Chris Jones (Chair) Alex Howells (Chief Executive)
16	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 3b Dispersed Learning: Nursing (Adult and Mental Health) – Hywel Dda	Chris Jones (Chair) Alex Howells (Chief Executive)
17	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Lot 4 Nursing (Adult, Child, and Mental Health) – Distance Learning	Chris Jones (Chair) Alex Howells (Chief Executive)
18	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 5a Midwifery – South East Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
19	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 5b Midwifery – South East Wales and Powys (2 Outputs)	Chris Jones (Chair) Alex Howells (Chief Executive)
20	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 5c	Chris Jones (Chair) Alex Howells (Chief Executive)

No.	Date	Document Details	Signed
		Midwifery – South West Wales	
21	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 5d Midwifery – North Wales (2 Outputs)	Chris Jones (Chair) Alex Howells (Chief Executive)
22	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 6a Occupational Therapy – South East Wales Full Time BSc, Post Graduate Diploma/MSc	Chris Jones (Chair) Alex Howells (Chief Executive)
23	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 6b Occupational Therapy – South East Wales Part Time BSc	Chris Jones (Chair) Alex Howells (Chief Executive)
24	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 6c Occupational Therapy – South West and West Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
25	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 6d Occupational Therapy – North Wales and Powys	Chris Jones (Chair) Alex Howells (Chief Executive)
26	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 7a Physiotherapy – South East Wales Full Time BSc, Post Graduate Diploma/MSc	Chris Jones (Chair) Alex Howells (Chief Executive)
27	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 7b Physiotherapy – South East Wales Part Time	Chris Jones (Chair) Alex Howells (Chief Executive)
28	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 7c Physiotherapy – South West and West Wales Full Time BSc, Post Graduate Diploma/MSc	Chris Jones (Chair) Alex Howells (Chief Executive)
29	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 7d	Chris Jones (Chair) Alex Howells (Chief Executive)

No.	Date	Document Details	Signed
		Physiotherapy – North Wales Full Time BSc	
30	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 7e Physiotherapy – North Wales Post Graduate Diploma/MSc	Chris Jones (Chair) Alex Howells (Chief Executive)
31	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 8a Diagnostic Radiography – South East Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
32	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 8b Diagnostic Radiography – South West and West Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
33	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 8c Diagnostic Radiography – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
34	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Lot 9 Radiography and Oncology – All Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
35	11/08/21	Cardiff Metropolitan University and HEIW (x2) Health Professional Education and Training Services – Lot 10 Podiatry – All Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
36	11/08/21	Cardiff Metropolitan University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 11a Speech and Language Therapy – South, West and Mid Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
37	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 11b Speech and Language Therapy – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
38	11/08/21	Cardiff Metropolitan University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 12a Dietetics – South, West and Mid Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
39	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 12b Dietetics – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)

No.	Date	Document Details	Signed
40		Contract not sealed and under review.	
41	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 13b Paramedic Science – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
42	11/08/21	Cardiff Metropolitan University and HEIW (x2) Health Professional Education and Training Services – Lot 14 Biomedical Sciences – All Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
43	11/08/21	University of South Wales and HEIW (x2) Health Professional Education and Training Services – Sub Lot 15a Operating Department Practice – South East Wales and Powys	Chris Jones (Chair) Alex Howells (Chief Executive)
44	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 15b Operating Department Practice – South West and West Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
45	11/08/21	Wrexham Glyndwr University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 15c Operating Department Practice – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
46	11/08/21	Cardiff University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 16a Dental Hygiene and Therapy – South, West and Mid Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
47	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 16b Dental Hygiene and Therapy – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
48	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 17a Physician Associates – South, West and Mid Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
49	11/08/21	Bangor University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 17a Physician Associates – North Wales	Chris Jones (Chair) Alex Howells (Chief Executive)
50	11/08/21	Swansea University and HEIW (x2) Health Professional Education and Training Services – Lot 18 PTP Healthcare Sciences – All Wales	Chris Jones (Chair) Alex Howells (Chief Executive)



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

Meeting Date	30 September 2021	Agenda Item	2.2
Report Title	Chief Executive's Report – September 2021		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

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CHIEF EXECUTIVE'S REPORT – SEPTEMBER 2021

1. INTRODUCTION

Pressures on the NHS are exceptionally high currently, through a combination of COVID and non-COVID demand on services right across the system. Whilst we have no direct role in care delivery it is essential that we explore all options to support our NHS colleagues during this difficult time, as well as our trainees and students. We have reviewed learning from the first two waves to ensure that the right actions are embedded in our future emergency planning. In the meantime, we have delayed full implementation of our new agile working model until the New Year.

We have recently issued our Stakeholder Bulletin, which includes updates on a number of priority areas of work, and this is attached at Appendix 1.

2. KEY ACTIVITIES

Primary and Community Education and Training Framework

A Board briefing on the Primary and Community Education and Training Framework was held earlier this month, and it is also considered on today's agenda. The aim is to support the development of a sustainable and properly resourced framework for educating and training the multi-professional teams in primary care. To achieve its aims, the framework respects the need to combine an all-Wales approach with local flexibility. This approach is deemed to be a vital component of reset and recovery and to underpin the delivery of the Strategic Programme for Primary Care.

Development of the Integrated Medium Term Plan (IMTP)

A paper providing an update on the development of HEIW's three-year IMTP for 2022-25 is on the agenda. The paper sets the framework and timetable for the development of the IMTP and will include a review of our strategic aims to ensure they remain current and fit for purpose.

The IMTP will also be required to comply with the Welsh Government's NHS Planning Framework, which is due in October.

It is anticipated that the key approach this year will be to focus on the consolidation of the delivery of the existing plan rather than the development of a new plan. The deadline for submission of the IMTP to Welsh Government has been extended to February/March.

Performance Report – Quarter 1

Our Performance Report, which provides assurance on the organisation's performance in Q1 against the Annual Plan 2021/22, is included on today's agenda.

Overall, the report shows that HEIW has made good progress on delivering our agreed Strategic Objectives and performed effectively during the period covered by this report. We have continued to embed the Performance Framework across the organisation. This has included the establishment of an internal Performance Management Network

English
09/29/2021 11:13:13

as a forum to support owners of performance dashboard data and Key Performance Indicators.

We will be commencing a series of mid-year service reviews in October with individual teams which will be an opportunity to deep dive into plans and performance for each area.

Gender Pay Report

The Gender Pay Report for 2019/20, which shows the pay gap between male and female employees, is on the agenda for today's Board. The report is a statutory requirement and produced 12 months after the year to which it relates. This is the first full year report that HEIW will have produced.

While the presence of a pay gap is disappointing, as considered in detail in the report, our ability to close the gap is constrained to a large extent by national pay arrangements.

Director of Finance

Eifion Williams will be leaving his role as Director of Finance in December. While the Board will have further opportunities to wish him well nearer the time, I wanted to record my thanks to him for stepping in to support HEIW over the past two years.

We are commencing the process of advertising internally for an Interim Director of Finance and Corporate Services as a development opportunity until summer next year. This will give one of our staff first-hand experience of undertaking an executive director role, as well as access to enhanced development and mentoring.

Strategic Review of Health Professional Education

The tender process for Phase 1 of the Strategic Review of Health Professional Education has been completed. This is the largest commissioning process that HEIW will undertake and is worth in the region of £1bn over 10 years. The contracts, which supply a variety of courses across a wide number of disciplines, will support the NHS workforce needs over the next decade. The execution of the Phase 1 contracts is considered further under the affixing of the common seal section within the Chair's report.

Finance

A paper outlining the month three position is on the agenda. The financial position of HEIW as at month three is an underspend of £311,545.

Risk

The Corporate Risk Register is considered as an agenda item at today's Board. There are currently nine risks on the Corporate Risk Register of which one is assessed as red: Cyber security.

Hosting of the Office of the Chief Digital Officer

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09/29/2021 14:42:49

The Minister for Health and Social Services has made a direction for HEIW's functions to be extended to include hosting the Office of the Chief Digital Officer. At the time of writing, HEIW is close to concluding the MOU with Welsh Government on hosting the MOU.

The HEIW Operational Steering Group has now been established and separate meetings held with operational workstreams.

3. RECOMMENDATION

The Board is asked to note this report.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
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	Appendix 1 – Stakeholder Bulletin		

English Catherine
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Stakeholder bulletin

Summer 2021



GIG
CYMRU
NHS
WALES

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



Dear Colleague,

The changes in the COVID position during the summer months gave us the opportunity to make some progress on a number of very critical workforce priorities including future plans and investment in education and training, as well as our involvement in various national programmes. We are keen to maintain this momentum but also recognise that with rising rates of community prevalence we must keep a focus on the pandemic, and how we can support front line staff and organisations in the response that will be needed during the winter months.

As ever, we also need to pre-empt the pressures and challenges facing our students and trainees – particularly our new starters – to ensure that they get the right experience at this critical time in their development. We want Wales to be a great place to train and we have no doubt we will all continue to work together to make that a reality.

Best wishes,



Alex Howells
(Chief Executive, HEIW)



Dr. Chris DV Jones
(Chairman, HEIW)

English Catherine
09/29/2021 14:12:49

About us

An NHS organisation established in 2018 to drive the transformation of the health workforce in Wales.

Our purpose is to provide NHS Wales with a single body to develop an integrated and comprehensive approach to the planning and development of the health workforce. We have a central focus on education and training along with a number of other significant functions including workforce planning and intelligence, leadership development, workforce modernisation and careers.

A key part of our role is to ensure we add value and benefit in terms of improvements that are needed in quality of care and staff experience.

We are a Special Health Authority, one of the twelve statutory NHS bodies in Wales.

Education and training update

Strategic review of health professional education phase one

In our [Spring bulletin](#), we mentioned we were currently evaluating the tender bids for the provision of healthcare professional undergraduate education. We are very pleased to have completed the commissioning process and the contracts have all been signed. This is the largest commissioning process we undertake and is worth in the region of £1bn over 10 years. The contracts, which support a variety of courses across a wide number of disciplines will help ensure a healthy pipeline of newly qualified staff for the NHS over the next decade. Full details are on our [website](#).

Strategic review of health professional education phase two

Work on phase two of the strategic review of healthcare education for Wales is underway reviewing education for healthcare support workers and a range of postgraduate programmes in more specialist areas. This will enable us to ensure that the skills and knowledge being developed are aligned with what the NHS needs.

The procurement process for the provision of Level 4 Health Care Support Worker (Nursing) Programmes by HEIW on behalf of NHS Wales is currently taking place. The engagement events held in August provided a good level of feedback on the proposed procurement of the Level 4 programme, and of a Level 5 twenty credit module for Assistant Practitioners. The content of the Level 5 Assistant Practitioners module will be based on the core competencies approved by the all-Wales Directors of Nursing Group, together with additional locally agreed competencies relevant to the role.

With Genomics Partnership Wales we are currently carrying out engagement to inform the securing contracts for education modules to support the development of genomic literacy within the workforce.

For further information contact christine.love@wales.nhs.uk.



Fill rates and applications to training courses for 2021

In medicine we've had another successful year in terms of recruitment to our two-year foundation programme and to postgraduate medical specialty training with a 100% fill rate for the foundation and over 25 speciality programmes. We've also gone slightly over target for General Practice with 161 offers being accepted on a

target of 160. A few areas continue to be a challenge in terms of recruitment and these will be reviewed as part of the 2023 Education and Training commissioning plan.



For 2021/22 we increased the number of pre-registration health professional training places by over 200. We will know the fill rates when the UCAS clearing process is completed. We are confident these will be achieved, given there has been a 27% increase in applications to NHS commissioned pre-registration healthcare professional programmes across Wales.

Annual Education Training and Plan 2022/23

Since the establishment of HEIW, in response to population health and health service needs, we have planned and implemented record increases in education and training. We are continuing this positive trajectory with the commissioning plan for next year. To deliver this plan, one of the main considerations has been the availability of clinical placements for student learning which has been exacerbated due to COVID. Despite this we have made a number of recommendations for increasing training numbers given the current workforce deficits and critical importance of continuing to grow the workforce. The Plan has been supported by our Board and has been submitted to Welsh Government for approval.

Changes to Pharmacy Education

In the last bulletin, we covered in some detail the changes being made by the pharmacy regulator to undergraduate and early postgraduate pharmacy education and training, and what this means for us here in Wales. As part of our work preparing for these changes we have developed a Strategic Outline Case (SOC) for the transformation to the initial education and training standards for pharmacists (IETP). This was approved by our Board in July.

The 2021 Foundation programme for trainee pharmacists has now been revised to incorporate the interim GPhC learning outcomes and the number of multi-sector training posts has increased. The 2022 Foundation trainee pharmacist programme will be 100% multi-sector posts to enable the phased implementation of the IETP programme. Further information can be found on [our website](#).

A new post-registration foundation programme for September 2022 intake is currently out to tender and it is anticipated a provider will be secured by November 2021. This

new programme will be underpinned by the Royal Pharmaceutical Society (RPS) agreed post-registration foundation curricula. This will support newly registered pharmacists across Wales to achieve all the new initial education and training outcomes including independent prescribing accreditation at the point of completion.

Supporting the Return to Medical Appraisal

Our Revalidation Support Unit (RSU) has been working closely with key stakeholders across the four nations throughout the pandemic to respond to the changing needs and requirements of the regulator, service and profession. Last year we were able to offer the option of a supportive appraisal discussion offering a wellbeing focused appraisal. Over 2,500 doctors took advantage of this opportunity and feedback has been very positive. From 1 April 2021 appraisal was reintroduced as a requirement for all, with the focus on wellbeing, support and any changes to practice as a result of the pandemic continuing. The RSU has developed resources for appraisees and appraisers on the topics of returning to appraisal, virtual appraisals and an introduction to coaching skills.

For further information contact HEIW.RSUSupport@wales.nhs.uk.

Professional Support Unit, HEIW

The Professional Support Unit is continuing to support doctors and dentists in training across NHS Wales. We use a coaching approach and hold confidential 1:1 meetings with trainees to agree a tailored support plan, which might include referral to specialist services. We continue to deliver our workshops online and are now preparing to welcome new trainees by delivering sessions at inductions.

Further information is available via [our website](#), email HEIW.ProfessionalSupport@wales.nhs.uk or call 07900191933



Transforming and supporting the workforce

Health and Wellbeing

As Autumn now approaches the pandemic continues to have an impact on the workforce across Wales. Ensuring we are supporting and looking after ourselves and each other is very important. Health and wellbeing resources for all continue to be available on [our website](#).

National Strategy for Consultant Pharmacists

We recently led a virtual event engaging pharmacy stakeholders in shaping plans for a National Strategy for Consultant Pharmacists. The event focused on the rationale and benefits of having consultant pharmacists in Wales, the different delivery models for posts and how to adequately 'succession plan' for the next generation of consultant

pharmacists. Conversations will continue with stakeholders and non-pharmacy professionals in September with a launch date target of January 2022. More information about the next event is on our website.

Critical Care Workforce

Critical care has been at the forefront during the pandemic. As with some other areas of health, it is recognised there is a shortage of trained critical care staff. We are appointing two critical care workforce transformation managers to consider potential new roles, how to develop other staff who could provide a service in critical care, and the education of the band 5-6 workforce. We are also linked into the critical care work being led by Health Education England, part of which is to ensure non-critical care staff who supported critical care during the pandemic are able to maintain the skills they developed to provide a safe and flexible response to pressures in the future.

For further information email kerri.eilertsen-feeney2@wales.nhs.uk.

Infection Prevention and Control (IPC)

This is another important area which continues to have a high priority as a result of the pandemic and we are leading on two key components of infection prevention and control work for our population. Firstly, an all-Wales Infection Prevention and Control (IPC) Training, Learning and Development Framework for Health, Social Care, Early Years and Childcare has been launched. The framework sets out the standards that should be used to inform practice of all members of care delivery teams in these areas and is now available as a resource via <https://heiw.nhs.wales/files/ipc-framework-final.pdf>.

To support the framework, an IPC Content Delivery Group has been established to co-ordinate the development of training and educational resources to ensure a once for Wales approach to IPC knowledge,

skills and competencies. This education will apply to all staff other than the specialist workforce. A supplementary Level 3 educational resource has also been developed, which includes behaviour change, championing and leadership, providing enhanced knowledge, understanding and application of IP&C. The 10-week online training programme is targeted at Ward Managers/AHP leads and is currently being piloted across all Health Boards in Wales.



Secondly, we are reviewing the skill mix and current education provision for the specialist IPC workforce. A questionnaire will capture key IPC workforce information and task and finish work groups, with representation from the service and education, will ensure multi-professional engagement and consultation. The results will provide an evidential base against which to highlight current perceptions of what are the workforce shortfalls. In addition, the review will highlight developmental needs and innovative learning opportunities for IPC specialist teams.

For more information please contact Gail.Harries-Huntley@wales.nhs.uk.

Supporting the implementation of the Nurse Staffing Levels (Wales) Act

The Nurse Staffing Levels (Wales) Act places a legal duty upon health boards/trusts to have appropriate nurse staffing

levels on wards to enable nurses time to care for patients sensitively, therefore improving the quality of care, the experience and outcome for patients.

On behalf of NHS Wales, HEIW is responsible for the All-Wales Nurse Staffing Programme through which national tools and guidance are developed to enable Health Boards/ NHS Trusts to prepare for and meet the requirements of the Act and to follow the 'Once for Wales' approach. The programme has five workstreams, each of which is at different stages.

Here is a quick update on the progress of workstreams:

- **Adult workstream**

Each adult acute medical and surgical ward has recently participated in the bi-annual audit. The information gathered alongside information on quality indicators and professional judgement will enable health boards to calculate the nurse staffing levels to meet the needs of patients within adult acute medical and surgical areas and inform their workforce planning.

- **Paediatric workstream**

The nurse staffing legislation is due to extend to paediatrics on 1 October 2021 to ensure nurse staffing levels in this area are regularly reviewed and are appropriate to meet the needs of young patients and their families.

Following a similar approach to the adult workstream an evidence based workforce planning tool for paediatrics has been developed. We have also engaged with children, young people and their families to inform the creation of information leaflets and patient surveys to ensure they are suitable.

In preparation for extension of the Act Health Boards are in the process of undertaking their first calculation of the nurse staffing levels for each paediatric inpatient ward.

- **Mental Health Workstream**

The Mental health workstream continues to develop the Welsh Levels of Care for mental health - a national tool to measure patient acuity and dependency. A range of quality indicators will be developed, in collaboration with mental health nurses across Wales.

- **Health Visiting Workstream**

Following workshops with health visitors the Welsh Levels of Care tool for Health Visiting has been developed. The tool will enable health visitors to assess and evidence the family's level of need, alongside the nurse's professional judgement and a range of quality indicators to ensure staff levels meet the needs of children and their families.

- **District Nursing Workstream**

Following a series of events with district nurses from across Wales we have developed and piloted the first draft of the Welsh Levels of Care for district nursing. The pilot received a good response and feedback will inform any amendments required to the tool in preparation for further testing amongst district nursing teams across Wales. Through testing and refinement the tool will be able to evidence the needs of patients and the staffing levels required to care for patients. This information will enable health boards to plan and deploy the right number and skill mix of staff to meet the needs of this client group.

The nurse staffing programme webpage contains more information about the programme and the work of each of the workstreams. For further information visit our website.

For more information please contact Joanna.doyle2@wales.nhs.uk.



Developing the workforce for endoscopy services

Endoscopy capacity is a significant challenge within NHS Wales, affecting multiple patient services including cancer. The new Endoscopy Training Management Group (ETMG) will drive forward the education and training needed to support the development and expansion of endoscopy services. Chaired by Prof. Tom Lawson, HEIW Postgraduate Dean, the group will also include our newly appointed Clinical Leads - Dr. Neil Hawkes, Dr. Phedra Dodds and Dr. Jeff Turner.

The group will engage experts from across Wales to map existing education and training provision and agree both short term and longer-term education requirements, enabling the development of an efficient and effective Welsh approach to expanding endoscopy services. The aim will be to support a collaborative, joined up, flexible process to training, offering development opportunities to all endoscopy staff in Wales to enhance

delivery of services to all service users in Wales.

For further information please contact Rachel.mooney@wales.nhs.uk.

Mental Health

Work is progressing on the Mental Health Workforce plan, building on the initial engagement exercise with analysis of workforce intelligence across mental health services in Wales, and specific reports on the future direction of individual professions in the mental health field. The Plan will build on the themes and commitments in the Workforce Strategy for Health and Social Care. The timeline for the development of the plan is the end of 21/22.

As immediate priorities we continue to focus on three key areas, addressing the need for additional skills and education and broadening the range of professionals who can deliver specialised care.

- **Perinatal Mental Health:** We have completed a review of level 3 training

and agreed a programme structure and digital course materials to be adapted and made available online.

- **Children and Young People's Mental Health:** We are continuing with the development of the Infant Mental Health training with our combined Perinatal and Child and Adolescent Mental Health Service (CAMHS) group, mapping currently available education against the Advisors in Mental Health Services (AIMHS) competency framework. A CAMHS education mapping and framework exercise has been completed with a detailed report ready for wider circulation.
- **Psychological Therapies:** We ran a workshop in July to bring together representatives from numerous professions that deliver psychological therapies to explore common priorities and create a wider represented task and finish group to deliver solutions to these priorities.

For further information please contact Rachel.mooney@wales.nhs.uk.

Implementing the Allied Health Professions (AHP) Framework in Wales

After the success of our first AHP Programme webinar reaching over 160 participants across Wales and internationally, we are starting to plan our next one for the Autumn. Providing an opportunity to share updates and support engagement with the AHP Framework Programme, this webinar will also focus on programme priorities including multi-profession person-centred rehabilitation, public health, prevention and early intervention, leadership development and succession planning and enhancing digital practice for AHPs. This diverse portfolio aims to add value to AHP practice through all Wales, multi-professional, whole systems transformation.

To encourage people to consider a role as an AHP and demonstrate the incredible

diversity and complexity of AHP practice, the programme team are asking AHPs to be involved in developing a portfolio of job profiles. AHPs can participate by completing the Job Profile Survey on [our website](#).

This portfolio will be an incredibly valuable resource to support promotion and multi-professional awareness of the 13 individual allied health professions. The AHP Programme Team will be promoting AHPs as rewarding and accessible careers in Wales at the upcoming HEIW virtual careers event 'Careersville' in October.

For more information, please contact: HEIW.AlliedHealthProfessions@wales.nhs.uk.

Supporting urgent and emergency care

As part of the National Programme for Urgent and Emergency Care, a workforce enabling workstream, chaired by HEIW, will identify those workforce priorities requiring action at a national or collective level, using our specialist functions to support workforce, training and organisational development in urgent and emergency care. A stakeholder workshop, hosted by Welsh Government, is planned for early autumn, date and details of which will be confirmed in due course.

For more information please contact lisa.bassett3@wales.nhs.uk.

Spotlighting a rewarding career in Healthcare Science

We have developed an ['Introduction to a Career in Healthcare Science' infographic](#) and [animated CV](#) with the professions across Wales showing the wealth and breadth of the Healthcare Science (HCS) profession in Wales.

With the Welsh Government Transformation Team, Gwent Regional Partnership Board and through the wider NHS Wales Innovation leads group we commissioned

Swansea University to undertake a thematic analysis of the Healthcare Science workforce survey data. A dedicated HCS chapter within the NHS Wales COVID-19 Innovation and Transformation Study Report examines the innovations and transformations undertaken by the HCS profession across Wales and will ensure we learn from this work for the continued improvement of diagnostics and scientific services, and to deliver better outcomes for patients. Data has been collected in a range of ways to ensure outcomes can be validated, and the most effective transformations are retained for the future. The report was published on 23 June 2021.

For more information please contact Maria.Edwards2@wales.nhs.uk.



Regulatory landmark for pre-registration nursing, return to practice and non-medical prescribing programmes in Wales

August 2021 marks the completion of Nursing and Midwifery Council approval processes for all Welsh University Pre-registration Nursing, Return to Practice and Non-Medical Prescribing programmes. Several common documents and processes developed following key stakeholder engagement across Wales, have now been formally ratified and embedded within relevant programmes.

The first cohorts of students have already embarked on Future nurse pre-registration programmes, which will enable students to develop the necessary proficiencies, skills and procedures required to meet the healthcare needs of the population. The common elements have also paved the way to prepare practice supervisors and practice assessors to support students across multiple programmes including nursing, midwifery, prescribing, specialist community public health nursing, and the specialist practitioner qualification.

We have been working closely with Universities, Health Boards and Trusts, independent sector organisations, students, CNO Office Wales, the Royal College of Nursing and other key stakeholder groups to advance this work.



For more information visit:

www.heiw.nhs.wales/transformation/healthcare-science-cymru



NMC Future Midwife proficiencies were published in October 2019 and universities and practice partners will also be embarking on NMC midwifery programme approval events from November this year. The Nursing and Midwifery Council are also currently reviewing recent consultation data on post-registration standards to modernise community and public health nursing standards.

For more information please contact
Simon.Cassidy@wales.nhs.uk

Ensuring opportunities for Healthcare Support Workers

The outcome of consultation on the Healthcare Support Services Apprenticeship Framework review will be signed off by the Apprenticeship Steering Group this summer. This will ensure healthcare support workers (HCSW) are undertaking the most up to

date qualifications, developing the skills, knowledge, competencies and confidence to deliver high quality care. In addition, HCSWs will gain accredited qualifications which are valuable to them as individuals. Plus, investment in apprenticeships will support staff retention and allow staff to progress further in their careers.

Have your say – maternity and paediatric support apprenticeship consultation

We are also currently consulting on the Maternity and Paediatric Support Apprenticeship Framework, please get involved via the link below:

<https://heiw.nhs.wales/news/review-of-the-maternity-and-paediatric-support-apprenticeship-framework/>

For further information please contact
[Liz Hargest Liz.Hargest@wales.nhs.uk](mailto:Liz.Hargest@wales.nhs.uk).

Developing our leaders

Welcoming Welsh Clinical Leadership Training Fellowship Alumni

The Welsh Clinical Leadership Training Fellowship (WCLTF) programme is a one year opportunity for doctors, dentists, pharmacists, optometrists and Allied Health Professionals (AHPs). It provides training and hands-on experience in clinical leadership and management, including project proposals submitted from healthcare organisations in Wales. The aim of the scheme is to recruit and develop aspiring clinical leaders of the future.

We are really pleased that two of our recent WCLTF graduates have been appointed to Faculty Lead roles. Dr Ricky Frazier (Velindre) and Dr Madhumadhi Kannan (Princess of Wales) have joined our cohort of 19 Faculty Leads who are based

within Health Boards and Trusts across NHS Wales. As Faculty Leads, they have responsibility for developing high quality education and training at a local level and provide vital links between us, Health Boards and Trusts.

We are also pleased to announce our first two Allied Health Profession (AHP) candidates for the WCLTF programme will join the scheme later this year. They will be supported to undertake national projects around the Rehabilitation Framework and Guidance, Quality Standards and Metrics for Wales, and the strategic workforce framework to maximise the impact of AHPs in dementia prevention and care in Wales.

In addition to the clinical fellows we are supporting and sponsoring three nurses undertaking the Florence nightingale scholarship as part of aspiring leaders of

our future. The scholars have access to a range of resources and mentoring from HEIW to assist their development and progression.

For more information about Faculty Leads please contact HEIW.PGES@wales.nhs.uk.

For information on the WCLTF programme please contact Stacy.Lloyd@wales.nhs.uk.

New interactive resources to support compassionate leadership

A series of interactive resources are being developed to support staff across Wales to embed the compassionate leadership

principles in their day to day practice. The first [interactive toolkit](#) can be found on our [leadership platform Gwella](#) and is available for all NHS and social care colleagues to use.

Other information and resources about compassionate leadership in the NHS can also be found on Gwella. These include a [blog from Helen Thomas](#), Assistant Director of Leadership and Succession discussing leading on the Compassionate Leadership and Succession Planning strategy for Wales and the priorities for the Leadership and Succession Team in 2021 and a [video from Professor Michael West](#) sharing his thoughts on compassionate and inclusive leadership.

Compassionate Leadership Principles

These overarching principles underpin our ambition that by 2030, leaders in the health and social care system will display collective and compassionate leadership

As Compassionate Leaders across Health and Social Care in Wales we will...



Corporate news and keeping connected

New Appointments

We are pleased to welcome some new additions to #TeamHEIW

Dr Rita Nirula, has joined us as GP Foundation Training Programme Director working with the Postgraduate GP Education team.

Simon Cassidy has been appointed as Head of Placement Experience and Improvement, leading on placement learning experience, innovation and alignment across healthcare professions, linking with universities, placement providers, Welsh Government and other key stakeholders across Wales. Further information can be found in [Simon's blog](#).



UK HPMa Excellence in People Awards

We have been shortlisted in four categories this year's awards recognising the outstanding work of human resource departments across healthcare:

- **Deputy HR Director of the Year** – Angie Oliver, Deputy Director of Workforce and OD
- **HR Director of the Year** – Julie Rogers, Deputy CEO & Director of Workforce & OD
- **The University of Bradford Award for cross-sector working** - A Healthier Wales - Our Workforce Strategy for Health and Social Care working with Social Care Wales
- **Social Partnership Forum award for partnership working between employers and trade unions** – Nursing Cadet Scheme Wales working with the Royal College of Nursing

This is a real testament to the work colleagues have undertaken during the last three years. We look forward to the winners being announced at the virtual awards ceremony on Thursday 7 October 2021.

AGM and showcase event

Our virtual Annual General Meeting (AGM) and showcase event were held on 29 July 2021. Thank you to everyone who joined us on the day. It was great to see so many of you representing a wide cross section of

our stakeholders. I hope the events were of benefit to you. [Recordings of the day, agenda and papers](#) can be found on our website.

Join as our Board and Committee meetings

Our board meetings, audit and assurance committee, and education, commissioning and quality meetings continue to take place online via Zoom. Details of the meetings, papers and how to register to join the meeting can be found a week before the meeting on our website in the Board meetings, agendas, and standing orders section.

The meetings are generally held between 10:00 and 14:00 but specific timings are released with the papers. The meetings scheduled for 2021 are as follows:

- **Thursday 30 September 2021**
- **Thursday 25 November 2021.**

Spread the message

Please share this newsletter with your colleagues. To be added to our mailing list to receive HEIW updates please email HEIW.Communications@wales.nhs.uk.

If you wish to unsubscribe please email HEIW.Communications@wales.nhs.uk and you will be taken off the list.

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Health Education and
Improvement Wales (HEIW)

Meeting Date	30 September 2021	Agenda Item	3.1
Report Title	Update on Multi-Professional Primary and Community Education and Training Framework		
Report Author	Alex Howells, Chief Executive		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		
Purpose of the Report	To update the Board on the development of a Multi-Professional Primary and Community Education and Training		
Key Issues	<p>The case for change has been tested and agreed previously.</p> <p>A mapping exercise of current primary care education and training programmes has been undertaken to create a baseline and to inform priorities</p> <p>A clinical lead has been appointed to progress work on developing and rolling out education programmes subject to agreement on priorities with partners and funding arrangements.</p> <p>An investment proposal is being finalised regarding the initial infrastructure needed to establish the Framework on a sustainable basis.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • note progress on the development of the Framework; and • support an investment proposal to WG for the infrastructure requirements 		

English Catherine
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UPDATE ON MULTI-PROFESSIONAL PRIMARY AND COMMUNITY EDUCATION AND TRAINING FRAMEWORK

1.1. PURPOSE

HEIW has been developing plans to implement a Multi-Professional Primary and Community Education and Training Framework as a vital component of reset and recovery post Covid and to underpin the delivery of the Strategic Programme for Primary Care.

This paper updates the Executive Team on progress and key recommendations in two areas:

- Education and training infrastructure
- Education and training programmes

1.2. RECAP ON BACKGROUND AND CASE FOR CHANGE

Extensive engagement has indicated that there is support for the development of a sustainable and properly resourced framework for educating and training the multi-professional team in primary care. This has included online workshops attended by over 200 stakeholders, as well as ongoing discussions with individual peer groups, GPs and Cluster Leads, and joint meetings with local primary care academy teams.

This aligns with A Healthier Wales and underpins the delivery of a number of national programmes, including the Strategic Programme for Primary Care, the Welsh Government's programme of contract reform, the Allied Health Professionals Framework, the implementation of the new initial education and training standards for pharmacists and the National Clinical Framework.

The case for change and vision for a Primary Care Education and Training Framework has been developed with input from a range of stakeholders and is outlined in Appendix 2.

Similar approaches are being advanced across the UK, and we have been actively learning from this work, as well as building on our experience in Wales in relation to primary care academies and pathfinder projects.

We are describing this as a Framework to reflect the need to combine an all-wales approach with local flexibility to respond to local needs.

The first phase of work has focused on the education and training needed to develop the primary care team – in support of practices and clusters. However, the vision for this work is based ultimately on a “place-based” philosophy. This wider work will be progressed as part of the community sub workstream of the Strategic Programme for Primary Care.

English Catherine
09/29/2021 14:12:49

1.3. PROPOSALS FOR PRIMARY AND COMMUNITY EDUCATION AND TRAINING INFRASTRUCTURE

A key component of the Framework is the establishment of a sustainably funded core infrastructure for education and training at both national and local level.

At a national level, it is proposed that a **Multi-Professional Primary and Community Education and Training Unit** is established in Health Education and Improvement Wales as an instrument of the educational development and quality governance function of HEIW. It is proposed that this is located within one of the existing Deaneries as an interim “home”, pending discussions on the potential development of a Multi-Professional Deanery. This will provide a focal point for primary and community care within HEIW.

Specifically, the functions of the Unit will be to:

- Provide strategic oversight, leadership, and coordination of all activities related to the education and training of the multi-professional primary care workforce, from undergraduate students through to advanced and consultant practice.
- Develop and coordinate the primary care interface of uni-professional education and training programmes, working closely with the School of General Practice.
- Identify, develop and promote interprofessional programmes, modules and models of education delivery in primary care.
- Develop competence frameworks and associated curricula.
- Work with local partners to shape the development and capacity for clinical learning placements and oversee quality assurance.
- Assure the quality of supervision of learners provided by multi-professional supervisors and the quality assurance of their training.
- Provide oversight of the management of nationally coordinated education and training programmes and other collaborations.
- Inform the education and training commissioning planning process
- Ensure robust financial management of HEIW programmes/workstreams pertinent to multi-professional primary care workforce, education and training.

The Unit will work closely with local primary care academies to innovate and deliver continuous improvement.

The Unit will require the following roles:

- A **Unit Director** role - based on the model in place for Schools within the Medical Deanery – which would be a part-time role for a senior clinician with the appropriate education and management experience.
- The **Unit Manager** - a key managerial role in support of the Head, reflecting the complexity of the School's activities
- **HEIW Professional Primary Care Education Leads** would be responsible for the development, roll out and quality assurance of educational and training

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programmes. They would form a “virtual” team for the Head of School by drawing, in the main, from other relevant professional teams in HEIW, to avoid duplication of professional leadership. Some of these roles may already exist to an extent e.g. pharmacy; some may require new roles e.g. primary care nursing. Ideally these would be individuals with ongoing clinical commitments. In some instances it may be necessary to draw on senior clinical leads from other organisations e.g. paramedicine in WAST.

The Unit would work in collaboration with a local level network of **Multi-Professional Primary and Community Care Academies** as the delivery mechanism for the education and training programmes. Many Health Boards already have these academies in development, although they are at variable stages and supported by variable funding arrangements.

The Framework would require a network of Academies established on a sustainable basis and able to provide a core offer. This offer would include:

- Planning and coordinating the delivery of education and training in primary care settings across all professions and occupational groups
- Developing, supporting and coordinating high-quality learning placements at undergraduate and postgraduate levels across all professions, and work-based learning opportunities
- Supporting the training and development of a faculty of multi-professional educators locally
- Supporting the development of **locality training hubs** where needed as a delivery model for education and training, focused around individual clusters or practices.
- Providing workforce planning intelligence to inform national commissioning plans

From a wider workforce perspective, the Academies have additional benefits in terms of retention, recruitment, workforce planning and innovation – and ultimately need to be tailored to local circumstances and needs.

Under the proposed arrangements, we are suggesting there should be a formal connection between the Multi-Professional Primary Care Education and Training Unit in HEIW and the Academies, in line with existing educational models. The details of this are currently being discussed with Health Board colleagues but could include any or all of the following;

- Local **Education Liaison Leads** in each Academy with sessions funded by HEIW. They would have a multi-professional remit, ensuring that education programmes are being implemented effectively, as well as testing new approaches/innovation to inform HEIW’s all Wales programmes. These roles would be based in the local Academies but would also have a formal role within the HEIW Multi-Professional Education and Training Unit. They would be senior practicing clinicians with experience and expertise in education. A flexible approach would need to be taken where these roles already exist.

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- Funding for **Academy management support**. This would be based on a Band 8A and Band 6 role but, in practice, may need to be a notional contribution to existing management arrangements.
- Common operating guidance to ensure that the Framework works in a consistent and coherent way
- Participation in a Primary and Community Education Network to share learning and advise on education and training programmes and priorities.

The relationship between the HEIW Unit and the local Academies is shown at **Appendix 1**.

Investment Requirements

The investment required to establish the infrastructure is currently being finalised. To support the approach outlined above, it is estimated that this will be in the region of £1.75 m per annum.

1.4. EDUCATION AND TRAINING PROGRAMMES IN PRIMARY CARE

A baseline assessment has been undertaken of all the relevant education and training programmes currently available on an all-Wales basis to the multi-professional team in primary care.

This encompasses:

- Undergraduates
- Pre-registration/Foundation trainees
- Post qualification (those with and without primary care experience)
- Extended skills/advanced practice (those with and without primary care experience)
- Support workers
- Administrators/Managers

The baseline assessment has scoped the curriculum, the delivery model, the training and supervision roles, lead responsibility, quality assessment and management mechanisms and funding.

In addition to all Wales programmes, the assessment has included local education and training innovation and programmes which have been created by Health Boards to plug gaps in the national offer. These will be essential in stimulating the development of an all-Wales approach.

The baseline assessment has included all contractor professions recognising that some will have a significant education and training requirement as contract reform progresses.

As noted earlier in this paper, the programmes for the wider community workforce will be included as part of the next phase of work linked with the Strategic Programme for Primary Care.

The key themes from the baseline assessment underline the original case for change:

- There will be an increased requirement for clinical placements in primary care settings across professional groups due to increases in training numbers and changes in curricula requirements.
- Changes in standards and expectations from regulators are already driving changes in the education and training needed in primary care.
- Excellent education and training programmes have been developed locally to meet many needs in primary care, but often only in pockets and not in place consistently across Wales.
- There are no examples of interprofessional approaches in the current range of education and training available in primary care.
- There are useful models to draw upon – e.g. GP Training Practice model, and more recently, the GP Nursing competence framework.
- There is little evidence of the development of multi-professional trainers in primary care currently, and no infrastructure of practice education facilitators as found in secondary care.
- There is no coherent framework of training tariffs across professions, and quality management systems vary.
- Funding for programmes is often non-recurrent.

We have recently appointed a Clinical Lead to shape and progress this work for HEIW pending the establishment of the Education and Training Unit. Dr Esther Lomas will start in October and brings substantial experience of multi-professional working and training both locally and internationally.

Clearly, we will need to agree a limited number of initial priorities to start with through engagement with primary care colleagues and Health Boards. Some initial suggestions for consideration include:

- Implementation of the undergraduate clinical placement requirement in primary care.
- Development of advanced practice skills and capacity in nursing, physiotherapy, and pharmacy to expand the capacity and breadth of GMS services.
- Implementation of an agreed primary care internship for PAs.
- Implementation of the GPN Framework.
- Supporting orientation for “new to primary care” professionals.
- Supporting changes to education and training for pharmacists and pharmacy technicians.

Investment Requirements

This is a complex area. There are a variety of mechanisms currently in use to fund the education and training programmes, including SIFT, PEFs, PGME funding for GP training, enhanced service mechanisms, student/trainee tariffs, SLAs etc. A more strategic approach is needed to ensure there is a coherent approach to funding arrangements, including consideration of the approaches being used across the UK.

Each programme will need to be costed, but this can only be completed when the delivery model has been agreed and numbers of students/trainees quantified.

In terms of the source of funding for the programmes, it is proposed that this is secured through the education and training commissioning process to put primary care on more of a level footing with other education and training.

1.5. COMMUNICATION AND ENGAGEMENT

The proposals included within this report will be shared with partners during September to ensure system-wide support.

Going forward, a Primary Care Education Network will be needed as a vehicle to engage stakeholders, provide opportunities to share information and test the design of education and training programmes. This will require senior leadership from HEIW.

1.6. RECOMMENDATIONS FOR THE BOARD

The Board is asked to:

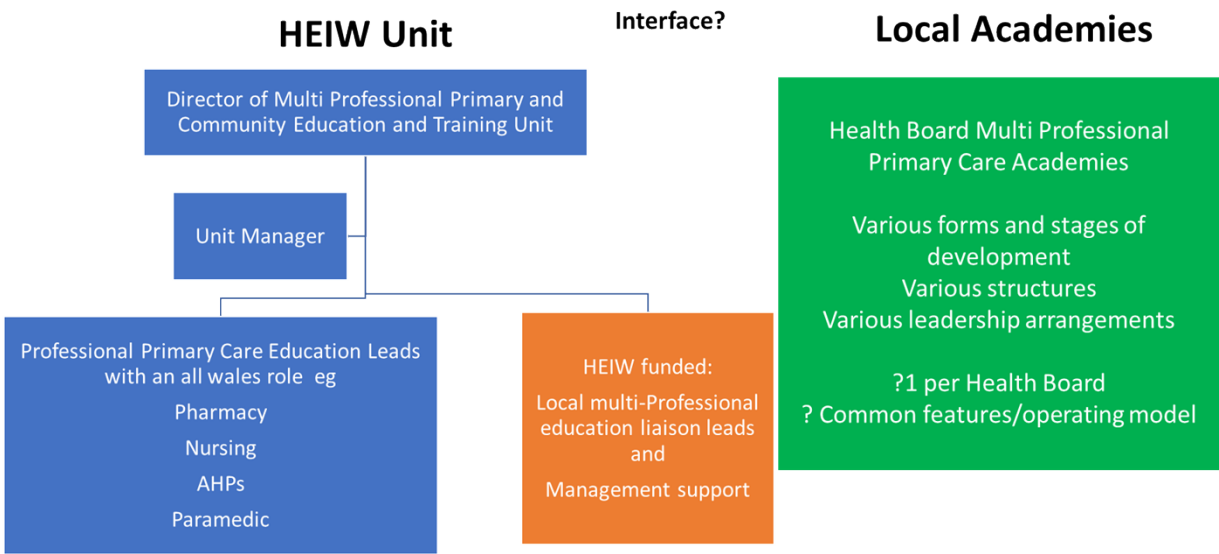
- **note** progress on the development of the Framework; and
- **support** an investment proposal to WG for the infrastructure requirements.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
The development of a sustainable Wales-wide Primary Care education and training framework will help future-proof primary care providing a workforce with the necessary skills, values and support tools, to improve the quality and continuity of safe primary care services for local populations. Furthermore, place-based learning, using local providers will ensure local needs are best met and will aid recruitment and retention.			
Financial Implications			
Broad assumptions have been used to estimate the initial costs of the infrastructure described – a break-down of the HEIW multi-professional school and seven locality-based academies. This would require recurrent investment from Welsh Government.			
Legal Implications (including equality and diversity assessment)			
The Multi-Professional Primary Care Training Unit is to be established in Health Education and Improvement Wales as an instrument of the educational development and quality governance function of HEIW.			

Staffing Implications	
The infrastructure requires staffing at a national and local level.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Delivering an integrated service with partners in the best interest of the people accessing the service – through education and training, working together in a flexible way, across organisational boundaries, to deliver a seamless service to people.	
Report History	n/a
Appendices	Appendix 1 Appendix 2

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Appendix 1



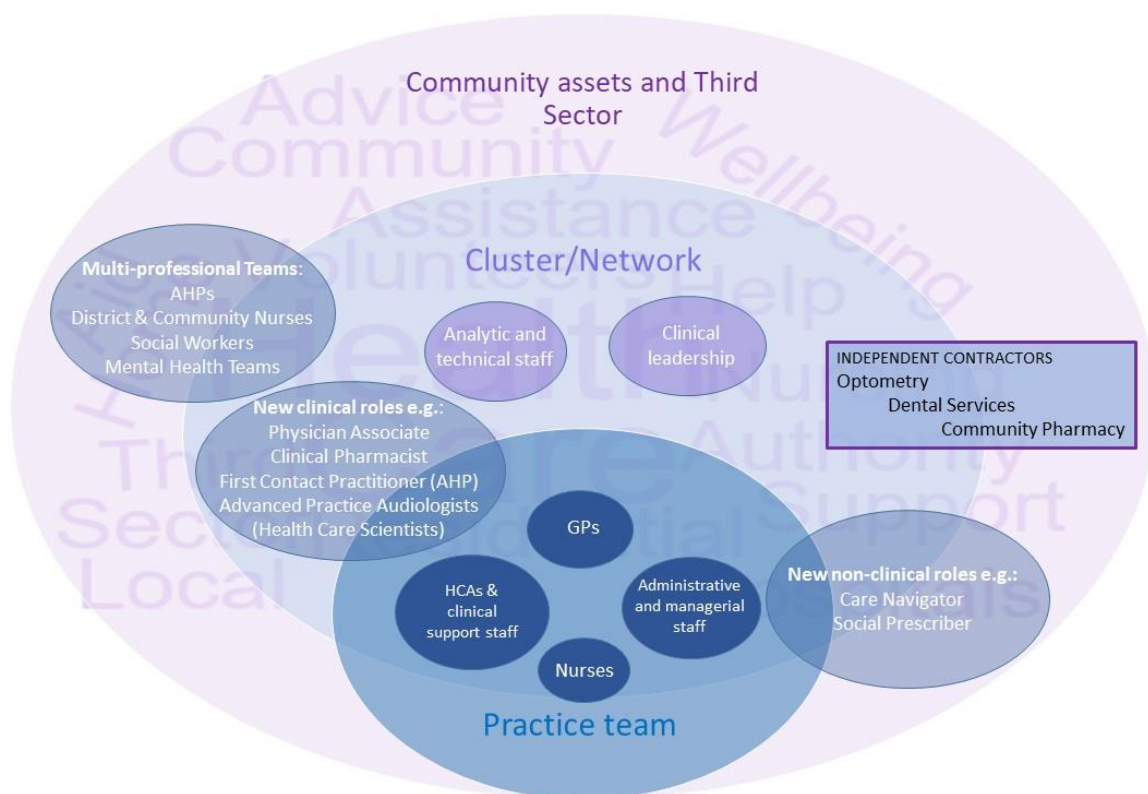
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Primary and Community Care Training and Education Framework for NHS Wales

The Case for Change

We are all working to support the delivery of more care closer to home, through expanded and strengthened Primary and Community services in line with A Healthier Wales, and a sustainable workforce model is key to this.

Primary and Community Workforce Model



The training and education of our current and future staff in Health and Social Care is critical to the successful delivery of this vision. This transformational proposal for a Primary and Community Care Training and Education Framework for NHS Wales seeks to:

- Develop and expand the multi-professional workforce that underpins the Primary Care Model
- Deliver high quality training and development for all professional groups based on clear and consistent standards
- Invest in the sustainable development of the Primary and Community workforce to enhance recruitment and retention.

Currently, there is variability in the quality and availability of education and training both in terms of professional groups and geographical areas. Of critical importance, other than in the GP Training Practice Model there is no agreed framework for:

- Developing and supporting trainers
- Access to clinical placements
- Educational Standards

The lack of education and training in Primary and Community Care settings means that it can be difficult to recruit staff who lack experience in this setting to these areas. It is often necessary to provide staff with additional training to address the skills and competences needed in a Primary Care setting. The future model of Primary Care relies on MDT working across Health and Social Care and the development of this will require a nationally structured and co-ordinated approach with flexibility to respond to regional needs. It is acknowledged that other Home Nations have similarly recognised the need to develop systems appropriate to their own structures in order to achieve such transformation. In Wales we may use lessons learned, similar frameworks and best practice adapted to suit our requirements.

Vision

Education and training is a core function of Health Education and Improvement Wales (HEIW). Working with partners, HEIW will lead work to establish an all Wales framework for Primary Care education, training and workforce transformation, that supports a network of *Locality Training Hubs* (tbc) sitting alongside Health Boards.

The benefits of this model include:

- Setting and implementing clear quality standards for multi-professional education and training in Primary Care settings to improve consistency and excellence
- Developing the capacity and expertise of trainers, supervisors, assessors across professional groups to expand opportunities for involvement in education and training
- Securing investment in relation to technology and physical estate for training
- Co-ordinating training and education for multi-disciplinary learning, particularly in relation to clinical placements
- Sharing best practice and evidence-based approaches
- Creating a more integrated and mutually beneficial approach between Health and Social Care
- Improving access to education and training to deliver more equity and transparency across regions and professional groups
- Enhancing recruitment and retention by investing in the Primary Care workforce
- Supporting sustainable and transparent approaches to the funding of education and training for the multi-professional Primary Care team
- Developing and expanding capacity for high-quality learning placements at undergraduate and postgraduate levels, including provision, training and development of faculty of multi-professional educators.
- Supporting better understanding of workforce planning needs at cluster level and across primary and community care more generally
- Providing a clear framework and mechanism to engage stakeholders including professional bodies, education providers, regulators, policy leads and NHS organisations.

Our ultimate vision is that the Framework will facilitate the delivery of education and training for a wide range of professional and occupational groups using a place-based approach. Whilst the model may have an initial focus on expanding the immediate Primary Care multi-professional team, as the Hubs become an integral part of the system and mature the future development of the model will embrace social care, and the voluntary and independent sectors.

This transformation will need to be delivered in a phased way and in partnership with other sectors as necessary. The table overleaf shows a range of the workforce that will be included. The list is not exclusive and will be reviewed and amended as the Primary and Community workforce evolves and transforms.

GPs	Dental Team
Nurses (all fields), Midwives and Health Visitors	Social Prescribers & Care Navigators
Pre- and post-registration placements Pharmacy / Technicians	Social Workers
AHP – focussed teams incl. physiotherapists, OTs, Dietetics, Paramedics, Optometry, Audiology, Podiatrists	Health and Social Care support staff – form crucial part of AHP / Rehab delivery
Healthcare Scientists incl. Radiographers, Respiratory Physiologists – some of the roles will be part of the MDT	Community Care workforce
Physician’s Associates	School nurses
Practice Managers	Patient educators and care coordinators
Reception & Admin staff (incl. Prescription clerks, etc.)	Service user peer mentors
Mental health practitioners/substance misuse	Third sector
Well-being advisers & Community navigators	CONSULTANTS – incl. E.D. doctors should experience working in the community

List of professions to receive training in Primary Care setting

Role and Functions

This framework proposes a role for the unique contribution HEIW can make in delivering an All Wales approach, working in partnership with stakeholders at a national level and with the emerging ‘Locality’ Training Hubs at a local level. The following table presents HEIW and ‘Locality’ Training Hub roles and functions in delivering the transformational vision and goals of the framework.

Roles & Functions	
HEIW	‘Locality’ Training Hubs
Standards and Quality Assurance Framework/Management	
<ul style="list-style-type: none"> National benchmarking with clear and consistent standards Hub and spoke - relevant demographics, location and logistics 	<ul style="list-style-type: none"> MDT Leadership provision Quality Management of Local Education and Training

<ul style="list-style-type: none"> • Training framework that promotes equality and diversity in the workforce • Quality assure education and training in Primary and Community settings according to agreed standards • Multidisciplinary rather than a medical-led model • Addressing legal/contract issues from an all Wales perspective 	<ul style="list-style-type: none"> • Creating and maintaining a supportive MDT Training Hub culture • Performance management and reporting • Ensure equality and diversity standards are met • Implementation of innovative and best practice solutions
Supervision	
<ul style="list-style-type: none"> • Support and development for trainers and educators in Primary Care across professional groups • Supervision standards and accreditation • Supervisors - equity of access for all professions / register of supervisors • Suitable training, CPD, remuneration and resourcing for supervisors • Enable supervisors to sign off trainees outside of their profession 	<ul style="list-style-type: none"> • Supporting and Empowering Educators, • Establish a local infrastructure of trainers and supervisors. • Development of cross-professional supervisors
Resources	
<ul style="list-style-type: none"> • Develop e-training/learning • Access to centralised learning resources • Development of educational content for training programmes 	<ul style="list-style-type: none"> • Ascertain and report on local learning resource requirements • Adoption of national learning resources
Learning & Development	
<ul style="list-style-type: none"> • Support multi-professional leadership development • Support local delivery of CPD to primary and community staff • Education development and delivery 	<ul style="list-style-type: none"> • Delivering Curricula and Assessment, Run training courses • Supporting and Empowering Learners, • Enable local place-based delivery of education • Approval of training sites, training providers and educators • Ensure that national guidance and framework is followed/adhered to
Funding	
<ul style="list-style-type: none"> • Oversight of placement funding to ensure fairness and equity for professions • Remunerate placements for training practices (not relying on goodwill) • Allocate funding to manage/lead 'locality' Training Hubs • Commission development of appropriate estates 	<ul style="list-style-type: none"> • Financial management of the educational funds for the 'Locality' Training Hub • Continually assess, report and develop usage of local estates to meet nationally and locally defined needs
Placements	
<ul style="list-style-type: none"> • Central facilitation of multi-professional placements 	<ul style="list-style-type: none"> • Facilitate and co-ordinate local placements

<ul style="list-style-type: none"> Set placement quality standards, audit, monitor and report (education advisory group) 	<ul style="list-style-type: none"> Local quality assurance of placements in line with national standards
Quality Improvement	
<ul style="list-style-type: none"> Share innovation and good practice Embedding QI culture at all levels Community of practice, utilising innovation - knowledge transfer and exchange 	<ul style="list-style-type: none"> Report on good practice, local innovation Generate and support National evaluation and audits Generate and support National and local research initiatives
Workforce Planning & Transformation	
<ul style="list-style-type: none"> Develop and implement a system for live workforce data collection, reporting and analysis Support multi-professional leadership development Offer solutions in response to identified workforce gaps and population needs, and develop innovative solutions, tools and resources Rotational posts between Primary, Community and Secondary care Create opportunities to have an effective career pathway from domiciliary care into health professional roles Provide portfolio-role opportunities that incorporate education and training to enhance recruitment and retention 	<ul style="list-style-type: none"> Support local MDT workforce planning Integration of MDT staff into practice Identify and report on workforce gaps Planning the management and supervision of the workforce Adoption of Nationally developed workforce solutions to skill mix

Governance Structure

There are three key components to the governance arrangements needed to support the above functions

HEIW Primary Care Education and Training Group

To fulfil the all Wales functions HEIW will need an internal mechanism to oversee delivery of the all Wales components, drawing in expertise and professional input from across the organisation. This will be via a Primary Care Education Group which will have a dedicated manager and clinical lead.

For governance and assurance purposes this group will be responsible for the functions set out on the table above and will report into the HEIW multi professional education group which in turn reports into the Education Quality and Commissioning Committee of the Board.

‘Locality’ Training Hubs

In many Health Boards Primary Care education and training initiatives are already underway with various labels. ‘Locality’ Training Hubs will build on this work, with the ultimate aim of fulfilling the above functions and supporting the development of primary care clusters. A core terms of reference and membership would be useful to ensure consistency across Wales whilst also allowing for local flexibility.

The pattern of 'Locality' Training Hubs needs further discussion but could be developed based on groupings of clusters within HB/RPB areas (cf HEE suggests c 300,00 population per hub depending on geography etc - 7 for Wales), starting small where possible and using resources and local structures that may already be available.

Core infrastructure would be funded centrally by HEIW to enable 'Locality' Training Hubs to function and ensure pan Wales coverage (cf HEE suggests £1.2 – 1.5m - this fund's senior programme management support, clinical leadership and office accommodation).

Stakeholder Engagement

A wide range of stakeholders need to be engaged in the framework including representatives from professional bodies and staff organisations, Welsh Govt, education providers, representatives of 'Locality' training hubs, clusters and student/trainee reps. These would be brought together in a stakeholder advisory group and their role will be to

- Provide advice on plans and priorities for the Primary Care Education and Training Framework
- Ensure alignment with national policy, guidance and standards
- Support communication and sharing of good practice
- Receive updates on progress

A clear relationship needs to be established between these three elements as outlined below



Funding and resourcing

The establishment of this framework on a sustainable basis will require investment.

This will need to cover:

- Support for a nationally funded infrastructure through HEIW to establish and operate a 'Locality' Training Hub model
- A funding formula and mechanism to recognise the cost of training a wider range of professionals in primary care
- Development of simulation facilities, digital platforms, e-learning and host physically attended training.

- Primary Care estates must be reviewed in line with any additional requirements that a new framework may generate to ensure that there is sufficient capacity to enable changes to education delivery. A system of HEIW managed grants could be offered to support estates/teaching and consulting spaces.

As well as new investment the aim would be to pool other sources of funding at both national level and at local training hub level to optimise existing resources allocated to education and training. Furthermore, engagement with Regional Partnership Boards may help to identify additional funding streams through alignment of workforce development strategies.

Without this investment progress towards a sustainable approach to education and training in primary and community care will not be able to match expectations and demands from the Primary Care Model.

Next Steps

Nearly 200 stakeholders and partners have already been involved in creating the initial proposal, and there has been huge energy and support for making progress on this at pace. This will involve a significant programme of work that will require a project structure, management and resources to deliver the vision.

To start with the following activities will be undertaken between January and March 2021 and will provide the foundation for future work.

- Circulate HEIW's proposal for comment amongst stakeholders in January 2021
- Form a time-limited task and finish group to develop a business case/implementation plan
- Provide monthly updates on progress and key decision - making points via the Workforce and OD work stream
- Establish the internal HEIW Primary and Community Care infrastructure to facilitate transformation

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

Meeting Date	30 September 2021	Agenda Item	3.2
Report Title	Development of an Integrated Medium-Term Plan 2022-25		
Report Author	Chris Payne, Assistant Director of Planning & Performance & Corporate Services		
Report Sponsor	Nicola Johnson, Director of Planning, Performance & Corporate Services		
Presented by	Nicola Johnson, Director of Planning, Performance & Corporate Services (PPCS)		
Freedom of Information	Open		
Purpose of the Report	To provide an update on the development of HEIW's Integrated Medium Term Plan 2022-25		
Key Issues	<p>The organisation has started planning for the IMTP 2022-25. It is recommended that this Plan reflects a consolidation and delivery phase of our existing ambitious plans, within existing resources. New areas of work will be considered and developed on an exception basis only.</p> <p>The national timescales for the development of the IMTP 2022-25 is for submission to Welsh Government at the end of February or March 2022. This is not yet confirmed given the continuing uncertainty and pressure on the NHS Wales system.</p> <p>It is expected that the NHS Wales Planning Framework will be issued by Welsh Government in late October 2021. However, our Plan responds to the wider policy and strategic framework, including the Workforce Strategy for Health and Social Care. We are also aware of the 8 Ministerial priorities that require consideration in our planning.</p> <p>The Executive Team has reviewed the Framework of the Plan (our Strategic Aims) against the key policy and strategic areas. In line with the consolidation theme, minor changes to the Strategic Aims are recommended to the Board for approval.</p> <p>The paper also outlines the next steps for the development of the IMTP.</p>		
Specific Action Required	Information	Discussion	Assurance
(please ✓ one only)			Approval
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Agree the approach being taken to develop an IMTP 2022-25, • Approve the recommended changes to our Strategic Aims in section 3.2, 		

	<ul style="list-style-type: none">• Note the work undertaken to date and the next steps.
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DEVELOPMENT OF AN INTEGRATED MEDIUM-TERM PLAN 2022-25

1. INTRODUCTION

This paper provides the Board with an update on the development of our Integrated Medium-Term Plan (IMTP) for 2022-25 and the next steps.

2. BACKGROUND

Following national direction to develop Annual Plans for 2021/22 due to the uncertainty of the COVID-19 pandemic, Welsh Government has advised that the statutory planning duty to submit an Integrated Medium-Term Plan has returned for this planning cycle.

Welsh Government has not yet issued the NHS Wales Planning Framework for 2022/25, but indications are that the guidance will be issued in late October. When received, we will review its contents and respond accordingly. However, much of the Framework does not usually apply to HEIW. Our Plan responds to the well-known wider strategic and policy context, including the Wellbeing of Future Generations Act, A Healthier Wales and the Workforce Strategy for Health and Social Care. The 8 Ministerial Priorities (see Appendix 1), which include the Covid response and recovery, have also been communicated to all NHS organisations, and the feedback is that these are unlikely to change in the Framework.

Following the development and approval of the Annual Plan 2021-22, a Lessons Learned exercise was undertaken with the Executive Team and Senior Leadership Team (and our approach to this IMTP has responded to the feedback in the areas of integration, communication, resourcing and scheduling.

As a result of this exercise, the Executive Team also recommends that this IMTP planning cycle focuses on the delivery of our current ambitious plans within existing resources. This will allow our maturing organisation to focus on consolidation and delivery. Through the detailed planning stages we will however review if, by exception, there are any new areas that we need to plan for or any current plans that will be completed.

This recommendation is also underpinned by the good assurance we have received on our planning processes through previous planning cycles as evidenced by the feedback from Board and Welsh Government, internal audits and the structured assessment.

3. PROPOSAL

3.1 An Integrated Medium-Term Plan 2022-25

Our IMTP describes the vision, role, responsibilities, purpose, functions and strategy of the organisation. It is the delivery vehicle for the health and integrated care actions of the Workforce Strategy for Health and Social Care. The Framework of the IMTP is our 6 Strategic Aims, and these are reviewed annually to ensure that our strategic direction remains fit for purpose (see section 3.2).

In our planning we will ensure that the Strategic Objectives to deliver the Aims are current and respond to the strategic environment, and we will review and prioritise any new areas of work that will be required. Our detailed planning ensures that we lay out our roadmap for delivery through developing deliverables and milestones, and this forms the framework for monitoring success and progress. We also ensure that Executive and Senior Responsible

Officer ownership for delivery and monitoring is identified. Following the Lessons Learned exercise, in this planning cycle we will spend more time during planning on the development of our measures of success aligned to our Strategic Aims and Objectives and work towards more quantifiable measures where appropriate.

In line with the usual guidance on IMTPs, more detailed plans will be developed for Year 1, but the Plan will also articulate our key objectives, deliverables and outcomes for Years 2 and 3 to clearly set out our direction of travel as a strategic organisation within the NHS Wales system. An integrated resource plan will be developed to balance the delivery of our Strategic Objectives and Business as Usual operational activities.

3.2 Framework of the IMTP – Our Strategic Aims

On 8 September, the Executive Team undertook a review of the Strategic Aims 2021/22, considering their mapping to the Wellbeing Goals of the WBFGA, the themes of the Workforce Strategy and Ministerial Priorities (Appendix 1). In common with all NHS organisations, HEIW should have Wellbeing Objectives that show how the organisation is delivering all of the Wellbeing Goals. Most organisations have one set of Strategic Aims/Objectives that map to the Goals, and it is recommended that our Strategic Aims meet this requirement following this review.

The Executive Team recommends to the Board that the structure and broad content of the 6 Strategic Aims are retained for the IMTP 2022-25. During the detailed planning stage, further consideration will be given as to whether Strategic Aims 5&6 are amalgamated. Changes to the wording of three of them are also recommended to make sure they are clear, as follows:

	2021/22	2022/25
Strategic Aim 1	To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	No change
Strategic Aim 2	To improve the quality and accessibility of education and training for all healthcare staff ensuring it meets future needs	To transform healthcare education and training to improve opportunity, access and population health.
Strategic Aim 3	To work with partners to influence cultural change within NHS Wales through building compassionate, collective leadership capacity at all levels.	No change
Strategic Aim 4	To develop the workforce to support the delivery of safety and quality.	To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.
Strategic Aim 5	To be an exemplar employer and a great place to work	No change to wording. Consider during detailed planning stage if these are amalgamated.
Strategic Aim 6	To be recognised as an excellent partner, influencer and leader.	

Following approval of this recommendation, the mapping that has been undertaken will be converted to an infographic that can be included in our communication and stakeholder engagement and in the IMTP itself.

3.3 Launch of Planning Process

As well as the papers to the Executive Team, an extended SLT workshop was held on 20 September 2021 to launch the planning process. The session outlined the planning approach to be taken for the IMTP.

The session set the context for developing the plan in line with the approach outlined in this paper and the financial outlook currently in place in the NHS Wales system. The workshop also reviewed and updated the Political, Economic, Social, Technological, Legal, Environmental, (PESTLE) analysis and we considered any new or emerging factors in the macro-environment that need to be taken into account when planning our strategic and operational activities. This analysis will be included within the IMTP.

The session also provided an opportunity for the group to review the 2021/22 Strategic Objectives, agree those objectives that will be completed in-year and not continue, and identify any new Objectives by exception. These were identified following consideration as a result of opportunities or threats identified through our PESTLE analysis and known expectations in support of the recovery from COVID-19 or new national programmes.

The active planning phase on the final set of Strategic Objectives will be undertaken over the next two months as described in section 3.7.

3.3 Engagement

Internal engagement will continue through the Board, Executive Team, IMTP Integration Group and extended SLT meetings. The Board will a progress report and papers on any decisions required at each Board session up until the plan is submitted to Welsh Government. A further internal engagement session with the extended SLT is to be scheduled for November 2021.

Dates are being arranged with Planning colleagues from NHS Wales organisations from November to identify aligned IMTP priorities and programmes of work. Discussions have already commenced with NHS Wales enabling organisations and work with NHS Shared Services (NWSSP), NHS Wales Collaborative, Digital Health Care Wales (DHCW) will build on the positive work to align priorities and programme expectations with the NHS Collaborative in our previous Annual Plan.

As our plan progresses, and if COVID restrictions allow, we will facilitate a cross stakeholder event to share our indicative plan and gain feedback. This, alongside undertaking virtual requests for feedback from key stakeholders, will help us to revise and reflect our plan accordingly.

3.5 Aligning Planning Process with Production of Education & Training Plan

The alignment of the Education and Training Plan and IMTP was explored in a Lessons Learned session on 14 September. There are benefits related to the prudent use of time and resources, streamlining our financial planning and engagement activities and further reinforcing our role as a statutory organisation by fully amalgamating them into one plan in

the 2023-26 planning cycle. However, there are opportunities to align the external/ internal engagement and Executive oversight of both plans in this cycle, which are being rapidly explored.

3.6 Establishment of Office of Chief Digital Officer (OCDO)

The establishment and hosting of the OCDO will remain an objective for HEIW until the Office is established when it will become Business as Usual. It is expected that the OCDO will, as with other hosted organisations, have responsibility for the development of their own strategic and operational plans.

3.7 Next Steps

A timeline to support our work in developing the plan and reporting progress has been developed.

The next steps are as follows:

- Development of detailed plans through the completion of Plans on a Page for each Strategic Objective.
- Analysis of the Plans on a Page submissions, prioritisation and shaping with the extended SLT and Executive team.
- Executive Team to review the emerging Plan at the end of October, including any business case requests by exception.
- Update to Board in October Board Development session.
- Finalise arrangements for engagement with stakeholders, including opportunities for aligning with the Education and Training Plan.
- Discuss arrangements for system engagement with Directors of Planning at the peer network group meeting in October/November.

4 GOVERNANCE AND RISK ISSUES

The development of the IMTP will be overseen by the Executive-led Integrated Medium Term Plan Integrated Planning Group.

An Equality Impact Assessment was developed for the Annual Plan 2021/22, and this will be reviewed and updated to take account of this IMTP process.

The delay of the NHS Wales Planning Framework may present a risk to the organisation to the development of the plan, but this is likely to be minimal for HEIW. The organisational risks that will need to be addressed in the IMTP will also be discussed at the IMTP Planning workshop.

5 FINANCIAL IMPLICATIONS

The proposed approach to developing the Financial Plan is to:

- Reflect increases in commissioning budgets over the five-year financial planning trajectory, agreed as part of the NHS Wales Education and Training Commissioning Plan 2022-23.
- Complete pay modelling based on data in ESR, known vacancies and any agreed changes in establishment because of agreed business cases with input from budget

holders to confirm accuracy. Also, reflect the additional cost of agreed NHS pay awards and pay progression.

- Undertake a detailed review with individual budget holders of the in-year position and forecast against 2021-22 budgets set following agreement of the 2021-22 Annual Plan.
- Include any agreed WG business case investment or strategic change, including new teams or functions that have transferred into HEIW.
- Develop a three-year Capital Plan, and an annual Capital Programme.

As we develop our plan, the use of the Plan on a Page process will provide the opportunity for SROs to identify where a Business case will be submitted on an exception basis for additional resources to support the delivery of a strategic objective. To be included in the financial plan these will require submission and approval by the Executive Team in November 2021.

6 RECOMMENDATION

Members are asked to:

- Agree the approach being taken to develop an IMTP 2022-25,
- Approve the recommended changes to our Strategic Aims in section 3.2,
- Note the work undertaken to date and the next steps.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
Our IMTP through the delivery of agreed Strategic Objectives will support our functions aligned to Quality, safety and patient experience.			
Financial Implications			
Preparation of a financial plan will be required.			
Legal Implications (including equality and diversity assessment)			
There is a legal duty to comply with the NHS Wales Planning Framework.			
Staffing Implications			
The planning process is an opportunity to identify the implications on existing staffing resource. Given the consolidated nature of the plan for the period, the need for additional resource is expected to be minimised with changes via exception identified through the Plan on a Page and business case process.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The IMTP will make full consideration of the requirement to meet "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			

Report History	N/A
Appendices	Appendix 1 – Review of Strategic Aims

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Reviewing Our Strategic Aims

**Executive Team
1st September 2021**

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IMTP 2022-25

- Our Strategic Aims form the Framework of our Plan – this is our annual opportunity to review them & recommend any changes to the Board in September
- Purpose is to review them against the WBFGA Goals, WFS Themes and the Ministerial Priorities which have been mapped to each Strategic Aim in the following slides.
- All orgs should have Wellbeing Objectives to enact the national Wellbeing Goals - most wrap this into their Strategic Aims - organisations should be able to demonstrate how they are working to achieve all of the 7 Goals, not just one or two
- Opportunity to reflect on our role as part of the foundational economy and impact on all of the Goals, acknowledging that we use 'A Healthier Wales' in its wider sense as the national plan for Health and Social Care
- Opportunity to further demonstrate the IMTP is the delivery vehicle for the Workforce Strategy
- And to demonstrate how we are contributing to the Ministerial Priorities

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Wellbeing Goals

Prosperous

An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.

Resilient

A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).

Healthier

A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.

More Equal

A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).



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WELL-BEING OF
FUTURE GENERATIONS

Globally Responsible

A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

Vibrant Culture and Thriving Welsh Language

A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

Cohesive Communities

Attractive, viable, safe and well-connected communities.

Workforce Strategy

Theme	Descriptor
An Engaged, Motivated and Healthy Workforce	By 2030 the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and sector of choice for our future workforce.
Seamless Workforce Models	By 2030 multi-professional and multi-agency workforce models will be the norm.
Building a Digitally Ready Workforce	By 2030 the digital and technological capabilities of the workforce are well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
Excellent Education and Learning	By 2030 the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
Leadership and Succession	By 2030 leaders in the health and social care system will display collective and compassionate leadership.
Workforce Supply and Shape	By 2030 we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population



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Ministerial Priorities

1. Covid-19 Response: *We are still in a public health emergency. We need to recognise, despite some evidence of progress, that we remain in response mode to coronavirus.*

2. NHS Recovery: *Recovery across all part of the system and pathways is critical and a key Programme for Government commitment, but also recognising that this is core business for the NHS.*

3. Working alongside social care: *The NHS is already working positively and strongly towards the aim of delivering seamless care.*

4. A Healthier Wales: *A Healthier Wales stands as the strategy for health and care. The Minister expects this to ensure momentum and change.*

5. NHS finance and managing within resources: *We have had two exceptional years of extra funding due to Covid, but we must still demonstrate strong financial control. This in turn will assist the Government level discussions and intentions to support the NHS.*

6. Mental health and emotional well-being: *The protection of mental health, both in clinical and broader society terms, is a clear priority for the Minister.*

7. Supporting the health and care workforce: *Recognising efforts made across all staff groups and professions over the last 16 months and understanding the needs of the workforce into the future.*

8. Population health notably through the lens of pandemic experience and health inequity, is fundamental.



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Strategic Aim 1 2021/22

1

To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'

Nursing Workforce Plan	Made in Wales
CPD Strategy	Workforce Intelligence
Wellbeing	Workforce Planning
Recruitment and Careers	International Recruitment

Wellbeing Goals

- Prosperous
- Resilient
- More Equal
- Healthier
- Cohesive Communities
- Vibrant Culture & Thriving Welsh Language
- Globally Responsible

WFS Themes

- Engaged, Motivated and healthy Workforce
- Seamless Workforce Models
- Attraction and Recruitment
- Excellent Education and Learning
- Workforce Supply and Shape

Ministerial Priorities

- A Healthier Wales
- Mental health and wellbeing
- Supporting the health and care workforce



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Strategic Aim 2 2021/22

2

To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.

Education Strategy	Welsh Education
Strategic Review – 1	Education Infrastructure
Strategic Review - 2	SAS Doctors
Digital Education	Simulation
Pharmacy Standards	Digital Capacity
Differential Attainment	Clinical Academic Careers
Work-Based Learning	Revised Funding Models

Wellbeing Goals

- Prosperous
- Resilient
- More Equal
- Healthier
- Cohesive Communities
- Vibrant Culture & Thriving Welsh Language
- Globally Responsible

WFS Themes

- Engaged, Motivated and Healthy Workforce
- Attraction and Recruitment
- A Digitally Ready Workforce
- Excellent Education and Learning
- Workforce Supply and Shape

Ministerial Priorities

- A Healthier Wales
- NHS finance and managing within resources
- Supporting the health and care workforce

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Strategic Aim 3 2021/22

3

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

Wellbeing Goals

- Resilient
- More Equal
- Healthier
- Vibrant Culture and Thriving Welsh Language

WFS Themes

- Engaged, Motivated and Healthy Workforce
- Leadership and Succession
- Attraction and Recruitment

Ministerial Priorities

- A Healthier Wales
- Supporting the health and care workforce

Leadership Strategy	Leadership Programmes
Succession Planning	Graduate Training Programme
Leadership Platform	Executive Leadership

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Strategic Aim 4 2021/22

4

To develop the workforce to support the delivery of safety and quality.

COVID-19 Response	National and Collaborative Programmes
Primary and Community Care	Professional Frameworks
Mental Health	Post-Registration Support

Wellbeing Goals

- Resilient
- More Equal
- Healthier
- Vibrant Culture & Thriving Welsh Language
- Globally Responsible

WFS Themes

- Engaged Motivated and Healthy Workforce
- Seamless Workforce Models
- Workforce Supply and Shape

Ministerial Priorities

- Covid-19 response
- Recovery
- Working alongside social care
- Mental Health and Wellbeing
- Population Health

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Strategic Aim 5 2021/22

5

To be an exemplar employer
and a great place to work

People & OD Strategy	HEIW Welsh Language
HEIW Wellbeing	QIST
Biodiversity and Climate Change	Evaluation, research and improvement
Strategic Equality Plan	Cyber Security

Wellbeing Goals

- Resilient
- More Equal
- Healthier
- Vibrant Culture & Thriving Welsh Language
- Globally Responsible

WFS Themes

- Engaged, Motivated and Healthy Staff
- A Digitally Ready Workforce
- Excellent Education and Learning
- Workforce Supply and Shape

Ministerial Priorities

- A Healthier Wales
- Supporting the health and social care workforce

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Strategic Aim 6 2021/22

6

To be recognised as an excellent partner, influencer and leader.

Communication Strategy	Digital Platform
Network Analysis	Office CDO

Wellbeing Goals

- Resilient
- Cohesive Communities
- Vibrant Culture & Thriving Welsh Language

WFS Themes

- Engaged, Motivated and Healthy Workforce
- A Digitally Ready Workforce

Ministerial Priorities

- Working alongside social care
- Supporting the health and social care workforce

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Next Steps

- Write up for the Board paper in September to recommend the changes we have discussed today and demonstrate the mapping
- Turn the mapping into an infographic for inclusion in the IMTP
- Further opportunity to shape and map the detailed Strategic Objectives to the WFS Themes and Ministerial Priorities in November

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Meeting Date	30 September 2021	Agenda Item	3.3
Report Title	Evaluation of the 2021 Streamlining for Allied Health Professional and Health Care Science graduates		
Report Authors	Denise Parish Head of Undergraduate/ Pre-registration Health Professional Education and Quality and Bev Frowen, Welsh Bursary Relationship Manager		
Report Sponsor	Lisa Llewelyn, Director of Nurse and Health Professional Education		
Presented by	Lisa Llewelyn, Director of Nurse and Health Professional Education		
Freedom of Information	Open		
Purpose of the Report	<ul style="list-style-type: none"> To inform the Board on the outcome of the evaluation of the 2021 Streamlining for Allied Health Professional and Health Care Science graduates. To update the Board on progress to develop an agreed streamlining approach for 2022 bursary recipients that builds on the evaluation report. 		
Key Issues	<ul style="list-style-type: none"> 95% of the 2021 Allied Health Professional (AHP) and Healthcare Science (HCS) graduates have been successfully employed in Wales through streamlining as of April 2021. Improved recruitment process for 2022 graduates introduced through collaborative arrangements between Health Boards, HEIW and Shared Services. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to note:</p> <ul style="list-style-type: none"> the number of AHP and HCS graduates successfully employed in Wales through streamlining as of April 2021 the lessons learned from the evaluation of the 2021 Streamlining and support the revised recruitment approach introduced. 		

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EVALUATION OF THE 2021 STREAMLINING FOR ALLIED HEALTH PROFESSIONAL AND HEALTH CARE SCIENCE GRADUATES – LEARNING THE LESSONS

1. BACKGROUND

The number of students recruited to health profession courses for nursing, midwifery, allied health professional (AHP), healthcare science (HCS) and physician associates (PA) each year are based on a consideration of Health Board, Trust and Primary care plans to deliver safe and quality services to patients; clinical placement capacity to train; and other local and national priorities. Consequently, appropriate employment as registered healthcare professionals within NHS Wales should be available to these students.

In 2017 Welsh Government amended the long-standing NHS Wales bursary scheme; introducing a requirement for recipient students to work in Wales for two years on completion of a BSc programme or 18 months on completion of a pre-registration PG Dip/ MSc. This was developed as an inducement to bring students to courses in Wales and to recruit them to registrant positions. Students who fail to secure a suitable registrant post in Wales following three high-quality applications may apply to be released from their contractual obligation to repay their tuition fees. This is referred to as the bursary 'tie-in'.¹

Welsh Government requires Health Education and Improvement Wales (HEIW) to work in conjunction with NHS Wales Shared Services Partnership (NWSSP) to implement the bursary 'tie in' and have processes in place to manage the students into health and care recruitment. The Student Streamlining Project (SSP) is being delivered by NWSSP, working in partnership with NHS Wales Health Boards, Welsh Universities and HEIW. The NHS Wales Student Matching System was developed as part of the SSP, delivering a single application and recruitment pathway for students and NHS organisations in Wales. This was successfully implemented for nursing in 2018 and Operating Department Practitioners (ODP) in 2020, to address an inefficient recruitment process into these high-volume specialties for both students and organisations. This also proved to be a useful platform for implementing the bursary 'tie in'. The development of plans to roll this out to Allied Health Professions and Healthcare Scientists in 2020 was delayed due to the Covid pandemic, and the pandemic also impacted on the number of vacancies available and the local recruitment processes. The approach for 2020 focused primarily on a more managed and visible approach to advertising vacancies for graduates, but with the onus on graduates to submit applications for specific vacancies in specific organisations.

Whilst 95% of the 2021 Allied Health Professional (AHP) and (HCS) graduates have been successfully employed in Wales through streamlining (as of April 2021), it was felt that a more coherent and managed process may have improved the numbers of students who were able to transition into employment in Wales.

¹ The Ts and Cs have been amended for 2022 graduates to state: 'and have engaged in recruitment opportunities organised by HEIW and NWSSP'

2. GRADUATE RECRUITMENT ARRANGEMENTS FOR 2021 GRADUATES.

The following proposals were agreed in relation to a recruitment process for graduating healthcare professionals in Wales, including:

- **Student Streamlining** for graduates from the largest programmes. Learning from the success of the Nursing and ODP programmes, the graduates in the following professions were included in the scheme:
 - *Diagnostic Radiography*
 - *Dietetics*
 - *Healthcare Science: Biomedical Sciences*
 - *Healthcare Science: Cardiac Physiology*
 - *Occupational therapy*
 - *Physiotherapy*
 - *Radiotherapy and Oncology*
 - *Speech and Language Therapy*
- **A bespoke approach** working directly with employers and HEIs to identify posts and encourage students to apply for them:
 - Podiatry and Healthcare Science: Respiratory and Sleep science, Neurophysiology, Medicine and Radiotherapy Physics.
- **Offer of alternative posts** to graduates of professions that have been directly impacted by Covid-19 whilst awaiting possible posts to become available as discipline specific services resume.
 - Healthcare Science: Audiology

The recruitment process for 2021 graduates has also taken place during the Covid pandemic, and some of the factors affecting the 2020 cohort have therefore remained live issues.

3. STREAMLINING PROCESSES FOR 2021

Following discussion with NHS colleagues, an agreed recruitment process was developed during Autumn 2020 to facilitate streamlining for Midwifery, PA, AHP and HCS students. This included encouraging all students to make at least one application to Betsi Cadwaldr UHB, Powys Teaching HB and Hywel Dda UHB; the inclusion of an interview as part of the selection process at the specific request of the professions (this was not included in the midwifery process); and a revised profession-specific timeline. The AHP and HCS timeline process would be complete by the 12 April. This was to allow Health Boards to recruit to any unfilled posts from outside Wales. Support to 'recruit at risk' was required by Health Boards for some professions due to limited vacancies being available.

The PA and Midwifery processes were completed in June and July respectively.

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4. EVALUATION OF THE STREAMLINING PROCESSES FOR 2021

Given the introduction of new processes, it was important to evaluate and receive feedback on how these had been implemented for each group. Through engagement with stakeholders, lessons have been learned, and improvements have been introduced. The following briefly describes the overarching feedback received.

Nursing

Building on the processes introduced previously, students; Health Boards and Higher Education Institutions (HEIs) reported the processes were implemented successfully and smoothly.

Maternity

Students welcomed the one application window and the improved information provided by NWSSP about the streamlining process.

Overall, Health Boards reported the process had gone smoothly and implemented better than anticipated, given that it was the first year of a very different approach to recruitment. Interviews of graduates were organised and conducted efficiently and effectively to recognise the involvement of midwives, and suggestions were put forward on improving the quality of questions.

Higher Education Institutions (HEIs) reported how the improved awareness of students about the process reduced their anxiety about seeking future employment.

Physician Associates

It is reported that processes were Implemented successfully and smoothly.

Allied Health Professionals and Health Care Scientists

Following some high-level concerns raised by stakeholders about the process introduced for these groups, HEIW has undertaken an in-depth evaluation of the AHP and HCS processes. The outcome of the evaluation is reported in the Briefing at Appendix 1, and the revised arrangements have been agreed by HEIW Executive Team

5. STREAMLINING PROCESSES INTRODUCED FOR 2022 GRADUATES

Nursing and Midwifery

The successful nurse and midwifery streamlining process will continue to be managed by NWSSP going forward, building on collaborative arrangements in place with Health Boards with HEIW input and oversight.

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Physician Associates

HEIW will align this group into the HEIW recruitment 2022 process.

Allied Health Professional and Health Care Scientists

The recruitment of 2022 AHP, HCS graduates has been revised following a workshop and extensive collaboration with Directors of Therapies (DoTHs) and Workforce Directors (WDs) in Health Boards to agree and implement a revised process.

6. GOVERNANCE AND RISK ISSUES

The recruitment of 2022 AHP, HCS and PA graduates will involve a formal HEIW project management approach with regular reporting to the HEIW Executive Team and communication briefs to the wider stakeholder group, including Directors of Therapies Finance, Nursing and Welsh Government. This will ensure consistent and accurate reporting to various stakeholders.

7. FINANCIAL IMPLICATIONS

Health Boards will be required to maintain ongoing commitment to recruit to the commissioning numbers identified through the alignment of IMTPs with workforce, service and financial plans.

8. RECOMMENDATIONS

Members are asked to note:

- the number of AHP and HCS graduates successfully employed in Wales through streamlining as of April 2021
- the lessons learned from the evaluation of the 2021 Streamlining and support the revised recruitment approach introduced.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓		
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
			✓
Quality, Safety and Patient Experience			
Supports the development of the workforce			

Financial Implications	
Financial implications for Health Boards and NWSSP	
Legal Implications (including equality and diversity assessment)	
NA	
Staffing Implications	
Financial implications for NWSSP	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Report History	Evaluation of AHP and HCS streamlining June 2021
Appendices	

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HEIW Briefing

Allied Health Professionals and Health Care Scientists Streamlining – Improvements to approach based on 2021 evaluation

Introduction

This briefing paper provides a summary of the feedback provided by students, Health Boards, Trusts, and Higher Education Institutions (HEIs) during the first streamlining for Allied Health Professional (AHPs) and Health Care Scientist (HCS) graduates in 2021. Overall, many of the challenges experienced and concerns raised were due to the condensed time scale within which this new and complex approach was implemented amidst significant and enduring disruption of the pandemic. Some Health Boards (HBs) encountered challenges to ensure there were sufficient vacancies for all graduates within the nationally set SSP timescale for applications and appointment. Taking on board evaluation feedback, HEIW and NWSSP have been able to reflect changes in the model and, in conjunction with Health Boards/Trusts, are commencing the planning stage to support the recruitment of newly qualified graduates in 2022. There will be an evaluation of the 2022 scheme summer of 2022.

Outcome of AHP and HCS Streamlining 2021.

The table below shows the outcome of graduates into employment through the streamlining process as of April 2021.

	AHP/ HCS
Allocated Students	381
Unallocated	19
Total	400
% Allocation Rate	95%

Source: NWSSP closing figures for 2021

There were different success rates for Health Boards for some specific professions and overall streamlining was effective as a process for recruitment. Some regional challenges experienced prior to streamlining remain and may require further consideration in a wider context.

Students appreciated one application process although they would have benefitted with more consistent information earlier on in the autumn term. Despite initial reservations, recruitment and service managers found one application timeline beneficial. The contribution of value-based questions (VBQ) to the shortlisting process was welcomed, with suggestions how they could be improved through being specific

to the professions. Students found recording their interview video challenging as this fell during placements. There was opportunity to improve the application to enable Students to better evidence their placement experiences.

Considerable efforts were made to accommodate the completion of the process by 12th April 2021. Despite this, some Health Boards reported their commitment to withhold advertising posts outside of Wales between 17th December and April 12th was problematic.

The Health Boards in the South East of Wales filled all vacancies. Many of the service leads from the smaller professions cited they were very happy with the quality of applicants and felt that this process had worked well. This was not universal, and the larger professions felt they had missed out on the opportunity to recruit new graduates from a wider field of applicants from outside of Wales. This perspective is acknowledged recognising the SSP methodology is restricted to new graduates who have trained in Wales; and is closely linked to the Welsh Government policy – the NHS Bursary scheme, which aims to support students who wish to commit to working in Wales for a specific period after the completion of their course.

Throughout the process all Health Board stakeholders highlighted the practical challenges of forward planning vacancies to correlate with workforce planning / education commissioning numbers previously submitted in 2018. In addition, the need to provide vacancies to employ these graduates at one time was challenging. Engagement with HBs/NHS Trusts continues to improve this alignment and the corresponding link to SSP.

The rapid implementation of the new system in the early part of 2021 did have an impact on communication with students in some programmes. This is a priority given the stresses already experienced by final year students and HEIs need to be supported to offer correct advice. The lack of available vacancies created anxiety for some students who wanted to ensure they would meet the Terms and Conditions of the NHS Bursary and secure employment in a timely manner.

The Terms and Conditions of the NHS Bursary, notably to secure employment in Wales for a minimum of 22.5hrs a week and on a permanent basis, resulted in requests to be released from the contract and the 18month/2yr tie-in.

Improvements for 2022. The next round.

From the evaluation HEIW and NWSSP will continue with streamlining as the recruitment method for 2022 graduates. A full evaluation will be undertaken in 2022 to see if improvements planned to the approach have been effective and have addressed the concerns raised via the evaluation.

Changes/ Adaptations

- To improve coordination and engagement with Health Boards and NHS Trusts, LHB/ Trusts specific implementation groups will be established with membership determined locally. NWSSP and HEIW will work directly with workforce colleagues who are best placed to coordinate the recruitment and engage with professional colleagues within their own organisations.

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- A jointly developed suite of communication material using a range of communication mediums will become available through the Autumn for students and stakeholders to use. An amended version of the Bursary Terms and Conditions Frequently Asked Questions (FAQs) has been produced and a series of briefing papers in the autumn will aid awareness and understanding.
- Roadshows and online Q and A sessions are also planned for the Autumn for students, HEIs and NHS to supplement the briefing papers and communication material uploaded onto the NWSSP and HEIW webpages
- Taking on board feedback from professional leads, establish profession specific value-based questions will be developed where appropriate. HEIW and NWSSP are working collaboratively to incorporate this into the 2022 scheme. Professional leads are best placed to set these additional questions
- Podiatry and Audiology will be included into the next round of streamlining, providing parity with other professions.
- The evolving new role of Physician Associates requires more time to introduce and embed this role within Health Boards. It is advisable to continue and build on the success of the previous year by continuing with the current arrangements which will be evaluated in 2022.
- A comprehensive introductory pack has been developed to share with Health Board/Trust Delivery Groups including a clear pathway through streamlining with roles and responsibilities throughout
- Health Boards/Trusts will be encouraged to establish familiarisation sessions for students who undertake their placements in other organisations

Further information:

NHS Bursary Terms and Conditions.

Bev Frowen: HEIW.bursary@wales.nhs.uk



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

Meeting Date	30 September 2021	Agenda Item	4.1
Report Title	Director of Finance Report		
Report Author	Rhiannon Beckett, Deputy Director of Financial Management, Costing and Contracting		
Report Sponsor	Eifion Williams, Finance Director		
Presented by	Eifion Williams, Finance Director		
Freedom of Information	Open		
Purpose of the Report	To provide the HEIW Board with a report on the financial position for August 2021 (Month 5).		
Key Issues	HEIW has a statutory duty to break even at year-end. This report should assist the Board, Executives and Budget Holders in understanding the financial position reported for Month 5 of the 2021-22 financial year and any actions needed to be taken in order to be in balance at year-end.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>The Board are asked to note:</p> <ul style="list-style-type: none"> the underspent financial position reported for HEIW at month 5, the summarised explanation of key variations by Directorate, the Capital allocation and spend to date, and the the Balance Sheet position. 		

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DIRECTOR OF FINANCE REPORT

1. INTRODUCTION

The report sets out the financial position as at the end of August 2021, reported against updated budgets. The delegated budgets have been derived from the 2021-22 Resource Plan, which was drawn from the 2021-22 Annual Plan approved by the HEIW Board and the Resource Allocation letter received from Welsh Government. The reported financial position of HEIW as at Month 5 is £311,545 underspent, and this position was reported to WG in accordance with the requirements of the monitoring return submission.

2. BACKGROUND

This report provides an update on the financial position for the period to the 31 of August 2021, and the report identifies the reasons for any financial variation against the budgets set. Updates to the current year financial plan have been discussed and agreed with the Executive team and Board as part of the Resource Plan and have been reflected in the reported position since month 2. These include the re-apportionment of funding to balance financial plan commitments. The Director of Finance and his team plans to undertake 'Deep Dive' exercises into the financial position on a quarterly basis. The first programme of 'Deep Dives' exercises have been undertaken, and the Executive team will be informed of any non-recurrent opportunities that may present.

3. PROPOSAL

The Board is asked to note the financial position reported by HEIW for Month 5 and consider the summarised explanations of the key variations described for each Directorate.

4. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year-end, and the Welsh Government will monitor the reported position in terms of this duty and also against the current year financial plan submitted within the 2021-22 Annual Plan.

5. FINANCIAL IMPLICATIONS

5.1 Revenue Financial Position as at Month 5

HEIW is reporting an underspend of £311,545 against profiled budgets as at 31 August 2021. The underspend position in Pay budgets is due to vacant posts within the establishment; it should be noted that some re-alignment of budgets to balance the financial plan was undertaken at the commencement of the year. The financial plan includes anticipated allocations from WG, as set out in the Resource Plan, which totals £3.174m that has been agreed in principle by the WG but not yet received. Work is ongoing to secure these resources in-year for HEIW.

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The underspends in Non-Pay budgets are due to reduced face to face training and education activity arising from COVID-19 lockdown restrictions, and Non-Pay budgets have also been subject to re-alignment to balance the financial plan. The overspend on Commissioning budgets is due to a catch up of travel and subsistence claims from Healthcare Professional Students, an increase in DSA payments and an increase in spend on GP training costs related to extensions and protected salaries. This is partly offset by known under recruitment of trainees to programmes in Pharmacy, Dental Junior Doctor Foundation training and the Medical training grades.

The month 5 financial position was reported to Welsh Government on day 5, and through the monitoring return submitted on day 9, in accordance with the required WHC reporting timetable. The Monitoring Return that was submitted to WG is included as Appendix 2.

The table below shows the high-level variance on the delegated budgets of the Executive Directors.



As at 31st August 2021

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
<u>INCOME:</u>					
Welsh Government	(100,012,608)	(100,012,608)	0	0	0
Other Income	(217,513)	(187,275)	30,238	22,416	7,822
Total Income	(100,230,121)	(100,199,883)	30,238	22,416	7,822
<u>Expenditure</u>					
Board & Executive	891,958	881,342	(10,616)	(11,098)	482
Finance	436,170	414,391	(21,779)	(15,998)	(5,781)
Planning, Performance and Corporate Services	788,980	744,059	(44,921)	(31,696)	(13,225)
Digital and IT	2,185,612	2,154,805	(30,807)	(10,994)	(19,813)
Medical & Pharmacy	49,469,248	49,096,179	(373,069)	(295,529)	(77,540)
Nursing	45,198,391	45,354,003	155,612	90,393	65,219
Human Resources and Organisation Development	1,259,762	1,243,560	(16,202)	(19,072)	2,870
Sub-Total Expenditure	100,230,121	99,888,338	(341,783)	(293,994)	(47,789)
Total			(311,545)	(271,578)	(39,967)

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

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	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(16,770)	6,154		(10,616)
Chief Executive Reserve			0		0
Finance		(17,302)	(4,477)		(21,779)
Planning, Performance and Corporate Services		(14,108)	(30,813)		(44,921)
Digital and IT		(14,810)	(15,997)		(30,807)
Medical & Pharmacy	30,238	(92,051)	(185,965)	(95,054)	(342,832)
Nursing	0	(35,313)	5,205	185,720	155,612
Human Resources and Organisation Development		(49,045)	32,842		(16,202)
Total	30,238	(239,399)	(193,051)	90,667	(311,545)

The analysis attached as Appendix 1, provides the key reasons for the underspending by Directorate. The key reasons for the underspend variances are vacancies against budgeted staffing levels for Pay Budgets, lower costs in education and training support activity and lower staff travelling expense costs in Non-Pay budgets.

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

5.2 Commissioning Funding

It should be noted that Commissioning budgets are based on the existing student cohorts in the system and the commissioned student numbers for 21/22.

5.3 Capital Expenditure

HEIW has a capital allocation of £100k for 2021/22, £15k of equipment has been received and paid for during July 2021. Proposals for the use of the remaining £85k are being prepared and will be discussed by the Executive Team. A meeting with Welsh Government has been arranged for September to discuss the financial position.

5.4 Balance Sheet

The balance sheet as at 31 August 2021 is shown below:

	2021/22 Opening Balance £000s	31st Aug 2021 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	2,179	1,979	(200)
Current Assets:			
Trade and other receivables	1,293	932	(361)
Cash & bank	6,148	1,006	(5,142)
Total Assets	9,620	3,917	(5,703)
Liabilities:			
Trade and other payables	(7,337)	(10,851)	(3,514)
Provisions	(7)	(7)	0
Total Liabilities	(7,344)	(10,858)	(3,514)

	2,276	(6,941)	(9,217)
Financed by:			
General Fund	2,276	(6,941)	(9,217)
Total Funding	2,276	(6,941)	(9,217)

- The movement on non-current assets reflects depreciation charges and assets purchased in 2020/21.
- Trade and Other Receivables stand at £0.9m as at 31 August 2021.
- Trade and other payables total £10.9m as at 31 August. The main balances include:
 - £5.4m in respect of other NHS Wales organisations, of which £2.7m are estimated accruals.
 - £4.5m payable to non-NHS creditors, of which £2.8m are estimated accruals.
 - £0.5m relates to technical accounting accruals such as the annual leave provision and rent equalisation account.
 - £0.6m of HMRC and pension creditors due in the month following the payroll period.

The cash position at the end of month 5 was £1m.

5.5 Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires organisations to pay 95% of all non-NHS invoices within 30 days. For the period April to August 2021, HEIW cumulatively paid 96.21% of non-NHS invoices and 90.6% of NHS invoices within 30 days.

Whilst HEIW has exceeded the cumulative target up to the end of month 5, performance has dipped below 95% in the past two months. This is primarily due to system and capacity issues in the accounts payable team that is delaying the receipt of invoices within HEIW. This has been raised at the all-Wales Purchase To Pay (P2P) group and has again been highlighted as a concern to the Head of Accounts Payable. We have requested that non-NHS and high-value invoices are prioritised while the issues continue, and we are keeping the situation under regular review.

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Non -NHS Invoices

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	291	4	98.60	6,952,151	3,096	99.96
May	522	2	99.60	8,785,299	2,641	99.97
June	327	2	99.40	8,202,880	4,515	99.94
Q1 Total	1,140	8	99.30	23,940,330	10,252	99.96
July	315	21	93.75	7,323,833	18,430	99.75
August	524	49	91.45	10,092,777	54,610	99.46
Total to Month 5	1,979	78	96.21	41,356,940	83,292	99.80

NHS Invoices

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	236	0	100.00	7,197,535	0	100.00
May	90	6	93.75	9,214,895	70,109	99.24
June	79	3	96.34	5,948,534	46,929	99.22
Q1 Total	405	9	97.83	22,357,964	117,038	99.48
July	139	16	89.68	9,607,464	145,577	98.51
August	104	42	71.23	6,821,269	176,619	97.48
Total to Month 5	648	67	90.63	38,789,697	439,234	98.88

6. RECOMMENDATION

The Board is asked to **note**:

- the underspent financial position reported for HEIW at month 5,
- the summarised explanation of key variations by Directorate,
- the Capital allocation and spend to date, and the
- the Balance Sheet position.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
There are no implications for Quality, Safety and Patient Experience.			
Financial Implications			
The financial implications are set out above in the body of the report.			
Legal Implications (including equality and diversity assessment)			
HEIW has a statutory responsibility to break even at year-end and the report sets out the financial position for July 2021.			
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 August 2021.		
Appendices	Appendix 1 – Further Information Appendix 2 – Monitoring Return		

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REPORT OF THE DIRECTOR OF FINANCE

The following analysis of the key underspends, by Directorate, is provided below: -

1. Board and Executives

- Budgets have now been realigned to balance the financial plan resulting in an underspend of £16,770 as a result of vacancies in the Welsh translation team and vacant IM and receptionist posts. These are offset in part by agency cover in the PA team.
- An overspend on Non-Pay of £6,154 is due to an increase in demand and cost in respect of translation services offset by lower than budgeted travel, catering, room hire and training expenses due to the Covid-19 pandemic and lockdown.

2. Finance.

- The pay budgets show an underspend of £17,302 due to vacancies at band 3 and 5, the band 5 vacancy is currently covered by an agency member of staff and recharge of support costs for the OCDO.
- There is a favourable variance of £4,477 in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs and lower than budgeted bank charges.

3. Planning, Performance and Corporate Services

- The Pay budgets are underspent at month 5 by £14,108, 2 wte vacant posts are filled by agency staff and an internal secondment. One vacant post has been appointed to, and a start date confirmed in month 6
- There is an underspend of £30,812 against non-pay budgets as a result of savings in utilities costs and other variable costs associated with Ty Dysgu because of the home working model.

4. Digital and IT

- There is an underspend against the pay budgets set of £14,810 as a result of 5 vacancies and reduced pay due to long term sickness offset in part by spend on agency staff to support the team. Appointments have been made to two posts with start dates confirmed in Month 6 and 7. A further three posts are at interview stage.
- There is an overspend against non-pay budgets of £15,997 due to an increase in Microsoft EA licence numbers above plan offset in part by reduced travel because of the COVID-19 pandemic, rephasing of software licence/network costs and VAT savings on intrepid licences.

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5. Medical and Pharmacy

- There is an adverse variance of £30,238 against the other income target as a result of lower than anticipated income from revalidation and CPD courses for Dentists and GPs.
- The underspend on pay of £92,051 is as a result of a number of administration and clerical vacancies across a range of teams which are partly offset by agency costs.
- Non-pay budgets are underspent by £185,965 as a result of reduced training and travel expenses amounting to £52,341, catering and room hire by £17,104 and other costs including printing and stationery and licences due to a reduction in activity due to the pandemic. There is also a £22,625 underspend as a result of lower than budgeted recharges from Health Boards for TPD payments, £33,234 underspend in PSU on supernumerary posts, £47,517 underspend due to Dental Foundation vacancies and £7,013 underspend due to a SAS tutor vacancy in ABUHB.
- Commissioning budgets are underspent by £95,054 year to date. The underspend is predominantly due to under-recruitment to training grade posts amounting to £200,832 and £324,129 of underspend in Pharmacy budgets. There is also an underspend in the GP Induction and Returners budget amounting to £19,672. These underspends are offset by an overspend in the GP training programme budget, which amounts to £414,146 because of additional numbers in the programme, extensions granted to training and the costs of protected salaries and higher increments. A paper on GP training costs and forecast will be shared with the Executive Team in this month.

6. Nursing

- An underspend of £35,313 has been reported against Pay budgets at month 5 because of a delay in appointing to the Head of Placement post, an internal appointment to the post has created a further vacancy in the team and there are a number of other staff changes including leavers and new appointees.
- 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.
- It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 21/22. An overspend position is reported at month 5 of £185,720 and is related to higher than budgeted DSA and student salary costs combined with a catch up of travel and subsistence costs as placement activity previously delayed by COVID increases.

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- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and an underspend of £5,205 is reported in month 5 predominantly due to reduced travel costs and a credit note in respect of 20/21 expenditure.

7. Human Resources and Organisation Development

- There are 9 wte vacancies within the core budgets of the Directorate contributing to the £49,045 underspend in month 5. One vacancy is at interview stage, one is out to advert, 6 are at early stages of the recruitment process and one will remain vacant until the secondments to establishing the OCDO team ends.
- A Non-Pay overspend variance of £32,842 as a result of organisational development and leadership expenditure whereby it is our assumption that these costs will be funded by additional allocation from WG.

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Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	311	0

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-31,045	0	-31,045	-31,045
3 Planned Expenditure For Covid-19 (Negative Value)	0	0		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	31,045	0	31,045	31,045
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	0	0		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	0	0	0	0
9 Planned (Finalised) Net Income Generation	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 Opening IMTP / Annual Operating Plan	0	0	0	0
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	0	0		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	0	0		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	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 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	0			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-12,935	-31,045
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	12,935	31,045
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6													0	0
7													0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25													0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	91	106	18	57	39	1	-18	-30	-139	-21	-30	-74	311	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	91	106	18	57	39	1	-18	-30	-139	-21	-30	-74	311	0
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	91	106	18	57	39	1	-18	-30	-139	-21	-30	-74	311	0

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

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Table A1 - Underlying Position

This table needs completing monthly from Month: 1

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Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000	£'000	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 B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000	£'000	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

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Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	0	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	0	
38	Best Case Outturn Scenario	0	

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 1

Period : Aug 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	19,965	20,087	18,779	20,066	21,115	25,380	23,150	22,110	24,480	23,360	22,940	33,591	100,012	275,023
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	55	48	20	20	45	41	59	43	43	43	43	66	188	526
7	Income Total		20,020	20,135	18,799	20,086	21,160	25,421	23,209	22,153	24,523	23,403	22,983	33,657	100,200	275,549
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,491	1,490	1,560	1,560	1,584	1,627	1,623	1,624	1,624	1,625	1,625	2,348	7,685	19,781
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	899	854	975	1,038	783	1,520	1,129	1,219	1,598	1,132	1,179	5,944	4,549	18,270
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	17,496	17,642	16,203	17,387	18,711	22,230	20,432	19,297	21,397	20,624	20,165	25,395	87,439	236,979
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	44	216	519
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	19,929	20,029	18,781	20,029	21,121	25,420	23,227	22,183	24,662	23,424	23,013	33,731	99,889	275,549
27	Net surplus/ (deficit)	Actual/F'cast	91	106	18	57	39	1	(18)	(30)	(139)	(21)	(30)	(74)	311	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28. Actual YTD surplus/ (deficit)		311
29. Actual YTD surplus/ (deficit) last month		272
30. Current month actual surplus/ (deficit)		39
31. Average monthly surplus/ (deficit) YTD	Trend	62 ▼
32. YTD /remaining months		44

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		584
34. Year to Date Trend Scenario		746

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C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL Baseline Provider Depreciation Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	44	216	519
36	Strategic Depreciation Actual/F'cast													0	0
37	Accelerated Depreciation Actual/F'cast													0	0
38	Impairments Actual/F'cast													0	0
39	Other (Specify in Narrative) Actual/F'cast													0	0
40	Total	43	43	43	44	43	43	43	43	43	43	44	44	216	519
AME															
41	Donated Asset Depreciation Actual/F'cast													0	0
42	Impairments Actual/F'cast													0	0
43	Other (Specify in Narrative) Actual/F'cast													0	0
44	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
60	Forecast Only													0	0
61	Forecast Only													0	0
62	Forecast Only													0	0
63	Forecast Only													0	0
64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Phasing		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Period : Aug 21

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 1

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Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12		
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	898	917	925	937	943	1,011	1,007	1,008	1,008	1,009	1,009	1,559	4,620	12,231
2	Medical & Dental	440	437	442	449	452	445	445	445	445	445	445	619	2,220	5,509
3	Nursing & Midwifery Registered	21	21	30	28	32	28	28	28	28	28	28	28	132	328
4	Prof Scientific & Technical	110	93	141	124	132	120	120	120	120	120	120	117	600	1,437
5	Additional Clinical Services	9	10	10	10	11	11	11	11	11	11	11	12	50	128
6	Allied Health Professionals	12	12	12	12	14	12	12	12	12	12	12	14	62	148
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,490	1,490	1,560	1,560	1,584	1,627	1,623	1,624	1,624	1,625	1,625	2,349	7,684	19,781

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	1,491	1,490	1,560	1,560	1,584	1,627	1,623	1,624	1,624	1,625	1,625	2,348	7,685	19,781
12	Other Services (Incl. Primary Care) - Pay													0	0
13	Total - Pay	1,491	1,490	1,560	1,560	1,584	1,627	1,623	1,624	1,624	1,625	1,625	2,348	7,685	19,781
		0	0	0	0	0	0	0	0	0	0	0	0		

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

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12		
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	32	35	33	37	42	45	45	45	45	45	45	45	179	494
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	37	42	45	45	45	45	45	45	45	179	494
11	Agency/Locum (premium) % of pay	2.1%	2.3%	2.1%	2.4%	2.7%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	1.9%	2.3%	2.5%

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

REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12		
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Vacancy	32	35	33	37	42	45	45	45	45	45	45	45	179	494
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	WFL													0	0
12	Excision/Suspension													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	37	42	45	45	45	45	45	45	45	179	494
		0	0	0	0	0	0	0	0	0	0	0	0		

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
A1	Enter as positive values													
1	Testing (Additional costs due to C19) enter as positive values - actual/forecast													
2	Provider Pay (Establishment, Temp & Agency)													
3	Administrative, Clerical & Board Members												0	0
4	Medical & Dental												0	0
5	Nursing & Midwifery Registered												0	0
6	Prof Scientific & Technical												0	0
7	Additional Clinical Services												0	0
8	Allied Health Professionals												0	0
9	Healthcare Scientists												0	0
10	Estates & Ancillary												0	0
11	Students												0	0
12	Sub total Testing Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Primary Care Contractor (excluding drugs)												0	0
14	Primary Care - Drugs												0	0
15	Secondary Care - Drugs												0	0
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7												0	0
17	Healthcare Services Provided by Other NHS Bodies												0	0
18	Non Healthcare Services Provided by Other NHS Bodies												0	0
19	Continuing Care and Funded Nursing Care												0	0
20	Other Private & Voluntary Sector												0	0
21	Joint Financing and Other (includes Local Authority)												0	0
22	Other (only use with WG agreement & state SoCNE/I line ref)												0	0
23													0	0
24													0	0
25													0	0
26	Sub total Testing Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
27	TOTAL TESTING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
28	PLANNED TESTING EXPENDITURE (In Opening Plan)												0	0
29	MOVEMENT FROM OPENING PLANNED TESTING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
A2	Tracing (Additional costs due to C19) enter as positive values - actual/forecast													
30	Provider Pay (Establishment, Temp & Agency)													
31	Administrative, Clerical & Board Members												0	0
32	Medical & Dental												0	0
33	Nursing & Midwifery Registered												0	0
34	Prof Scientific & Technical												0	0
35	Additional Clinical Services												0	0
36	Allied Health Professionals												0	0
37	Healthcare Scientists												0	0
38	Estates & Ancillary												0	0
39	Students												0	0
40	Sub total Tracing Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Primary Care Contractor (excluding drugs)												0	0
42	Primary Care - Drugs												0	0
43	Secondary Care - Drugs												0	0
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7												0	0
45	Healthcare Services Provided by Other NHS Bodies												0	0
46	Non Healthcare Services Provided by Other NHS Bodies												0	0
47	Continuing Care and Funded Nursing Care												0	0
48	Other Private & Voluntary Sector												0	0
49	Joint Financing and Other (includes Local Authority)												0	0
50	Other (only use with WG agreement & state SoCNE/I line ref)												0	0
51													0	0
52													0	0
53													0	0
54	Sub total Tracing Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
55	TOTAL TRACING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
56	PLANNED TRACING EXPENDITURE (In Opening Plan)												0	0
57	MOVEMENT FROM OPENING PLANNED TRACING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0

B - In Year Non Delivery of Savings / Net Income Generation Schemes Due To C19

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Positive values														
213 Non Delivery of Savings (due to C19) - Actual/Forecast													0	0
214 Non Delivery of Finalised (M1) Savings													0	0
215 Non finalisation of Planning Assumptions (savings) at M1													0	0
216 Non Delivery of Finalised (M1) Net Income Generation Schemes - Actual/Forecast													0	0
217 TOTAL NON DELIVERY OF SAVINGS/NET INCOME GENERATION DUE TO COVID	0	0	0	0	0	0	0	0	0	0	0	0	0	0

C - In Year Operational Expenditure Cost Reduction Due To C19

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Negative values														
218 Expenditure Reductions (due to C19) - Actual/Forecast													0	0
219 Reduction of non pay costs due to reduced elective activity													0	0
220 Reduction of outsourcing costs due to reduced planned activity													0	0
221 WHSSC C-19 Slippage (as advised by WHSSC)													0	0
222 Other (please specify):													0	0
223													0	0
224													0	0
225													0	0
226													0	0
227													0	0
228 TOTAL EXPENDITURE REDUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0

D - In Year Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Negative values														
229 Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast													0	0
230													0	0
231													0	0
232													0	0
233													0	0
234													0	0
235													0	0
236													0	0
237													0	0
238													0	0
239 TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
240 ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E - Additional Welsh Government Funding for C19

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Positive values														
241 PLANNED WG FUNDING FOR COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
242 MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
243 TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0

244 ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : Aug 21

This Table is currently showing 1 errors
Some errors will be resolved when complete rows have data or associated tables are completed

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	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				Green	Amber	non recurring	recurring	
																		£'000	£'000	£'000	£'000	
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	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
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Non Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
13	Pay	Budget/Plan	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
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
19	Total	Budget/Plan	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
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
22	Variance in month																					
23	in month achievement against FY forecast																					

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Table C1- Savings Schemes Pay Analysis

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

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

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

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Table C3 - Tracker

	E'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	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

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Period : Aug 21

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University		20	20
2	Aneurin Bevan University		0	0
3	Betsi Cadwaladr University		0	0
4	Cardiff & Vale University		0	0
5	Cwm Taf Morgannwg University		0	0
6	Hywel Dda University		0	0
7	Powys			0
8	Public Health Wales		98	98
9	Velindre		11	11
10	NWSSP			0
11	DHCW		12	12
12	Wales Ambulance Services			0
13	WHSSC			0
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	Total	0	141	141

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
	13,012	13,012
	9,981	9,981
	14,849	14,849
	20,436	20,436
	11,621	11,621
	7,245	7,245
	448	448
	1,326	1,326
	42,297	42,297
		0
	3,585	3,585
	658	658
		0
		0
		0
		0
0	125,458	125,458

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:	4									
2 Total Confirmed Funding	270,742				270,742		270,222	100	100	

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
12 Leadership & Succession - Clinical Executive Leadership programme	60				60 NR		60			Month 1 - Richard Dudley
13 Leadership & Succession - Digital Leadership portal NHS Wales	60				60 NR		60			Month 1 - Richard Dudley
14 Leadership & Succession - NHS Wales Graduate Leadership programme	413				413 NR		413			Month 1 - Richard Dudley
15 Leadership & Succession - Annual Leadership Conference	10				10 NR		10			Month 1 - Richard Dudley
16 Leadership & Succession - A range of Leadership Alumni Events	30				30 NR		30			Month 1 - Richard Dudley
17 Leadership & Succession - Increase in Establishment	176				176 NR		176			Month 1 - Richard Dudley
18 Leadership & Succession - Succession Planning	136				136 NR		136			Month 1 - Richard Dudley
19 WG Business Case - Made in Wales	168				168 NR		168			Month 1 - Richard Dudley
20 WG Business Case - RCN Cadet Scheme	60				60 NR		60			Month 1 - Richard Dudley
21 WG Business Case - GP Small Group Learning (PBSQL) Option 4	48				48 NR		48			Month 1 - Richard Dudley
22 WG Business Case - Behavioural Science Training	134				134 NR		134			Month 1 - Richard Dudley
23 WG Business Case - NEP Training Vision - Governance	229				229 NR		229			Month 1 - Richard Dudley
24 WG Business Case - LD Education Framework	174				174 NR		174			Month 1 - Richard Dudley
25 Pay Changes - Additional Infrastructure Costs	1,068				1,068 NR		1,068			Month 1 - Richard Dudley
26					0					
27 Nurse Staffing Act	232				232 NR		232			Month 1 - Richard Dudley
28 Medical - Advanced Practice and IP	384				384 NR		384			Month 1 - Richard Dudley
29 Clinical Excellence award for Tom Lawson (Bronze)	42				42 NR		42			Month 1 - Richard Dudley
30 1 x Band 8a - IP & C Post	58				58 NR		58			Month 1 - Richard Dudley
31 Online support for Critical Care Posts (2 x Bd 7)	105				105 NR		105			Month 1 - Richard Dudley
32 Simulation & Business Skills	40				40 NR		40			Month 3 - Richard Dudley
33 OCDO Set Up Costs	40				40 NR		40			Month 3 - Richard Dudley
34 MH Project Co-ordinator and Project Support Officer	36				36 R		36			Month 3 - Richard Dudley
35 DEVELOPING CLUSTER-BASED OPTOMETRY SERVICES - Grant	78				78 NR		78			Month 4 - Richard Dudley
36 AHP	290				290 NR		290			Month 4 - Richard Dudley
37 CHEF	196				196 R		196			Month 4 - Richard Dudley
38 Other	7				7 NR		7			Month 4 - Richard Dudley
39 Clinical Excellence award for WG Lewis (Gold)	7				7 NR		7			Month 4 - Richard Dudley
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	4,281	0	0	0	4,281		4,281	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	270,742	0	0	0	270,742		270,222	100	100	
58 Anticipated Resources Per 2. above	4,281	0	0	0	4,281		4,281	0	0	
59 Total Resources	275,023	0	0	0	275,023		274,503	100	100	

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
60 Testing (inc Community Testing)						0	
61 Tracing						0	
62 Mass COVID-19 Vaccination						0	
63 Extended Flu Vaccination						0	
64 Field Hospital / Surge						0	
65 Cleaning Standards						0	
66 PPE						0	
67 Private Providers						0	
68 Urgent & Emergency Care						0	
69						0	
70						0	
71						0	
72						0	
73						0	
74						0	
75						0	
76						0	
77						0	
78						0	
79						0	
80						0	
81						0	
82						0	
83						0	
84						0	
85						0	
86						0	
87						0	
88						0	
89						0	
90 Total Funding	0	0	0	0	0	0	

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Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	Agreed full year income																		0	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0	
3	DEL Non Cash Depreciation - Strategic																		0	
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment																		0	
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9	Total COVID-19 (see below analysis)														0				0	See below analysis
10																			0	
11																			0	
12																			0	
13																			0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	Total Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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**ANALYSIS OF WG FUNDING DUE FOR COVID-19
INCLUDED ABOVE**

	Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
36 Testing (inc Community Testing)			0	
37 Tracing			0	
38 Mass COVID-19 Vaccination			0	
39 Extended Flu Vaccination			0	
40 Field Hospital / Surge			0	
41 Cleaning Standards			0	
42 PPE			0	
43 Private Providers			0	
44 Urgent & Emergency Care			0	
45			0	
46			0	
47			0	
48			0	
49			0	
50			0	
51			0	
52			0	
53			0	
54			0	
55			0	
56			0	
57			0	
58			0	
59			0	
60			0	
61			0	
62			0	
63			0	
64			0	
65			0	
66 Total Funding	0	0	0	

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This table needs completing monthly from Month: 3
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Period : Aug 21

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Aug 21 £'000	Forecast Closing Balance End of Mar 22 £'000
Non-Current Assets			
1 Property, plant and equipment	2,179	1,979	1,760
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	2,179	1,979	1,760
Current Assets			
6 Inventories			
7 Trade and other receivables	1,765	932	1,765
8 Other financial assets			
9 Cash and cash equivalents	6,148	1,006	4,051
10 Non-current assets classified as held for sale			
11 Current Assets sub total	7,913	1,938	5,816
12 TOTAL ASSETS	10,092	3,917	7,576
Current Liabilities			
13 Trade and other payables	7,661	10,703	5,564
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions	7	7	0
17 Current Liabilities sub total	7,668	10,710	5,564
18 NET ASSETS LESS CURRENT LIABILITIES	2,424	(6,793)	2,012
Non-Current Liabilities			
19 Trade and other payables	148	148	125
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	148	148	125
24 TOTAL ASSETS EMPLOYED	2,276	(6,941)	1,887
FINANCED BY: Taxpayers' Equity			
25 General Fund	2,276	(6,941)	1,887
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	2,276	(6,941)	1,887

	Opening Balance Beginning of Apr 21	Closing Balance End of Aug 21	Closing Balance End of Mar 22
EXPLANATION OF ALL PROVISIONS			
31 Legal Case - Estimated costs of holiday pay due on overtime	7	7	0
32			
33			
34			
35			
36			
37			
38			
39			
40 Total Provisions	7	7	0

0.00
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ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	30
42 Welsh NHS Receivables Aged 11 - 16 weeks	0
43 Welsh NHS Receivables Aged 17 weeks and over	0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44 Capital	0	0	0
45 Revenue	7,809	10,851	5,689

ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46 Capital	0	0	0
47 Revenue	6,148	1,006	4,051

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
1 WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	12,000	22,500	20,500	15,500	20,000	22,000	22,000	21,500	25,500	24,500	24,000	44,503	274,503
2 WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3 WG Revenue Funding - Other (e.g. invoices)													0
4 WG Capital Funding - Cash Limit - LHB & SHA only					15					20	20	45	100
5 Income from other Welsh NHS Organisations	22	11	259	29	1								322
6 Short Term Loans - Trust only													0
7 PDC - Trust only													0
8 Interest Receivable - Trust only													0
9 Sale of Assets													0
10 Other - (Specify in narrative)	62	40	27	1,100	22	45	41	59	43	43	43	43	1,568
11 TOTAL RECEIPTS	12,084	22,551	20,786	16,629	20,038	22,045	22,041	21,559	25,543	24,563	24,063	44,591	276,493
PAYMENTS													
12 Primary Care Services : General Medical Services													0
13 Primary Care Services : Pharmacy Services													0
14 Primary Care Services : Prescribed Drugs & Appliances													0
15 Primary Care Services : General Dental Services													0
16 Non Cash Limited Payments													0
17 Salaries and Wages	1,499	1,650	1,578	1,587	1,596	1,627	1,623	1,630	1,630	1,631	1,631	2,061	19,743
18 Non Pay Expenditure	14,202	18,180	17,024	19,870	20,029	20,369	20,681	19,838	23,940	22,919	22,519	39,176	258,747
19 Short Term Loan Repayment - Trust only													0
20 PDC Repayment - Trust only													0
21 Capital Payment				15					20	20	25	20	100
22 Other items (Specify in narrative)													0
23 TOTAL PAYMENTS	15,701	19,830	18,602	21,472	21,625	21,996	22,304	21,468	25,590	24,570	24,175	41,257	278,590
24 Net cash inflow/outflow	(3,617)	2,721	2,184	(4,843)	(1,587)	49	(263)	91	(47)	(7)	(112)	3,334	
25 Balance b/f	6,148	2,531	5,252	7,436	2,593	1,006	1,055	792	883	836	829	717	
26 Balance c/f	2,531	5,252	7,436	2,593	1,006	1,055	792	883	836	829	717	4,051	

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Table H - PSPP

This table needs completing on a quarterly basis
NOTE: Data to 1 decimal place

30 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	99.5%	4.5%		-95.0%		-95.0%		-95.0%	99.5%	4.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	97.8%	2.8%		-95.0%		-95.0%		-95.0%	97.8%	2.8%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	100.0%	5.0%		-95.0%		-95.0%		-95.0%	100.0%	5.0%	96.0%	1.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	99.3%	4.3%		-95.0%		-95.0%		-95.0%	99.3%	4.3%	96.0%	1.0%

10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		PROMPT PAYMENT OF INVOICE PERFORMANCE	Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value		68.6%								68.6%		70.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		36.0%								36.0%		35.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		70.8%								70.8%		70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		25.4%								25.4%		35.0%	

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Table I - 2021-22 Capital Resource / Expenditure Limit Management

£'000 100

Approved CRL / CEL issued at : 22/6/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1				0			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	0	0	0
Discretionary:							
43	IT	15	15	0	15	15	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other	0	0	0	85	85	0

48	Sub Total	15	15	0	100	100	0
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	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	15	15	0		100	100	0
	Less:							
	Capital grants:							
71				0				0
72				0				0
73				0				0
74				0				0
75				0				0
76	Sub Total	0	0	0		0	0	0
	Donations:							
77				0				0
78	Sub Total	0	0	0		0	0	0
	Asset Disposals:							
79				0				0
80				0				0
81				0				0
82				0				0
83				0				0
84				0				0
85				0				0
86				0				0
87				0				0
88				0				0
89				0				0
90	Sub Total	0	0	0		0	0	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	15	15	0		100	100	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(85)				0	

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YTD Months to be completed from Month: 2
Forecast Months to be completed from Month: 2

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Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Min. £'000	Forecast Max. £'000	Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					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																	0	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	
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25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Discretionary:																			
35	I.T.	Jay Beavan	15	15				15									15	15	Low
36	Equipment	TBC															0	0	
37	Statutory Compliance	TBC															0	0	
38	Estates	TBC															0	0	
39	Other	TBC	85	85									20	20	25	20	0	85	Low
40	Sub Total		100	100	0	0	0	15	0	0	0	0	20	20	25	20	15	100	
Other Schemes:																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
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	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		100	100	0	0	0	15	0	0	0	0	20	20	25	20	15	100	

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Table K - Capital Disposals

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A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Feb 22)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

B: Future Years Disposal of Assets

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

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Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	NET FINANCIAL CHANGE	A	B	C	D
1	Retained surplus/(deficit) for period			0	
2	Depreciation			0	
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets			0	
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals			0	
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure			0	
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	
13	Current assets - Trade and other receivables			0	
14	Current liabilities - Trade and other payables			0	
15	Non current liabilities - Trade and other payables			0	
16	Provisions			0	
17	Sub total - movement in working capital	0	0	0	0
18	NET FINANCIAL CHANGE	0	0	0	0
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital			0	
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	
22	Net change in finance lease payables			0	
23	TOTAL EXTERNAL FINANCE	0	0	0	0

[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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Table N - General Medical Services
Table to be completed from Q2 / Month: 6
Operating Expenditure - ring fenced GMS budget

This Table is currently showing 0 errors

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast	Variance	Year to Date
	LINE NO.	£000's	£000's	Outturn £000's	£000's	£000's
Global Sum	1					
MPIG Correction Factor/Practice support payment	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (In hours Access)	7					
Total Quality	8				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0	
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0	
Premises (To equal data in section C Line 138)	14				0	
IM & T	15				0	
Out of Hours (including OOHDF)	16				0	
Dispensing (To equal data in Line 154)	17				0	
Total	18	0	0	0	0	0
SUPPLEMENTARY INFORMATION						
Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	19				0	
Childhood Immunisation Scheme	20				0	
Mental Health	21				0	
Influenza & Pneumococcal Immunisations Scheme	22				0	
Services for Violent Patients	23				0	
Minor Surgery Fees	24				0	
MENU of Agreed DES						
Asylum Seekers & Refugees	25				0	
Care of Diabetes	26				0	
Care Homes	27				0	
Extended Surgery Opening	28				0	
Gender Identity	29				0	
Homeless	30				0	
Oral Anticoagulation with Warfarin	31				0	
TOTAL Directed Enhanced Services (must equal line 9)	32		0	0	0	0
National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	33				0	
Shared care drug monitoring (Near Patient Testing)	34				0	
Drug Misuse	35				0	
IUCD	36				0	
Alcohol misuse	37				0	
Depression	38				0	
Minor injury services	39				0	
Diabetes	40				0	
Services to the homeless	41				0	
TOTAL National Enhanced Services (must equal line 10)	42		0	0	0	0

Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD		43					0
Asylum Seekers & Refugees		44					0
Cardiology		45					0
Care Homes		46					0
Care of Diabetes		47					0
Chiropody		48					0
Counselling		49					0
Depo - Provera (including Implanon & Nexplanon)		50					0
Dermatology		51					0
Dietetics		52					0
DOAC/NOAC		53					0
Drugs Misuse		54					0
Extended Minor Surgery		55					0
Gonaderlins		56					0
Homeless		57					0
HPV Vaccinations		58					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		59					0
Learning Disabilities		60					0
Lithium / INR Monitoring		61					0
Local Development Schemes		62					0
Mental Health		63					0
Minor Injuries		64					0
MMR		65					0
Multiple Sclerosis		66					0
Muscular Skeletal		67					0
Nursing Homes		68					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69					0
Osteopathy		70					0
Phlebotomy		71					0
Physiotherapy (inc MT3)		72					0
Referral Management		73					0
Respiratory (inc COPD)		74					0
Ring Pessaries		75					0
Sexual Health Services		76					0
Shared Care		77					0
Smoking Cessation		78					0
Substance Misuse		79					0
Suturing		80					0
Swine Flu		81					0
Transport/Ambulance costs		82					0
Vasectomy		83					0
Weight Loss Clinic (inc Exercise Referral)		84					0
Wound Care		85					0
Zoladex		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
		93					0
		94					0
TOTAL Local Enhanced Services (must equal line 11)		95		0	0	0	0

0
0
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0

TOTAL Enhanced Services (must equal line 12)	96		0	0	0	0
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**GENERAL MEDICAL SERVICES
Operating Expenditure**

LHB Administered	Section B	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
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Seniority	97					
Doctors Retention Scheme Payments	98					
Locum Allowances consists of adoptive, paternity & maternity	99					
Locum Allowances : Cover for Sick Leave	100					
Locum Allowances : Cover For Suspended Doctors	101					
Prolonged Study Leave	102					
Recruitment and Retention (including Golden Hello)	103					
Appraisal - Appraiser Costs	104					
Primary Care Development Scheme	105					
Partnership Premium	106					
Supply of syringes & needles	107					
Other (please provide detail below, this should reconcile to line 128)	108					
TOTAL LHB Administered (must equal line 13)	109				0	0

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Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					0

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents		129					
Actual Rents: Health Centres		130					
Actual Rents: Others		131					
Cost Rent		132					
Clinical Waste/ Trade Refuse		133					
Rates, Water, sewerage etc		134					
Health Centre Charges		135					
Improvement Grants		136					
All other Premises (please detail below which should reconcile to line 146)		137					
TOTAL Premises (must equal line 14)		138				0	0

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
TOTAL of Other Premises (must equal line 137)	146					0

Memorandum item						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

GENERAL MEDICAL SERVICES
Dispensing

Dispensing Data	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 17)	154				0	0

Table O - General Dental Services
Table to be completed from Q2 / Month: 6
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

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



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

Meeting Date	29 September 2021	Agenda Item	4.2
Report Title	HEIW Quarterly Integrated Performance Report Q1 2021/22		
Report Author	Chris Payne, Assistant Director of Planning, Performance & Digital		
Report Sponsor	Nicola Johnson, Director of Planning, Performance & Corporate Services		
Presented by	Nicola Johnson, Director of Planning, Performance & Corporate Services		
Freedom of Information	Open		
Purpose of the Report	To provide the quarterly update on HEIW performance for Quarter 1 (Q1) 2021-22		
Key Issues	<p>In line with the quarterly planning process as agreed in the Performance Framework, this report and appendices summarise quarterly performance against the intentions of the agreed Annual Plan 2021/22 and key performance measures.</p> <p>Overall, there is assurance that HEIW made good progress on delivering our 59 Strategic Objectives and sub-objectives performed effectively during the period covered by this report. Three Objectives have been rated as Red (off-track and will not recover in year).</p> <p>The report also details a significant number of achievements in the period.</p> <p>The Pre-Registration Pharmacy Technicians (PRPTs) NHS procurement processes have not been successful in securing a new training provider to deliver the new education and training standards for pharmacy technicians. The planned recruitment of trainees in July 2021 could not therefore commence and mitigating actions are in place.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			X
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the performance report and appendices. 		

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HEIW QUARTERLY INTEGRATED PERFORMANCE REPORT Q1 2021/22

1. INTRODUCTION

This paper and Appendix 1 provide the Board with the update on performance to the end of June 2021 (Quarter 1) in line with the reporting timescales of the Performance Framework.

2. BACKGROUND

In line with the agreed quarterly planning process, this report and appendices summarise Quarter 1 performance against the Strategic Objectives in the Annual Plan 2021/22 and key operational performance measures.

3. PERFORMANCE OVERVIEW

HEIW has made good progress on the delivery of the 59 Strategic Objectives in the Annual Plan 2021/22 and performed effectively during the period covered by this report. In addition to the delivery of our strategic plans and business as usual activities, we continue to support Welsh Government and NHS partners in response to COVID-19 through reset and recovery.

The integrated Performance Report provides details of our achievements and progress and further detailed analysis against performance measures in Appendix 1.

A full list of achievements is included in the detailed report but key areas to note for the period include:

- The completion of Phase 1 of the Strategic Review of Health Professional Education procurement exercise in the quarter, which was the most complex commissioning procurement process we have undertaken and which deploys in excess of £1bn over the coming 10 years.
- We finalised our Education & Training Plan 2022/23 for approval.
- We finalised the Strategic Outline Case for the 5-year Initial Education & Training Standards for Pharmacy Implementation Programme.
- Our workforce planning matrix was launched.
- The Compassionate Leadership Principles were launched, and we undertook the first phase of our Internship programme.
- The Biodiversity and Decarbonisation Strategy was developed.

At the end of the period, of the 59 Strategic Objectives and sub-objectives being taken forward, 3 (5%) have been rated by Senior Responsible Officers and Executive Leads as Red status indicating the objective is off track for delivery within the year. These are:

- **Strategic Objective 4.5f: Learning Disabilities** – due to a change in responsibility for this area of work as delegated by Welsh Government. This objective will be closed as at the end of Q1.

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- **Strategic Objective 4.6: supporting the transition of health care professionals from education into the workforce** – this objective is off-track due to a lack of staffing capacity.
- **Strategic Objective 6.1: Refresh of HEIW Communications and Engagement Strategy** – due to the long-term absence of a key member of staff, the scope and milestones have been revised.

In addition, an issue has been identified regarding Pre-Registration Pharmacy Technicians (PRPTs) as NHS procurement processes have not been successful in securing a new training provider to deliver the new education and training standards for pharmacy technicians. The planned recruitment of trainees in July 2021 could not therefore commence, and mitigating actions are in place.

4. GOVERNANCE AND RISK ISSUES

This Q1 2021/22 report is provided to the Board for assurance in line with the HEIW Performance Framework and, where applicable, has incorporated previous audit recommendations to enhance our reporting.

The report has been compiled with the support and engagement of Senior Responsible Officers and Executive Leads to validate progress and performance measures in line with the expectations of the Performance Framework.

Risks to the achievement of Strategic Objectives or business as usual activities have been identified in section 3.0 above in line with our approach to RAG rating and mitigating actions. These are explained in more depth in the detailed report.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising specifically from this report.

6. RECOMMENDATION

The Board is asked to note the contents of this report and appendices for assurance.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
N/A			
Financial Implications			
There are no financial implications arising from this report.			
Legal Implications (including equality and diversity assessment)			
N/A			
Staffing Implications			
N/A			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
N/A			
Report History	End of Year Performance Report – May 2021 Board Q3 2020-21 Integrated Performance Report – March 2021		
Appendices	Appendix 1 – Integrated Performance Report Appendix 2 - Dashboard		



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Health Education and Improvement Wales
Quarterly Integrated Performance Report
Q1 2021/22
September 2021

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CONTENTS

Introduction & Overview

Section 1: Performance Against HEIW Annual Plan 2021/22

Section 2: Organisational Performance

Annex 1: HEIW Performance Dashboard

INTRODUCTION & OVERVIEW

This integrated performance report details HEIW performance for the period to 30th June 2021 (Quarter 1) against the milestones indicated within our Annual Plan and the key measures reported in the performance dashboard (Annex 1).

We have identified an ambitious set of objectives and actions for this year to ensure that we are able to play our part in the Covid response and recovery agenda, as well as to continue to make progress in relation to our Strategic Aims and delivery of core functions.

Overall HEIW has made good progress on delivering our agreed Strategic Objectives and performed effectively during the period covered by this report.

Highlights

Strategic Review of Education Phase 1

The all-Wales pre-registration healthcare professional education procurement exercise was concluded in the quarter, which was the most complex commissioning procurement process we have ever undertaken. We tendered and awarded multiple contracts to Higher Education Institutions (HEIs) across Wales for the delivery of modern healthcare professional pre-registration education that meets the future needs of NHS services and patients in Wales and is worth in excess of £10bn over the next 10 years.

The expected benefits of this work include:

- Delivery of a more local / regional approach to healthcare professional education commissioning, bringing the delivery of education closer to or into all health boards in Wales.
- Dispersed and Distance Learning Nursing programmes, enabling flexibility of learning and placements close to home.
- Increased and strengthened placements opportunities in Primary, Social and Community care.
- Embedding technologies to enhance teaching, student support and placement preparation.
- Integrating the digital environment into learning.
- An enhanced approach to inter-professional education.
- More flexible and part-time routes across many professions and more parts of Wales.
- Closer Regional Collaborative Education Consortium working arrangements.
- Compassionate Leadership embedded in all pre-registration education.

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Education & Training Plan 2022-23

One of our key statutory functions is commissioning education and training for a wide range of health professionals through the Education and Training Plan. This process considers workforce needs from health board plans, capacity to train, and advice on future priorities and developments.

Since the establishment of HEIW we have planned and implemented record increases in education and training. In this iteration we have made a number of recommendations for increasing training numbers in some professions given the workforce deficits that currently exist, as well as some recommendations for a steady state to consolidate the previous growth.

The Plan was approved by the Board for submission to Welsh Government in June.

Support for Workforce Planning

Our workforce planning matrix was launched via the Workforce Planning Network and work is progressing on developing the interactive on-line version as part of the next phase.

Based on the Six-Step Model two workforce planning toolkits, one General and one for Primary Care have been developed and shared with the Workforce Planning Network to help build capability. Work has commenced on developing a training package that can be delivered locally by workforce planners to further build capacity capability.

Leadership Developments

We successfully launched our Compassionate Leadership Principles.

We are delighted to have finalised our compassionate leadership book with Professor Michael and this was launched in July 2021. This has also been digitised. During the period we also launched 'Gwella on Air', our first podcast available on Gwella and spotify.

Furthermore, the National Talent Board and Operational Board were established.

Internship Developments

Nine students from Cardiff University supported Health Education and Improvement Wales (HEIW) in designing its first ever internship programme. A virtual two-week programme saw the students participate in an induction event, followed by sessions on: presentation skills; equality, diversity and inclusion; human factors and quality improvement; and compassionate leadership. Their reflections and engagement supported the launch of a 6-week programme in Quarter 2 where interns undertook a number of projects across HEIW.

Head of Placement Experience & Improvement

A new Head of Placement Experience and Improvement has been created and filled. The role will maximise opportunities to develop healthcare student practice experience, innovation and alignment across health and social care sectors, healthcare professions, and placement geographies, linking with students, universities, placement providers, Welsh Government and a range of key stakeholders across Wales.

Initial Education & Training Standards for Pharmacy (IETP)

We finalised the Strategic Outline Case for the 5-year IETP Implementation Programme was presented to HEIW and Welsh Government and the Strategic Outline Case was signed off by the Board in July (Q2).

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Community Pharmacy Professional Pilot

We have launched a 12-month pilot to explore the value of protected development time for community pharmacy professionals. A total of 30 pharmacy professionals will be involved in the initial pilot which will look at three different models of protected time to assess how well pharmacy professionals are supported in acquiring additional knowledge and skills for service provision.

Supporting community pharmacists to give the COVID-19 vaccination

Our Pharmacy team have been working with Public Health Wales to ensure an appropriate accreditation process is in place to enable community pharmacists to administer the COVID-19 vaccination.

Maintaining an agile response to specific workforce needs of COVID-19

During the Quarter we have been working closely with the Made in Wales team to establish a way forward with regards to supporting overseas registrants.

An offer has been made for a pilot of a Postgraduate Certificate in advancing care homes support registered nurses which has received a positive response.

We recruited to 4 Integrated Collaborative Decision making staff posts and each has now been identified as key link to a number of health boards and trusts.

Programme Governance Developments

For our Allied Health Professional Programme, detailed discussions have taken place with Welsh Government and Directors of Therapies (DoTH) peer group colleagues to ensure that the governance arrangements and project documentation for this complex piece of work are fit for purpose. An overarching Programme Board has taken place, and the programme manager has started in post.

In addition, for our Healthcare Scientist Programme we have been able to secure existing programme team posts and build the programme team through recruiting to the Head of Science Transformation post and recruiting for the dedicated Learning technologist post.

New staff welcomed

We successfully migrated the Wales Optometry Postgraduate Education Centre (WOPEC) staff into HEIW from Cardiff University, under the leadership of a Head of Optometry Transformation.

Biodiversity & Decarbonisation

Following internal engagement in April 2021, the HEIW Biodiversity and Decarbonisation Strategy, 2021-24 was approved by the Executive Team in Quarter 1 and was approved by the Board in July.

Event Showcase

We held our first Arts Therapies event during April; across several days we focussed on different areas; dance and movement, music, art and drama therapy, showing how they are working to support services.

Payments

We exceeded the 95% Public Sector Payment Policy (PSPP) target every month during Quarter 1, with cumulative performance being 99.3%.

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Performance Management

We have continued to embed the Performance Framework across the organisation, establishing the internal Performance Management Network as a forum to support Responsible Owners of Performance Dashboard data and Key Performance Indicators (KPIs), as well as a means for sharing information and evaluating performance management process and practice in the organisation.

The Performance Dashboard Steering Group is overseeing work to develop improvements to the Dashboard, with the priorities identified as Strategic Aims 2 (the education and training pipeline), 3 (Leadership) and 4 (Quality). The Performance team has ensured that the Executives and Board are informed of progress on a regular and timely basis.

SECTION 1: PERFORMANCE AGAINST HEIW ANNUAL PLAN 2021/22

In our 2021/22 Annual Plan we agreed to progress 46 Strategic Objectives across our 6 Strategic Aims. Milestones were identified for each Objective for the period to the end of Q1 in support of achieving the deliverables and the detailed report by Objective below outlines the progress to date.

Included in the 46 overall objectives are a number of sub-objectives (under Strategic Aim 4) relating to specific areas of work. As such we are monitoring the progress of 59 objectives in total.

For these, the following progress status has been reported for Q1 against identified milestones.

3	Off track for delivery at the end of the Quarter and is unlikely to recover
23	Off track for delivery at the end of the Quarter but will be able to recover
33	Complete or on track to deliver at the end of the Quarter.

This shows there is good progress with delivery of the Annual Plan and unlike in the early stages of the pandemic, we are pleased that we have not had to defer any of our agreed objectives so far this year due to the impact of the Covid-19 response.

There are a number of objectives that have been rated as Amber, most of which are due to a minority of milestones being off-track and which will recover in Quarter 2. The off-track milestones have been highlighted in the respective sections and the mitigations described. These will be monitored appropriately to support them to get back on track and progress will be flagged accordingly in future reports.

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Strategic Aim 1 -To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'

2	Off track for delivery at the end of the Quarter but will be able to recover
6	Complete or on track to deliver at the end of the Quarter.

Objective 1.1: *Lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales*

During the quarter, we have established an internal HEIW working group to support development and to scope activities already underway which will support this objective. Furthermore, we also commenced a think piece surrounding current nursing workforce strategies. A discussion document has been considered by the Executive team with further work to be undertaken. A meeting will be held with Welsh Government and representatives from Directors of Nursing and the Royal College of Nursing in Q2 to agree scope and mechanism for undertaking this work on a collaborative basis.

Furthermore, we have completed research on best practice for nursing workforce models and current barriers.

Milestone Delays

- *Recruit to programme manager*
- *Work with Workforce Analytics to scope current nursing workforce from band 2 to 8 speciality and level of practice.*

Further work is required to understand and scope the work required before a decision on investing in a Programme Manager is approved by the Executive team and will be reprofiled to Q3 to allow progress to be monitored and reviewed accordingly.

Data relating to the nursing workforce has been collated in Q2 and is to be reviewed.

Objective 1.2: *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*

A CPD strategy group has been established supporting the identification of stakeholders to engage with on strategy development as well as undertaking research on relevant strategies. An online stakeholder event is being planned for the Autumn.

The procurement process for the Educational Delivery System (EDS) is under way. It is currently at the evaluation stage with an intention to finalise contracts at the end of August.

To support implementation of the EDS, the digital team is supporting planning to migrate data and have employed a temporary Project Manager to support the implementation.

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

We have completed our engagement on the staff governance framework, and this will inform the content of our consultation document.

Furthermore, in consideration of our wellbeing initiatives we have developed a slide pack as a flexible information resource, aimed to give key messages and an overview of national workforce wellbeing initiatives. This has been presented to a range of audiences including chairs and Chief Executives.

In addition, a rolling evaluation of the Single Lead Employer (SLE) is being conducted. This occurs every 4 months as further secondary care trainees transition to the SLE. Our evaluation is focussed on trainee experience. A relocation reimbursement annual allowance options appraisal is also ongoing which is attempting to understand the costs and financial risks of each option within the funding model prior to concluding the options appraisal process.

Milestone Delays

- *Completed Project Initiation Document for the development of the Health and Wellbeing Framework.*
- *Completed the Project Initiation Document for the development of the Wellbeing in Work Impact Resource (WiWIR).*

The rationale for this status relates to the long-term staff absence which has required a review of the scope of the objective and the support required to facilitate its delivery with agreement by the Executive Lead. The work in relation to our Wellbeing in Work Impact Resource and the PID for the Health and Wellbeing Framework has been delayed and milestones will be reprofiled initially to Q3 to monitor delivery with the annual plan period.

Objective 1.4: *Improve recruitment and access to careers in the health and care sector in partnership with Social Care Wales (SCW).*

In supporting the development of a comprehensive digital platform, work has been undertaken to migrate the *careerswales.nhs* website to Mura enhancing future functional capabilities. In addition, in partnership with the Digital team, the appropriate digital platform to host the 'Careersville' event has been identified and the build is currently ongoing. We are working with Social Care Wales (SCW) to ensure that social care opportunities are also featured, and our launch event in October will include a focus on careers in Social Care and Childcare.

Objective 1.5: *Lead the development and implementation of 'Made in Wales' to improve career pathways and education opportunities for the current and potential future workforce*

To develop the Made in Wales team, a number of posts have been recruited to with one post outstanding. During the period, we have been able to communicate the Made in Wales vision to Executive Peer Groups and to key stakeholders. Programme management arrangements have been developed alongside mapping current HEIW activity to the Made in Wales approach (i.e., apprenticeships). A think piece has also been commenced relating to targeted retention initiatives.

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Objective 1.6: *Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.*

In support of our intention to establish a Centre of Excellence we have identified key partners to inform the purpose, function, detail and design. Discussions have commenced to review and agree the appropriate alignment of data-related roles/activity with statutory functions. To progress further will require appropriate agreements to be in place to support our influence and approach to improve the quality and completeness of ESR data. A programme plan was presented to SLT in June and work is in progress.

Furthermore, work has progressed in conjunction with the Planning and Performance team to develop the quarterly integrated Performance Dashboard to include the Education and Training pipeline data in upcoming reports, following a readiness assessment.

Objective 1.7: *Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system.*

Following completion of the research and engagement phase and an appropriate communication plan, our workforce planning matrix was launched via the Workforce Planning Network and work is progressing on developing the interactive on-line version as part of the next phase.

To ensure the delivery of outstanding training we facilitated the extension of arrangements with Skills for Health to enable outstanding workforce planning training to be delivered in respective health board settings.

Based on the Six-Step Model two workforce planning toolkits, one General and one for Primary Care have been developed and shared with the Workforce Planning Network to help build capability. Work has commenced on developing a training package that can be delivered locally by workforce planners to further build capacity capability.

Objective 1.8: *Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements (overseas recruitment)*

Following the transfer of the Train Work Live (TWL) team in 2020-21, work has progressed this Quarter to build on the positive work already undertaken to promote the Wales offer nationally and internationally. During the Quarter, technical work has progressed to move the TWL website to HEIW.

Work has also been undertaken to align the TWL and careers campaigns facilitated by HEIW to maximise reach across the portfolio. Recruitment has been undertaken and we await the commencement of the programme manager to provide further capacity to enhance our approach.

Despite Covid-19 restrictions limiting presence at key careers and recruitment events, our virtual presence is ongoing where appropriate. Our Pharmacy campaign was launched using targeted digital adverts and social media to promote the benefits of coming to Wales to undertake our Trainee Pharmacy Programme for the 2022/23 intake.

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

3	Off track for delivery at the end of the Quarter but will be able to recover
11	Complete or on track to deliver at the end of the Quarter.

Objective 2.1: *Develop a multi professional Education, Learning and Development Strategy designed to deliver future roles.*

We have commenced a scoping exercise in support of developing principles and were supported by the NHS Library Service in undertaking a literature search with initial findings shared with an internal group.

We also have established and consulted with an internal HEIW Stakeholder Group on the Strategy in addition to commencing scoping of current medical activity against 'The Future Doctor' report.

Milestone Delays

- *Based on best available national and international evidence (E.G. Future Doctor Report, HEE), scope outline principles to support a multi professional Education, Learning and Development Strategy designed to deliver future roles.*
- *Liaise with Workforce Strategy Colleagues to align priorities*

The Objective has been rated as Amber because work has been started but the milestones have not been completed within the Quarter but are anticipated to be undertaken in Q2 and will be monitored accordingly.

Objective 2.2: *Implement Phase 1 of the Strategic Review of the commissioning of health professional education through a successful procurement process.*

During the Quarter, the all-Wales pre-registration healthcare professional education procurement exercise was completed following the finalisation of evaluations, report approval and receipt of full assurance over the process undertaken.

This was the most complex commissioning procurement process we have ever undertaken which we believe will transform undergraduate health professional education in Wales. We tendered and awarded multiple contracts to Higher Education Institutions (HEIs) across Wales for the delivery of modern healthcare professional pre-registration education that meets the future needs of NHS services and patients in Wales and is worth in excess of £10bn over 10 years

Objective 2.3: *Plan for Phase 2 of the Strategic Review of the commissioning of health professional education.*

Legal and procurement support has been secured and a project steering group has been established. Recruitment to a Project Manager post was undertaken early in Quarter 2 to finalise the project team.

Two areas of work (L4 Healthcare Support Worker and Genomics education) are underway with procurement plans in place and a September 2022 contract award date in place. Several other areas identified in the first stage of phase 2 are underway in relation to scoping prior to procurement process agreement (Ultrasound, Non-Medical Authorisation of Blood Transfusion (NABT), clinical psychology and clinical photography) with further engagement required which is planned for July and August.

Engagement with Endoscopy workforce has commenced via Endoscopy training management group; however, it is unlikely any progress will be made until training capacity, and estate (endo rooms) has been determined.

	Objective 2.4: <i>Embed the new ways of education and training that have been put in place in response to the Covid-19 pandemic, including digitally enabled learning, assessment and quality assurance.</i>
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During the period, an initial evaluation relating to education and training has been undertaken which has focused on trainee teaching. The survey period has now been completed and results are being evaluated.

Trainers have been provided access to new teaching through a range of webinars and feedback will influence future development of programmes.

Programmes of work are being developed including modules for medical trainers, Training Programme Directors and a generic curriculum for trainees.

	Objective 2.5: <i>Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP).</i>
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During the Quarter, the Strategic Outline Case for the 5-year IETP Implementation Programme was presented to HEIW and Welsh Government and the Strategic Outline Case was signed off by the Board in July (Q2).

Work has been undertaken to finalise the tender documentation in relation to the Post-Registration Pathway. The tender is due for publishing in August 2021 for award November 2021 with the 1st cohort of a post -registration foundation programme for new registrants in September 2022.

In relation to the development of a roadmap for HEI/MPharm changes, an Experiential Learning project has been instigated as part of the IETP Implementation Programme and initial meetings have been held. It is intended for the roadmap and options to be presented to the IETP Implementation Board in Quarter 3.

Furthermore, in the Quarter, the Pre-Registration Foundation curriculum was submitted and approved by the GPHC.

Milestone Delays

- *HEIW approval of 5-year Programme Business Case.*
- *Finalise content and delivery methods for pilot post-registration pathway.*
- *Secure funding for pilot pathway, identify and enrol pharmacists.*

The Objective has been rated as Amber in this Quarter 1 report, as although there has been a great deal of progress the listed milestones were delivered in Quarter 2.

Objective 2.6: *Lead and promote a reduction in differential attainment in education and training in line with the Strategic Equality Plan.*

Building on work commenced in January 2021, workshops have been delivered on differential attainment, unconscious bias, active bystander training, managing imposter syndrome, being a mentor and mentee, holding crucial conversations and examination preparation and the programme is prepared until July 2022. During Q1 we held 28 webinars with over 400 participants.

Objective 2.7: *Maximise opportunities for work-based learning (WBL) and apprenticeships in health to promote the 'Made in Wales' ethos.*

During the Quarter, kite mark approval criteria have been drafted which map to the relevant ESTYN criteria and Welsh Government performance measures to support the creation of a preferred partner provider list to support WBL. Further work needs to be done to identify what evidence needs to be collected against the criteria.

Scoping work to consider the Work Based Learning infrastructure requirements will take place once a new postholder takes up post in August.

We have also worked closely with the Made in Wales programme manager to consider initial areas for development of pathways including healthcare science, dental and pharmacy.

Objective 2.8: *Improve opportunities for learners to undertake education and training through the medium of Welsh*

We have continued to scope and map current accessibility to Welsh Language education provision.

We also commenced our translation apprenticeship with Swansea Gower College and in the finalisation of Phase 1 of the Strategic Review of Healthcare Education we have ensured the Welsh Language awareness is incorporated within contractual arrangements.

Objective 2.9: *Develop and implement a multi-professional education and training quality assurance framework and supporting infrastructure.*

An initial scoping of educational infrastructure has been completed alongside the establishment of a cross directorate working group. The initial agreement of the overarching principles for the HEIW Quality Framework and approach to quality management has also been completed.

The development of an all-Wales healthcare student database continues and has been integrated into North Wales medical school scoping exercise to ensure a single approach to placement management. The encouragement of rural primary care placements continues in medical (particularly foundation) and non-medical training with some progress.

A Head of Placement Innovation and Experience has also been appointed during the period and the HEIW COVID-19 Healthcare Student Placement Reference Group has produced an interim report.

Objective 2.10: *Implement improvements to ensure equitable access to education and training for Speciality and Associate Specialist (SAS) and locally employed doctors*

During the period, work has progressed on UK SAS and Locally Employed (LE) doctor development and support initiatives. Based on work so far and apart from some localised pockets of best practice, Wales appears to be leading on areas related to this objective.

The SAS/LE doctor survey went live and closed for analysis in mid-July. The main function of this survey is to understand the support and development needs of SAS and LE doctors and identify 'at-need' specialties.

Furthermore, a network of Certificate of Eligibility for Specialist Registration (CESR) support has been set up across Wales to offer informal advice and signposting to SAS doctors embarking upon CESR in addition to an email helpline to improve support and advice.

Discussions are ongoing with specialty schools to enable access to virtual learning opportunities for SAS and LE doctors.

Objective 2.11: *Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education*

A Strategy Development Group has been convened and a literature review undertaken to establish an appropriate evidence base for the development of a strategy. Consultation has been undertaken with stakeholders during webinars and the All-Wales Simulation Conference held during the Quarter including discussions regarding standards for simulation-based education.

Objective 2.12: *Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with Digital Health and Care Wales (for staff who are not digital specialists).*

Engagement has been undertaken with Health Education England (HEE) in relation to their approach to digital capability and to share resources, profiles and information. We have also met with software providers and made contacts across the NHS Wales community.

A pilot using a digital capability framework for Allied Health Professions (AHP) has commenced in partnership with HEE and we are awaiting feedback on the outcome. The AHP programme team is now reviewing the effectiveness of the current tool and are establishing a digital workstream to take the programme of work forward.

It has been agreed that a UK approach will be established to trial the development of the Nurse digital competencies following agreement in the UK Chief Nurse forum. A funding bid has been submitted to Welsh Government for programme management support to take this work forward.

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Objective 2.13: *Improve career pathways and education opportunities for the clinical academic and research workforce*

Work has been undertaken during the Quarter to establish what education is currently available alongside making appropriate links with Health and Care Research Wales to ensure alignment of work being undertaken on the Learning and Development Framework.

Milestone Delays

- *Set up specialist group to include staff in research and education posts within NHS Wales.*

We are working in partnership with Health and Care Research Wales via a newly established group, with our Medical Director acting as chair.

Objective 2.14: *Develop and implement modernised funding models to incentivise training and education in NHS Wales.*

Following the identification of options to improve the efficiency of the bursary system an options paper has been shared with Welsh Government. In addition, a review of study leave funding arrangements has been undertaken to aid future discussions.

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

1	Off track for delivery at the end of the Quarter but will be able to recover
5	Complete or on track to deliver at the end of the Quarter.

Objective 3.1: *Lead the implementation of the Health and Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership Framework for action*

During the Quarter we successfully launched our Compassionate Leadership Principles. In addition, we have promoted Leadership offerings and resources promoted via the interactive 'Principle spotlight' resource page.

We are pleased to have finalised our compassionate leadership book with Professor Michael and this was launched in July 2021.

The production of Compassionate Leadership measures is currently in draft. These will be piloted with the Talent Management software during Q2.

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

During the Quarter the National Talent Board and Operational Board were established, and inaugural meetings held. Furthermore, work was progressed on board secretary development and an Executive mentoring pilot.

Furthermore, we have continued to support those who attended Talentbury by establishing an Aspiring Executive Director network. Additionally, we facilitated a range of masterclasses in relation to our schedule of Leadership and succession learning events.

	Objective 3.3: <i>Lead the implementation and management of the Digital Leadership portal</i>
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During the Quarter we have taken forward arrangements in relation to the use of the Gwella, our Leadership portal. This has included finalising new contractual arrangements and developing a range of user analytics and metrics.

We have also digitised our Compassionate Leadership book and a range of other resources and we also successfully launched 'Gwella on Air', our first podcast available on Gwella and spotify"

	Objective 3.4: <i>Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds</i>
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Milestone Delays

- *Scope and Develop the HEIW clinical leadership offer.*

The scoping and development of the HEIW Clinical Leadership Offer has been progressed during the Quarter and is expected to be finalised in Quarter 2.

	Objective 3.5: <i>Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme</i>
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We have completed the content in relation to our Master's degree and this is due to commence in Quarter 2. In line with other milestones, we have also established our Graduate and Internship networks and phase 1 of internship has been completed.

A series of 'Meet the Leaders' with NHS Wales Chief Executives sessions have been scheduled with several delivered during the quarter.

	Objective 3.6: <i>Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.</i>
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A range of development offerings have been developed / commissioned including an 'Introduction to Compassionate Leadership' and a masterclass series. In addition, the Aspiring Executive Director Leadership Programme 'Leading with Compassion' was successfully launched as well as the establishment of the Executive Mentoring Programme.

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Strategic Aim 4 - To develop the workforce to support the delivery of safe, high quality care

2	Off track for delivery at the end of the Quarter and is unlikely to recover
9	Off track for delivery at the end of the Quarter but will be able to recover
8	Complete or on track to deliver at the end of the Quarter.

Objective 4.1 *Maintain an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery.*

Objective 4.1a Care Homes

During the Quarter we have been working closely with the Made in Wales team to establish a way forward with regards to supporting overseas registrants.

Work has progressed with TEC Cymru and Health Board leads to identify key areas for training. Links have also been made with National Collaborative Commissioning Unit (NCCU) to obtain data for reasons for admission to emergency department to inform training.

An offer has been made for a pilot of a Postgraduate Certificate in advancing care homes support registered nurses which has received a positive response. In addition, matrix working has commenced internally with nurse education team regarding the Open University programme for Care home students and the introduction of the Care Home Education Facilitator (CHEF) role.

Objective 4.1b: Infection, Prevention & Control (IP&C)

During the Quarter we have enhanced our staffing resource to take forward this work and this has enabled background work to be undertaken to understand what education is currently available and the structure of current IP&C teams within Health Boards.

Links have also been made with key stakeholders across NHS organisations and the community which will further support the development of processes to evaluate new training models in response to the pandemic.

Objective 4.1c: Integrated Collaborative Decision Making (ICDM)

We recruited to 4 ICDM staff posts and each has now been identified as key link to a number of health boards and trusts.

Furthermore, two masterclasses have been delivered to Executive Directors in NHS Wales with postholders receiving training from an external consultant in preparation for delivery.

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Objective 4.2: *Support the development and implementation of multi-professional workforce models for primary and community care, in line with the Strategic Programme for Primary Care and Regional Partnership Board plans.*

The development of the primary and community care education and training framework continues to be driven by an internal Chief Executive-led workstream.

An implementation plan is in draft. Further intelligence is being gathered and analysed to inform ongoing planning and development of a business case with support from colleagues across UK nations. There has been discussion with the Welsh Government on taking these proposals forward.

Recruitment of new GP training practices and trainers is ongoing. The next Prospective Trainers Course to commence is scheduled for Q2, with completion by early 2022 in time for February 2022 intake of GP Trainees. Practice approval visits continue to be done 'virtually' to continue to expand the number of training practices.

In addition, a Workforce planning toolkit for Primary Care has been developed and shared with the workforce planners' network to help build capability and a GP Nursing Framework has been completed with the launch pending.

Objective 4.3: *Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health (this includes CAMHS).*

A new governance structure has been established in conjunction with Social Care Wales and Welsh Government, reflecting the complexity of the work and the need to provide comprehensive highlight reports into the Ministerial Delivery and Oversight Board. A workforce data collection exercise has been completed and analysis undertaken. Progress is being made on early priorities related to education and training in CAMHS, perinatal, and clinical psychology.

Milestone Delays

- *All Wales MH workforce data collection from ESR and Social Care Wales data collection for baseline analysis. Undertake data analysis (from gathering exercise in Q4 20-21)*
- *Gather data on non-mental health coded supporting staff via Health Board Mental Health Service Leads, Chief Pharmacists and national AHP group WAHPC. This is for the purpose of gathering evidence for consideration of future Mental Health workforce solutions to include the wider Health workforce.*

Following a data gathering exercise in Q4 2020-21 of all Mental Health workforce data, a baseline data analysis is underway alongside reviewing data gathered and reports being written by wider professions on their roles to support mental health services and influence future workforce solutions.

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Objective 4.4: *Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for imaging, pathology, endoscopy and major trauma as well as other national programmes and networks, including urgent and emergency care and critical care.*

Objective 4.4a: Imaging

A paper was developed on HEIW's response to the Richards Report, designed as an appendix to an Imaging Essential Services Group (IESG) paper "Supplementary CT and MRI Capacity to address pandemic imaging shortfalls". This is being shared with the Imaging Workforce and Education Group of the national programme.

A great deal of work has been undertaken to develop 'Road Map' of the workforce planning journey for Imaging and this has been signed off by the Imaging Workforce and Education Group (IWEG). It was presented to the Imaging Programme Board in July and was well received. The Roadmap is based on the Six-Step model and will test our HEIW way of workforce planning which can then be rolled out to other service areas. A series of 5 workshops will take Imaging professionals and leads practically through the 6-step methodology of workforce planning. The first workshop is scheduled for Q2 and a summary progress report will be produced for IWEG after each workshop.

Milestone Delays

- *Identify Imaging workforce requirements including medical, Reporting Radiographers and Radiography Advanced Practitioners based on a review and national and international benchmarking.*
- *Establish the governance and engagement structures and scope of workforce model through the Imaging Workforce and Education Group (IWEG).*

The Objective is rated as Amber, as although much progress has been made, the milestones will be completed in Quarter 2.

Objective 4.4b: Pathology

The first cohort of pathology learners has registered on the level 4 Healthcare Science Apprenticeship Framework.

Milestone Delays

- *Sign off the Level 3 Healthcare Science qualification (Pathology).*
- *Establish governance structure and scope of Cellular Pathology workforce plan through the Pathology Workforce and Education Group (PWEG).*

At the end of Q1 we are in the final stages of signing off the Level 3 Healthcare Science qualification (pathology). There has been a slight delay in this due to further discussions about the size of this qualification to meet the needs of the various healthcare science disciplines. Following the development of a paper, the Pathology Workforce and Education Group (PWEG) meeting early in Q2 was asked to endorse a workforce sub-group to develop the workforce plan. This infrastructure is required as resource differs across the various workforce areas. It is the intention to follow the Imaging methodology (using the Six-Step model).

	Objective 4.4c: Endoscopy
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We have been pleased to confirm arrangements and establish the Endoscopy Training Management Group (ETMG) through the appointments of the Chair and Vice Chair, Clinical and Deputy Clinical Lead and Lead Nurse. These posts are supported by current HEIW staff and through agreed backfill arrangements.

A review of training arrangements has commenced and will be discussed in Q2. Band 4 role competencies have been developed with discussions ongoing in line with Work based learning qualification developments. Furthermore, administration and management competencies have been developed with discussions and mapping ongoing for learning framework.

The Situation, Background, Assessment and Recommendation (SBAR) for a dual marketing approach agreed has been completed with an aligned stakeholder and engagement plan. Wider support of marketing for recruitment will be initiated when the National Endoscopy Plan (NEP) Recovery Plan and associated new posts are agreed via Welsh Government.

During the Quarter we also completed a business case for the Welsh Institute for Minimal Access Therapy (WIMAT) service which is currently a part of Cardiff University. This will be submitted to Welsh Government in Quarter 2.

Milestone Delays

- *Commence 2nd cohort of clinical endoscopists.*

In the quarter we commenced our second cohort of Clinical Endoscopists. Out of 8 available places, 6 have been filled (75%).

Of the 6 trainees, 3 starters have not had their training contracts from their Health Board setting which has unfortunately led to delays in commencing the clinical aspects of their training and this is being escalated through senior management to resolve.

	Objective 4.4d: Major Trauma
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The workforce group supporting this agenda has been re-established by Cardiff and Vale UHB and will inform the input and requirements of HEIW moving forward.

	Objective 4.4e: Urgent & Emergency Care
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Welsh Government has launched six policy goals for urgent and emergency care and a strategic programme is being established to address these priorities. A first meeting of the National Programme Board took place in Q2 and HEIW has agreed to lead the Workforce, Training and Development Enabling Sub-Group of the national programme.

Milestone Delays

- *Establish a working group to review and adapt road map for First Contact Practitioners.*

An internal HEIW Group has been formed in order to respond to the emerging priorities of the national Board and to ensure matrix working across HEIW. In support of this a paper was presented to the Group with an overview of recent developments within Wales and across the

UK in the delivery of urgent and emergency care, from a workforce transformation perspective. A stakeholder workshop is planned in early Q3 to agree the initial priorities for the remainder of 2021/22.

	Objective 4.4f: Critical Care
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During the quarter a desktop review of workforce research has been completed across NHS Wales, national and international workforce roles and models.

We have also established a number of engagement and governance processes including the establishment of an internal HEIW Critical Care group to oversee work across HEIW to support the development of the Critical Care workforce. In addition, HEIW jointly chairs and has additional representation on the National Critical Care Workforce Group. We are also contributing to the HEE group looking at the development of Critical Care Education for staff across the MDT.

<i>Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.</i>
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	Objective 4.5a: Optometry
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We successfully migrated the Wales Optometry Postgraduate Education Centre (WOPEC) staff into HEIW from Cardiff University, under the leadership of a Head of Optometry Transformation.

A draft document on standards and Quality Assurance for CPD and Education delivery is in progress and will be reported on in Quarter 2.

In relation to the development of a delivery plan for mentoring and support, six working group and consultation meetings have been undertaken with an options appraisal being developed in Quarter 2.

	Objective 4.5b: Allied Health Professionals (AHP's)
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Detailed discussions have taken place with Welsh Government and Directors of Therapies (DoTH) peer group colleagues to ensure that the governance arrangements and PID for this complex piece of work are fit for purpose. The first meeting of the overarching Programme Board has taken place, and the programme manager has started in post. The majority of deliverables from the PID are on track. Recruitment has started for two AHP clinical leadership fellow posts.

Detailed discussions have also progressed with DoTH colleagues to resolve graduate recruitment for AHPs. These culminated in a stakeholder workshop which agree the principles and approach to underpin recruitment of the 2022 cohort.

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A model for All Wales Leadership for Person-centred Rehabilitation and Public Health / Prevention has been agreed with Directors of Therapies and recruitment into respective roles is in progress.

Whilst there has been significant progress the following milestones were delayed and will be further progressed during Q2.

Milestone Delays

- *Programme team recruitment and induction into HEIW.*
- *Establish implementation, reference and working groups structures and reporting mechanisms.*
- *Facilitate access to HEIW Wales Leadership Training Fellowship opportunities.*
- *Scope multi-professional options to inform offer to enable the service to support new graduates into the workforce.*

Objective 4.5c: Healthcare Scientists (HCS)

During the quarter we held our second webinar on Healthcare Science in conjunction with the Welsh Government.

We were also able to secure existing programme team posts and build the programme team through recruiting to the Head of Science Transformation post and recruiting for the dedicated Learning technologist post. Furthermore, we have reviewed governance arrangements for this programme of work

The NHS Wales COVID-19 Innovation and Transformation Study Report is due to be published on 23 July 2021 with significant content regarding Healthcare Science and how healthcare scientists have delivered services differently.

Milestone Delays

- *Develop a Task and Finish Group to focus on Healthcare Science Support Worker paper.*
- *Publish the NHS Innovation Study Report evidencing how COVID-19 has influenced HCS practice and how healthcare scientists have delivered services differently during COVID-19.*
- *Consult and receive feedback from PSEL leadership programme participants.*

The intention to commence the development of the Healthcare Science Support Worker paper has been delayed whilst focus remains on publication of the Consultant Clinical Scientist paper.

The NHS Wales COVID-19 Innovation and Transformation Study Report is due to be published early in Q2 with significant content regarding Healthcare Science and how healthcare scientists have delivered services differently.

In support of our work to expand on the practical skills for Professional Education and Learning (PSEL), and to support the delivery of dedicated healthcare science leadership programmes a survey was completed by PSEL participants which will be considered in a workshop in Q2 to map current HEIW leadership offers with that of PSEL.

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	Objective 4.5d: Nurse Staffing Act
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In May 2020 each health board submitted their first three yearly assurance 'caveated' report on their compliance with the Nurse Staffing Levels (Wales) Act to Welsh Government. This report is caveated because the Act requires Health Boards to submit their report within 30 days of the end of the reporting period. Health Boards will submit their final version of the report in October.

In response to the requirements of the Nurse Staffing Levels (Wales) Act and a 'Once for Wales' approach the national complaints management system has been revised and changes implemented. Under the requirements of the Act, health boards need to report complaints that have been linked to nurse staffing levels, so we have devised a list of questions that have been built into the system to ensure consistency in reporting

During the quarter, operational guidance has been devised for paediatric inpatients and training sessions have been delivered to prepare operational teams for pilot testing of the draft welsh levels of care for District Nursing. We have also reviewed governance arrangements and undertaken an initial scoping exercise on digital requirements.

There has been a delay in finalising draft interim nurse staffing principles for Health visiting due to skill mix issues and a letter has been issued by the Chief Nursing Officer. Draft principles are being finalised prior to health boards conducting impact assessments and considered further in Q2.

	Objective 4.5e: Nursing Standards
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All Welsh Approved Education Institutions (AEI's) have been approved by the NMC to run their Return to Practice programmes which have been benchmarked against future nurse proficiencies and non-medical prescribing programmes, with the exception of one which is due for approval early in Q2.

In addition, monthly reporting on the implementation of the NMC Nursing and Midwifery Standards has been provided to key stakeholders as well as regular reporting of Once for Wales developments to the quarterly All Wales Pre-registration Nursing and Midwifery Group. In addition, quarterly reporting on Return to Practice quality assurance has been provided through the All-Wales Return to Practice Reference Group. Non-Medical Prescribing programme monitoring has continued through quarterly HEIW contract and quality meetings with AEIs.

	Objective 4.5f: Learning Disabilities
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The deliverable to develop an All-Wales foundation/mandatory learning offer for Learning Disability services has now been taken forward by Improvement Cymru following a commission from Welsh Government to develop foundation training resources. These are intended to be made available in the near future. As such HEIW will not be progressing this sub-objective further during 2021/22 and we are awaiting formal notification of this change from Welsh Government.

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We have been advised of intentions for additional work in relation to workforce planning for Learning Disability services in 2022-23 and will consider these in our future IMTP.

	Objective 4.5g: Maternity Services
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Following the Health Inspectorate Wales (HIW) report, an offer of support has been made to Executive Directors of Nursing.

Milestone Delays

- *Identify national priorities for educational service needs and learning opportunities within the maternity workforce.*
- *Review and publish data interpretations*

To identify national priorities for learning opportunities and educational service needs, links have been made with the Maternity and Neonatal Network working groups to review opportunities and data.

	Objective 4.6: <i>Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.</i>
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Milestone Delays

- *Establish steering group with key leads in HEIW and workforce and education.*
- *Develop networks with service and education providers to enable communication channels.*
- *Establish current range of post-registration training pathways available in HEIW and elsewhere in Wales.*

No progress has been made in Q1 owing to lack of capacity of the Senior Responsible Officer given need to backfill role. Work is ongoing to appoint to capacity shortfall which is unlikely to allow for the objective to achieve its intended timescales.

Strategic Aim 5 - To be an exemplar employer and a great place to work	
5	Off track for delivery at the end of the Quarter but will be able to recover
3	Complete or on track to deliver at the end of the Quarter.

	Objective 5.1: <i>Finalise and implement the People and Organisational Development (OD) Strategy</i>
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Milestone Delays

- *Due to COVID 19 pandemic, re-consulting with staff to ensure the People & OD Strategy reflects the new ways of working*
- *Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'.*

Work to finalise the draft People and OD Strategy is progressing with the aim of final ratification by October. However, work that will be encompassed within the strategy is already being

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planned and undertaken and which includes a key objective of greater engagement with the sessional and other remote workers associated with HEIW.

The development and agreement of HEIW's training plan for 2021/22 is underway and was presented to the Executive Team for approval in Quarter 2.

	Objective 5.2: <i>Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW</i>
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During the quarter we have provided detailed evidence in support of the assessment of HEIW for Bronze Corporate Health Standard accreditation. We anticipate a formal date for assessment later in the year due to delays as a result of COVID. Furthermore, we have finalised our Health Promotion Calendar.

Given staff absence, with Executive Director approval the milestone '*Develop and agree the project initiation document for the development and implementation of the wellbeing strategy and action plan*' has been agreed to be reprofiled to be undertaken in Quarter 3.

	Objective 5.3: <i>Implement and embed the Welsh Language Framework within HEIW</i>
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During Quarter 1 we published our 10 Key Areas for the Welsh Language report in the May Board. Furthermore, a new Welsh language scheme was approved by the HEIW Board.

Milestone Delays

- *New Language Scheme launched.*
- *Recruit second Apprenticeship cohort.*

Despite the HEIW Board approving our language scheme we are awaiting final approval from the Welsh Language Commissioner before being launched. This is being chased in Quarter 2.

Recruitment has also commenced for our Second Apprenticeship cohort which will be finalised in upcoming quarters.

	Objective 5.4: <i>Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector.</i>
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Directorates have successfully created their action plans and implementation is in progress. Following the launch of the Welsh Public Body Strategic Equality Plan work is progressing well with organisations now being asked to nominate appropriate directorates/departments/personnel to take forward task and finish groups.

During quarter 1 HEIW had an active role in the development of Wales's first Race Equality Action Plan (REAP) with our Medical Director holding a seat on the First Minister's cross-Government Race Equality Action Plan Steering Group, enabling HEIW to influence the direction of travel as well as the shape and content of the draft plan and ensure alignment with HEIW's plans, ambitions and functions.

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We have also revised our integrated Equality Impact Assessment to include socio-economic duty. More work is planned to explore how best to streamline the process i.e., Potential for digitalisation.

Milestone Delays

- *Review the equality, diversity and inclusion policies.*
- *Continue to deliver accreditation pledges Disability Confident, Stonewall Diversity Champion, Dying to Work, Anti-Violence Collaboration.*

Our review of policies has been put on hold at present whilst internal organisational changes are made but will be taken forward from Q2 alongside resuming our delivery of accreditation pledges with an initial focus on the Disability Confident scheme.

	Objective 5.5: <i>Implement organisational changes to meet the requirements regarding biodiversity and climate change</i>
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Following internal engagement in April 2021, the HEIW Biodiversity and Decarbonisation Strategy, 2021-24 was approved by the Executive Team in Quarter 1 and was approved by the Board in July.

The stakeholder group is developing action plans, due to be ready for approval by the end of Q2. These will include projects/initiatives for research and development. Work on an internal process for any additional initiatives will be undertaken alongside.

Further work is required to understand and consider the system role HEIW is expected to fulfil in line with the NHS Wales Decarbonisation Strategic Delivery Plan. Initial support required will be managed via new roles in the new Planning and Performance structure (PMO) due to be recruited to in Q2/Q3.

Under Area of Action 1 in the strategy, the stakeholder group has been undertaking internal communications and engagement in line with the communications plan, and research to contribute to our wider understanding and knowledge, e.g., attendance at the Green Health Wales launch event on 29th June 2021.

	Objective 5.6: <i>Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW.</i>
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Collaboration with HEIW's Leadership Team around Gwella has progressed with the platform populated with Quality Improvement resources accessible from the landing page. Furthermore, mechanisms for project sharing were discussed at the Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) Stakeholder Group meeting held on 24th May 2021.

During the quarter a business case for additional resources has been approved and job descriptions are in progress. A further business case is to be developed in relation to tutor sessions.

'Fundamentals of Improvement' training has been provided for HEIW staff during the quarter. 'Improvement in Practice' Day 1. This equates to 33 HEIW staff trained and project support is currently available for HEIW staff.

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	Objective 5.7: <i>Develop the capacity and capability for evaluation, innovation and research.</i>
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The HEIW Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) internal stakeholder group met on 24th May 2021 and the baseline skills and requirements audit has been completed. A refresh of this audit is now planned.

A HEIW Research Governance Group will now be established after consultation with the internal stakeholder group.

A database for projects that are proposed, in progress and completed is active. Ethics Committee access has been secured through a collaboration with Cardiff University's School of Medicine.

Milestone Delays

- *Submission of business case to support evaluation, research and innovation staff and non-staff infrastructure.*
- *Development of tendering specification for procurement of external evaluation expertise*

A preliminary meeting with the finance team took place during Q1 to outline the approach to undertaking external evaluation within this financial year which will facilitate the development of a business case and tendering specification in support of the work which is to be progressed in Q2.

	Objective 5.8: <i>Reduce the organisational risks regarding cyber security.</i>
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During the Quarter there has been continued roll-out of the cyber security work implementation plan. Cyber security progress is monitored regularly by a number of special interest groups including the IGIM and Audit and Assurance Committee.

The cyber security risks have been reviewed this Quarter to ensure appropriate oversight, review and emerging risk identification. Adopting a lifecycle approach to managing cyber security risks will ensure that they are appropriately evaluated, and controls and measures are assessed to ensure they remain appropriate and fit for purpose.

Cyber security policies support the implementation of the cyber security programme with the following undertaken during the Quarter:

- The NHS Wales Information Security Policy has been approved by the Executive Team.
- HEIW IT Acceptable Use Policy documented and approved.
- The Cyber Incident Response Guidelines and Plan (final-draft documents) have been re-drafted and were reviewed in June 2021.

Further work undertaken during the Quarter includes the selection of Proofpoint as our cyber security eLearning and simulation service partner. Our aim is to define a continuous cyber security awareness programme which combines each of the following key stages: identifying risks, changing behaviours, reducing exposure and continuous improvement, measurement and adapting.

In addition, Networks and Information Systems (NIS) critical service scoping has commenced. Scoping is being co-ordinated centrally by the Cyber Resilience Unit (CRU) who require regular status-updates.

Milestone Delays

- *Board / Executive Management Cyber Awareness Training.*
- *Continued recruitment for cyber security FTE.*
- *Topic specific cyber security incident exercise and document outcomes.*

The Board / Executive Cyber Security Awareness Training has not been completed to date. Planning is underway to define an awareness programme which captures the requirements set out in the National Cyber Security Centre's (NCSC) Board Toolkit and we hope to complete awareness training in early 2022.

Cyber Security Analyst interviews have concluded, and an offer of employment has been made to enhance the capacity of the team to support our approach to cyber security with an expected start date in Q2.

A topic-specific cyber security incident exercise has not been completed in Q1 2021. The completion of cyber security incident exercises is subject to the approval of the Cyber Incident Response Guidelines and Plan and the formation of HEIW's local cyber incident response team (CIRT).

Strategic Aim 6 - To be recognised as an excellent partner, influencer & leader

1	Off track for delivery at the end of the Quarter and is unlikely to recover
3	Off track for delivery at the end of the Quarter but will be able to recover

	Objective 6.1: Refresh and relaunch the HEIW Communications and Engagement Strategy
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Milestone Delays

- *Review progress against delivery of HEIW Communications and Engagement Strategy during 2020/21 and develop a progress report for Executive Team by May 2021 and for Board June 2021.*
- *Create engagement plan for staff and stakeholders to give their views on refreshing HEIW Communications and Engagement Strategy.*
- *With Equality lead carry out Equality Impact Assessment alongside development of strategy.*
- *In parallel with the Strategic Equality Plan actions, develop a plan to engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 1).*

Due to the long-term absence of a key member of staff, we have reviewed and considered the scope of work required to carry out the original deliverables articulated in the Annual Plan. Considering the significant amount of work required, including research, we will utilise the opportunity to tender for additional support. Furthermore, this will also provide us with the ideal opportunity to benefit from 3rd party feedback giving us external verification and advice on moving forward the HEIW communications and engagement agenda.

This approach will mean the revised Communications and Engagement Strategy will not be completed until Q1 of 2022 but work will be undertaken to revise the supporting milestones across the remaining three Quarters of 2021/22.

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Positively, work has proceeded on the HEIW+ website with immediate changes undertaken around additional features such as forums and an equivalent of the HEE Star being developed in collaboration with the Workforce Modernisation Team.

	Objective 6.2: <i>Support the development of effective communication and engagement through an organisational network analysis (ONA).</i>
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Milestone Delays

- *Research and agree requirements for an ONA identifying internal and external influencers, super-connectors, leaders and opinion formers in formal and informal systems to support the development of effective communications and engagement.*
- *Research existence of companies able to carry out analysis.*
- *With procurement colleagues identify appropriate procurement process for ONA.*
- *Agree ONA specification.*
- *Procure ONA.*

Due to long-term absence of a key member of staff this objective has been delayed by a Quarter. All milestones have been reprofiled to Quarter 2.

	Objective 6.3: <i>Scope and agree our future single digital platform.</i>
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Milestone Delays

- Research HEE and NES implementations and lessons learned.
- Start MARS design and development.

The HEIW digital team are working with external consultancy support firm Redcortex to plan the migration from Cardiff University infrastructure to Azure. This is a significant change to the operating model in HEIW and is making good progress. This change will form the first stage of the move to a single platform. Once this stage has been completed then we can proceed to full business case next year.

In addition, work has continued to map requirements of a revised and improved intrepid system and MARS update plan is on schedule

	Objective 6.4: <i>Establish and permanently host the Office of Chief Digital Officer (OCDO) on behalf of Welsh Government</i>
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During Q1 we undertook a recruitment campaign for the Chief Digital Officer but unfortunately no appointment was made.

A joint Welsh Government/HEIW project team has been established with recruitment to further posts underway to support the development of the wider OCDO team.

Milestone Delays

- *Establishment of HEIW Steering Group to oversee project and agree project plan*

An internal OCDO steering group was due to be established in Q1 but met in July (Q2) for the first time to take forward a range of operational aspects in relation to the project and HEIW involvement.

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SECTION 2: ORGANISATIONAL PERFORMANCE

Education and Training Activity: Commissioned Places

While we continue to test existing data across all professions against the proposed education/training pipeline model, the following definitions are used in our performance reporting:

- Recruitment rate – number of learners/trainees recruited to a commissioned place/training programme prior to those learners/trainees taking up the place (as a percentage of the total places available).
- Fill rate – number of learners/trainees who started in a commissioned place or on a training programme (as a percentage of the total places available).

Medical

Following recruitment Round 1 for posts commencing in August 2021, we achieved an overall 97% recruitment rate for Secondary Care: 93% for Speciality (excluding GP) training (400 of 429 posts advertised) and 100% for Foundation programmes. For Specialty training, this is an improvement on the same point last year, when the recruitment rate was 91% (384 of 420 posts advertised). Further information regarding the fill rate (based on actual starters) will be provided in the Q2 report in November 2021.

The UK Foundation Programme for 2021 was oversubscribed by nearly 500 eligible applicants. Much of this relates to increased applications from International Medical Graduates, because of the Foundation Programme being on the Shortage Occupation List. All 4 nations have created additional places as a contingency if required, depending on the eventual fill rates. Wales took on an extra 13 trainees from the oversubscription list and nearly all of these have been accommodated within the programme.

Three separate recruitment rounds took place for the August 2021 intake:

- Foundation Recruitment – entry to the 2-year Foundation Programme
- Specialty Recruitment Round 1 – entry to Core/Specialty training usually at ST1 level plus various Sub-Specialty Programmes
- Specialty Recruitment Round 2 – entry to higher Specialty training at ST3/ST4 level

In previous years there has been a requirement to host a Round 1 Re-advert to recruit to outstanding vacancies following the completion of Round 1. However, due to a high number of applications and a high number of appointable applicants for all specialties it was agreed across the UK there was no requirement for Round 1 Re Advert and therefore this was cancelled. Offers for all recruitment processes continue to be issued until either all vacancies are filled, or all eligible candidates appointed.

The recruitment process for entry into Foundation Programmes remained largely the same this year whereas significant changes were introduced for Specialty recruitment, where multi station face-to-face interviews were replaced by virtual interviews and/or portfolio/digital assessments.

Both recruitment processes saw changes and extensions to the recruitment timeline to allow for scheduling of digital interviews and an increased reliance on digital platforms for online candidate assessment methods.

Some specialties (Stroke Medicine, Higher Psychiatry specialties, GU Medicine and Rehabilitation Medicine) remain challenging to fill and this is reflected across the UK. We will attempt to recruit to these vacancies at the next recruitment opportunity.

The 2022 Education and Training Plan recommended an increase in training posts for Child and Adolescent Psychiatry and whilst there are clear workforce requirements for this expansion, it should be noted that the current programme has not filled (2 vacancies remain) and, given previous historical recruitment trends, the likelihood of filling these vacancies plus expansion posts in 2022 is low.

Wales was the only nation that opted to recruit into certain Higher Medicine programmes despite changes to the pathways and curriculum in Internal Medicine and whilst this was successful for Geriatric Medicine, we did not see the same success in Acute Medicine, Gastroenterology and Renal Medicine.

Long term and sustained vacancies will be reviewed over the summer as part of the 2023 Education and Training commissioning plan.

In addition to deferrals for statutory reasons (i.e., maternity and sickness absence), deferrals are supported this year for those trainees where COVID has impacted upon their ability to commence on time as scheduled. Across Foundation and Secondary Care Programmes there are a small number of late starters who will not commence on changeover date due to travel and quarantine regulations, but these are being managed on an individual basis linking in with their host Health Board to ensure service delivery is covered.

Primary Care

Round 1 (R1) recruitment for posts commencing August 2021 is complete. A total of 161 vacancies were advertised and 161 successful applicants accepted a training place in Wales, although the number of starters will not be known until around the end of September. This gives a recruitment rate of 100% at this stage of the process, but the annual recruitment rate is subject to change as a result of the Round 2 (R2) recruitment stage, which will be complete by early November.

As in 2020-21, the assumption in 2021/22 is to recruit to the baseline of 160 GP trainee places, with an option to over-recruit if suitable candidates are available. To support this potential over-recruitment, up to 200 places have made available (in 2020-21, the final recruitment rate was 125% as all 200 places were recruited against the initial 160 baseline).

We are currently assessing how many posts we will have to advertise for Round 2 (R2) recruitment for posts commencing February 2022 and liaising with the GP National Recruitment Office which co-ordinates each recruitment round. The number of places available must take into account a variety of factors including part time working, returners from sickness or maternity leave and extensions to training.

We continue to build capacity for GP training in each Scheme in Wales, with an additional 6 training practices on board between August 2020 and July 2021 (2 in Carmarthen, 3 in Gwent and 1 in Wrexham). At the end of Q1, the total is 188 approved practices across Wales, an increase of 20% (31) compared to the same point in 2020, when there were 157. Since July 2020, we have trained an additional 71 GP trainers, an increase of 16% (31), taking the total to 528.

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Dental

National recruitment for Dental Foundation Training (DFT) begins in August of each year for a September start date the following year. Therefore, during Q1, we were mid-cycle of national recruitment for the September 2021 cohort. Allocation of trainees to training posts is the end of the first week in August 2021, with 67 training posts available in Wales.

In Dental Core Training (DCT), as a result of the national recruitment process in January/February 2021, all posts bar one DCT2 post have been filled for 2021/22. This equates to a 100% recruitment rate for DCT1 and DCT3, and a 97% recruitment rate for DCT2. Of 38 posts in DCT2, 5 are occupied by locally appointed trainees who are not official DCT trainees. Of 5 DCT3 posts, one post is occupied by a locally appointed trainee.

In Dental Specialty Training (DST), where recruitment takes place sporadically throughout the year as vacancies arise, of a total of 25 posts, 3 vacant posts were recruited to in Q1 (a recruitment rate of 100%). One of these was a DCT2 post that was converted to a Paediatrics Specialty Registrar post, with the associated funding also being transferred. Of the 22 filled posts otherwise filled in DST, 3 are now in a Period of Grace. These trainees have completed their training but have been given a Period of Grace for up to 6 months in order to secure a job. This effectively 'blocks' the posts from being recruited in to until the Period of Grace has passed. This is primarily an impact of COVID-19 and an increase in Periods of Grace is common across the UK.

The recruitment rate for Dental at the end of Q1 (incorporating DCT and DST) is 96%. This is an improvement on the same point in 2020/21, when the figure was 93%. The final overall recruitment rate for 2021/22 will be available in the Q2 report (November).

Pharmacy

As in 2020-21, the Pharmacy recruitment rate shown on the Dashboard relates to Trainee Pharmacists (formerly Pre-Registration Foundation Pharmacists) for the 2021/22 cohort only. There is no recruitment activity to report for Pre-Registration Pharmacy Technicians or Diploma posts (see detail below).

Trainee Pharmacists (current cohort: starting August 2020 and completing July 2021)

Due to COVID, GPhC delayed the registration assessment (the in-person written assessment required alongside supervisor sign-off) from Q1 to Q2. Results will therefore not be available until September 2021, which is later than usual.

The number of extensions required is slightly less than anticipated and as reported in the 2020/21 year-end report (May 2021), currently standing at 7 trainees. These are not as a result of COVID. Through proactive collaboration with the regulator and host sites throughout the pandemic and the introduction of mitigating actions, such as bespoke training plans, the team has been able to address issues related to COVID.

It is noteworthy that 196 pharmacists across community pharmacy, GP practice, and hospital pharmacy have completed HEIW 'Designated Supervisor' training supporting the new/transition IETPs. This is a significant number, with all supervisors from the multi-sector programme attending, which has never happened before. This was a day out of practice to ensure all supervisors trained to the same standard to drive the quality of the programme and demonstrated a high level of commitment and engagement from the host organisations.

Trainee Pharmacists (next cohort: starting August 2021 and completing July 2022)

The initial recruitment rate for the 2021 intake was reported in the 2020/21 year-end report in May 2021 and there has been no change since then, with 124 of 160 posts recruited (78%).

Compared to the final fill rate of 132 in 2020/21, this is a decrease of 6%. However, if all of the 124 learners take up their places this is a 31% increase compared to 2019/20, when only 95 commissioned places were available via NHS Commissioning and Welsh Government Community funded posts (i.e., the denominator of the number of commissioned places has increased).

Pre-Registration Pharmacy Technicians (PRPTs)

NHS procurement processes have not been successful in securing a new training provider to deliver the new education and training standards for pharmacy technicians. The planned recruitment of trainees in July 2021 could not therefore commence.

A new NHS Procurement cycle was started in July and it was agreed that the process would include showcase events with potential providers. The invitation for bids closed on 1st September and the earliest programme start date for centrally funded PRPT will now be February 2022.

The Pharmacy Dean wrote to Health Boards in July 2021, stating that to help to mitigate for the fallow period, HEIW plans to support three cohorts over financial years 2021/22 and 2022-23 at the following times: 1) Feb 2022; 2) September 2022; and 3) February 2023.

For the 2019-21 cohort, a total of 42 were recruited (NHS employed) with 2 leavers. Of the 42, during Q4 2020-21 and Q1 2021/22, 32 completed the programme and 17 were employed in NHS Wales, with the remaining 8 trainees remaining in-post and anticipated to complete in Q2.

Centrally funded hospital clinical diploma posts (Year 1 and Year 2)

There has been no further attrition to the cohorts of 39 in year 1 and 37 in year 2 since the end of the last financial year. The main exit point for this programme and supply into NHS Wales is in Q2.

Health Professional Education

Confirmed fill rates for the academic year 2020/21 have been collated. Whilst most universities filled their Autumn 2020 cohorts, the second lockdown affected Spring 2021 pre-registration nursing rates, with recruitment to places falling by 2-3%. The overall annual fill rate was therefore 93.4%.

Mental Health and Child fill rates remained high at 101% and 97% respectively but adult nurse recruitment was lower than previous years at 92%. The Learning Disabilities field continues to be a problem across the UK but work by both the University of South Wales and Bangor University has seen the fill rate increase to above 70%. Indications for 2021/22 are that this will rise further.

An important influence on recruitment is the ongoing COVID pandemic. In March 2020 the first lockdown was an unknown quantity, and was probably viewed as a singular, short-term intervention from which there would be a rapid recovery; it therefore had a limited impact on recruitment. By September 2020 the lockdown had been lifted and there was optimism regarding a recovery; therefore, the impact on recruitment was again limited, indeed there

were signs of an increased interest in careers in health due to the raised profile of such careers. However, the second wave that emerged in Autumn and Winter 2020 illustrated that COVID would be a longer-term issue than originally perceived in Spring and Summer 2020. This had a tangible impact on recruitment for the January 2021 Nursing cohort, with 40+ last minute withdrawals.

A high proportion of nursing students are mature, entering Higher Education (HE) later in life. The caring responsibilities of this student demographic (e.g., who have school-aged children and/or aging parents) will have influenced decisions to pause entering HE during the pandemic. Home schooling, the lack of a family childcare network and concerns over the impact of COVID will have disproportionately affected the entry of this demographic into HE. Other concerns cited by applicants were worries over their ability to engage, concerns over remote learning, and anxieties over how long lockdown would last. Despite this lower percentage recruitment rate, increased commissioning meant that the actual number of recruited students increased from 1815 to 1855 on last year; an overall increase of 2%.

To fill under recruited places, HEIW will further invest in the CertHE Healthcare Nursing Support Worker Qualification. This investment will offer more students the opportunity to progress onto year two of the Pre-registration Nursing Degree programme, thereby ensuring there are additional newly qualified nurses, to meet service need, exiting programmes in Spring 2024.

Fill rates for Allied Health Professional Programmes, Healthcare Science Programmes and Physicians Associate programmes remained consistent with the previous year's recruitment rates and were not adversely affected by the pandemic.

Early discussions with Higher Education Institutions (HEIs) indicate that application rates to many 2021/22 programmes are higher than average, which should result in strong fill rates in the coming academic year. Due to confidence in the vaccination programme, the high esteem in which health professionals and their work is held, creative marketing and digital learning opportunities, HEIs across Wales have seen overall applications to pre-registration programmes rise by 27% for students hoping to commence their studies in September.

Continuing Professional Development (CPD) Course Activity

Dental

The Dental team continues to provide online CPD with a soft launch of face-to-face CPD training resumed in June for those topics that cannot be run online, for example clinical hands-on training. A total of 83 CPD courses were run between April and June, training 1557 dental professionals during this period.

Term three study days continue to take place for the Dental training schemes (Dental Foundation, Dental Core and the Dental Therapy Schemes) with a blended format of face-to-face and online training.

Quality Improvement (QI) projects have been able to resume for the profession with a steady increase in the numbers registering to complete. During this period 315 dental professionals have registered for dental QI projects and audits.

There has been a focus to support a culture of Continuous Quality Improvement (CQI) in dental practices to improve quality and safety of dental care and a focus on prevention. During

this period the team organised 2 courses to support the system reform care pathways: 'Contemporary Philosophies of Caries Management using the Minimum Intervention Oral Healthcare (MIOC) framework', which was organised in May and June with 129 in attendance.

The Deanery continues to identify education to help teams develop and encourage a more collaborative approach to patients being able to manage and improve their own oral health, as well as prepare dental teams for general dental service contract reform.

Revalidation Support Unit (RSU)

During the first two Quarters of this year the RSU continued to provide CPD for GPs and primary care health providers virtually, expanding and enhancing online CPD provision. Our aim is to transition to a blended CPD programme during the second half of the year, if appropriate and safe to do so, and we will review this position in the Autumn.

Nine webinars were delivered between 1 April and 30 June to a total of 505 attendees on relevant topics including Long-COVID, Domestic Violence and Coercive Control, and Peri and Post-Menopausal Bleeding Problems. This is a proportionately significant increase in our provision compared to last year when we replaced our face-to-face events with webinars and delivered 11 over a 6-month period. This increased delivery reflects our growing skills base and confidence in virtual delivery.

We have added a further 6 videos to our open access service (CPD On Demand) to enable viewers to watch a recorded learning event from our virtual delivery programme at their convenience. A total of 18 recordings are now available and were viewed 383 times in Q1.

Four new CPD Modules are currently under development to be added to our library of 40 free online modules on the GP CPD website.

The activity above is reflected in the number of page hits to the GP CPD website shown in the performance dashboard (7737 April, 7567 May and 7307 June). This is back to similar levels for the same period in 2019-20, before the drop due to COVID-19 in the same period in 2020-21.

3D, Discovering, Developing and Delivering in Healthcare

RSU delivers the 3D educational programme. The programme is designed to address the educational requirements of clinicians in all parts of the NHS in Wales who wish to extend their abilities in engaging with and influencing the service improvement agenda.

Key activity this quarter includes:

- Completion of the final two modules of the 2020-21 programme, which took place on 28 April and 26 May via the Gwella Leadership portal
- Evaluation and ongoing development of an updated blended programme for 2021/22
- Commencement of the recruitment process for the 2021/22 cohort
- Commencement of the recruitment process for a new Programme Director following the stepping down of Dr Stephen Hailey who co-created the programme.

Pharmacy

The CPD programme of events for Q1 remained virtual with 6 webinars delivered.

A range of topics were delivered, which included:

- a joint event with GPs – *NICE update: Long COVID*, which attracted 57 Pharmacy professionals

- a specific event aimed at the new role of Community Pharmacy cluster leads
- a practical session on anxiety and depression medication reviews to support GP practice based primary care Pharmacists
- Working with Macmillan on community pharmacy cancer buddies

Our eLearning resources continued to be available for learners to access as necessary.

For COVID-19 resources, the medicines administration module for support staff workforce in social care settings has now been completed by 1471 individuals.

Our CPD+ programmes “Introduction to Healthcare Leadership” and “Introduction to Healthcare Education” continue to be virtual and applications for Autumn/Winter 2021 programmes are now open.

Professional Support Unit (PSU)

PSU online webinars continue to be extremely popular. In Q1, we delivered 28 webinars (21 with associated CPD points) to 400 attendees. New dates have already been agreed from September 2021 to July 2022.

Quality and Outcomes

Quality Management

Medicine

Key pieces of work undertaken during the current reporting period relate to concerns management, externality, facilitation of the GMC National Training Surveys and continued progression of the Trainer Recognition Quality Project.

Targeted Visits have continued in an online format during Q1 and this will continue for the foreseeable future. As social distancing requirements ease, a blended approach to visits is likely with face-to-face visits being reserved for particularly challenging concerns and potentially for initial visits. During Q1 a total of 7 Targeted Visits were undertaken, two of which were de-escalated with no more follow-up visits being required, (i.e., Paediatric Surgery, University Hospital of Wales and Psychiatry Cwm Taf Morgannwg) and one for which there were concerns over progress, (i.e., Ophthalmology, Royal Glamorgan Hospital).

The number of areas under Enhanced Monitoring status remains at five. However, a request to de-escalate Obstetrics & Gynaecology at the Princess of Wales Hospital has been submitted to the GMC the outcome of which is awaited. A further visit to Ophthalmology at the Royal Glamorgan Hospital during June highlighted concerns over progress with implications for patient safety. Whilst the Quality Unit is continuing to liaise with the Health Board to address these issues, a request for Enhanced Monitoring status to be applied to this concern will be made to the GMC.

Details of the remaining Enhanced Monitoring areas are provided in the table below. Clear monitoring arrangements have been in place for all areas during this time and action plans remain on track.

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LEP	Site	Specialty
Betsi Cadwaladr UHB	Wrexham Maelor Hospital	Medicine
Cwm Taf Morgannwg UHB	Prince Charles & Royal Glamorgan Hospitals	Obstetrics & Gynaecology
	Princess of Wales Hospital	Obstetrics & Gynaecology (Request for de-escalation submitted)
Swansea Bay UHB	Morriston Hospital	Emergency Medicine
		Trauma & Orthopaedics

Externality

The Quality Unit manages the pool of Lay Representatives within HEIW as a means of ensuring that there is externality within our key processes and specific working groups. A Lay Representative forum was hosted during Q1 to provide an opportunity for them to share their experiences and to enable HEIW to seek feedback on a number of key areas. The discussions were focussed on their experiences of virtual working, how to continue to develop induction and to understand what support they required as a group to enable them to undertake their roles more effectively without compromising their ability to provide impartial input into HEIW's activity. Overall, the meeting was well received. A number of key areas have been identified which will help us to further support this important group which we will take forward in the coming months.

Trainer Recognition Quality Project

The Trainer Recognition Quality Project continues to progress. As indicated within previous updates the project aims to develop and implement appropriate mechanisms to support the ongoing development of medical trainers within undergraduate and secondary care. Since the last report, work has focused upon the following key areas:

- Sample data has been extracted from the Trainer Declaration area of MARS. This has been analysed for key themes with a report being produced to provide an overview of the type of information that we will be able to obtain in the future. In addition, this exercise has also provided some early feedback on where refinements may be necessary, and these are currently being taken forward.
- Work has commenced to develop an online CPD module to help appraisers in Wales understand how to use the declarations to appraise educational roles. Whilst the primary driver for this work is secondary care, given that the declaration has been incorporated into the primary care version of MARS, we are taking steps to ensure that the module is applicable to both groups of trainers.

The next stage of the project is to work with the Revalidation Support Unit to develop reporting functionality out of MARS.

Health Professional Education

In Q3/Q4 2020-21, engagement with universities was curtailed to essential and operational business only for 3 months due to the tender process for Strategic Review phase 1. As a result of this, the quality business meetings were delayed from the normal December date to March/April. However, stakeholder engagement, with students from all universities and with Practice Education Facilitators/mentors took place during this period as these are conducted independently from universities.

The feedback from this engagement has been analysed and the following key themes have emerged. In terms of online learning and student support, the overall feedback from students indicated that the HEIs have responded well to the transfer from face-to-face teaching to online delivery. Students felt that the delivery had improved significantly from the summer term 2019-

20 academic year to the 2020-21 academic year. However, there were still some issues that needed to be ironed out in relation to HEIs utilising multiple learning platforms, difficulty navigating on online platforms such as blackboard and placement portals.

In terms of placement preparation, students reported highly positive experiences of placements over the last academic year. Many were cognisant of the difficulties being experienced in practice and grateful for the opportunity to continue to progress with their programmes. They reported how welcomed they had felt by placement providers. Overall, students described being well prepared. However, some disciplines, paramedics in particular, described a more chaotic experience of placement and felt they had received insufficient preparation. Some students reported lack of HEI support whilst on their placement setting.

In terms of partnership working and student concerns, the Practice Education Facilitators (PEFs)/mentors described excellent partnership working between themselves and HEIs overall. They feel a sense of ownership of the students particularly when they have participated in recruitment processes. Generally, HEIs are quick to respond to queries and supportive when students were not progressing well or were failing. The educators described the students as mature and professional in their attitude and a real help during Covid. There was a real sense of everyone looking out for each other during the second Covid peak.

However, some PEFs described not always having full information about students prior to the placements, particularly those that have a specific learning need. One practice educator felt under pressure to pass students from one university when students were under performing. The group generally thought that the university needed to value the practise voice more.

To mitigate, student and PEF issues have been fed back to all HEIs. All institutions were already aware of the majority of issues and had improvement plans in place with a focus on one-to-one personal tutor support and providing online support for students whilst in placement settings. All HEIs were working towards a more blended approach to learning for the 2021/22 academic year, assuming Covid restrictions allow. HEIW will focus PEF assistance on supporting students who are not progressing as expected and on supporting failing students.

Following full assurance to the HEIW Executive Board in December 2020, the bursary scheme has transferred to routine operational status. Assurance measures include:

- appointment of an NHS Bursary Relationship Manager with oversight of the entire scheme reporting directly to the Nurse Director;
- a revised reporting and monitoring framework on the status of all bursary recipients following completion of their course (approximately 1,500 students);
- the completion of outstanding casework of 2020 graduates who cannot fulfil their commitment to the bursary Terms and Conditions; and
- preparation of a full updated suite of communication material and resources to provide information and advice to those considering the bursary as their funding option.

Recruitment of highly skilled professionals into employment in Wales is a key objective of the bursary scheme. One important factor to its success is for Health Boards to have sufficient funded vacancies to offer to final year students about to complete their studies, graduate and become registrants of professional bodies. The recruitment process for Allied Healthcare Professionals and Healthcare Scientists (AHPs and HCS) has been completed for 2021 graduates with 381 entering employment across Wales. The approach has been evaluated to ensure that lessons from the first round are embedded into the graduate recruitment round for 2022 graduates and will be delivered in partnership with Health Boards, Universities, NHS Wales Shared Services Partnership (NWSSP) and the bursary students to ensure that,

wherever possible, students gain employment in Wales in the professions in which they have been trained and the service needs across Wales are met.

GMC Training Survey Results

The GMC National Training Surveys were undertaken between 20th April and 25th May 2021 with a shorter completion window than usual. However, despite this, HEIW's response rates were comparatively strong with a trainee response rate of 85% against a UK average of 76% and a 52% response trainer response rate against a UK average of 32%. Whilst the survey included some specific questions to understand the impact of the COVID-19 pandemic, there was a return to the more routine question areas the results of which will be particularly helpful for quality management. These results will be published on the GMC's online reporting tool at the end of July and, following internal review, will be available in the Q2 report.

In addition to the routine questionnaire, trainees had the opportunity to raise patient safety or bullying and undermining concerns through a free text element of the survey. The Quality Unit has reviewed these concerns in real time and are liaising with LEPs (Local Education Providers) across Wales to review the concerns raised and ensure that action is taken where appropriate.

Of note, 25% of the free text comments related directly or indirectly to the revised service delivery model associated with the opening of The Grange University Hospital; this was the main theme emerging from the responses. Given that the concerns raised are particularly complex a Postgraduate Medical Education and Training Oversight Group has been established in order to ensure that there is high level collaboration between HEIW and the Health Board around the issues with evidence and action plans from other processes feeding into this group. In addition, steps will be taken to ensure that there are effective communication processes in place around the action that is being taken to address the concerns.

Annual Review of Competence Progression (ARCP)

By agreement, the ARCP data for Medical programmes is presented for the period 7th August 2019 to 4th August 2020, in line with the annual GMC validation process. The period August 2020 to August 2021 will be presented in the 2021/22 Q2 report in November 2021.

Dental ARCP data is now presented separately on the performance dashboard as Dental does not follow similar validation protocols to Medical and this allows for quarterly reporting.

In Q1, there were no ARCPs undertaken for Dental Foundation Training (DFT) or Dental Core Training (DCT). For Dental Speciality Training (DST), 4 full ARCPs were held in Q1, with one of these achieving Outcome 1, one achieving Outcome 3 and two achieving Outcome 6. There were no COVID-related outcomes. Information about COVID-related outcomes in 2020/21 will be included in the Q2 report in November 2021.

Professional Support Unit (PSU)

At the end of Q1, the PSU were supporting 366 trainees, an increase of 6% compared to the same point in 2020-21 (345) and 8% compared to the position at the end of 2020-21 (339).

We have had 78 new cases in Q1 with 45% being via self-referral (compared to 68 new cases in Q4 of 2020-21, with 51% via self-referral). We are continuing to see a high demand for

support related to COVID-19 pandemic issues: of the 366 cases, 57% (208) of the referrals were due to health reasons (including COVID). While this is a slight decrease since Q4 of 2020-21, when 60% of referrals were due to health, it remains a marked increase on the historical rate of 29% of referrals being due to health.

We welcomed a temporary Case Manager, who started in May, and we have already seen a positive impact on waiting times, with all appointments now being offered within 10 working days (in line with PSU KPIs). This is a major improvement for non-urgent referrals from a 6-8 week waiting time in Q4 of 2020-21.

PSU continues to work across HEIW and impact on NHS Wales:

- In support of the Differential Attainment (DA) Board, to contribute to and lead on streams within the DA agenda.
- Leading on creating a 'Welcome to Wales' e-book - a helpful guide for those new to Wales.
- Working with the HEIW Workplace Inclusion Champion scheme to establish HEIW **Trainee** Inclusion Champions representation.
- Three new members joined the Wales Asylum Seeking and Refugee Group (WARD) and three existing members are work ready (GMC registered and able to work in the UK) and will be starting their first NHS experience as doctors in the Supernumerary F1 level posts in Q2.

Trainee Progression Governance (TPG)

In Q1 there were no reviews or independent hearings completed. Reviews had been requested in the latter part of June, but these were not held until July.

There were 43 adverse outcomes reported in Q1, none of which led to a completed review within the quarter. The lack of reviews or hearings is a good sign and may be due to a lack of ARCPs during this time and/or good educational supervisor engagement.

Medical Appraisal and Revalidation

From 1 April 2021, medical appraisal was reintroduced for all doctors in Wales, with a continued focus on wellbeing/support and any changes to practice as a result of the pandemic. This followed confirmation from the CMO that the approved missed appraisal period was to come to an end on 31 March.

Consequently, there has been a substantial uptake in appraisal as reflected in the dashboard data, which provides a summary of the number of appraisals completed on both MARS and the Primary Care instance of MARS, for the period 1 April to 30 June 2021 (1309). It should be noted that the appraisal completed data is based on the date the appraisal summary is agreed, not the date of the meeting.

This data is not comparable with last year due to the temporary suspension of medical appraisal during the first two quarters, and the option of an 'approved missed' appraisal during the second two quarters of that year.

The RSU continues to work closely with the CMO, Medical Directors, GMC and appraisal leads across the four nations to agree and implement changes to the medical appraisal process, participating in an Academy of Medical Royal Colleges (AoMRC) working group and an independent research project commissioned by the GMC.

Virtual appraisal continues to be an acceptable option until the end of 2021 with 95% appraisals in primary care taking place virtually in quarter 1, compared to 42% of appraisals in all other sectors. The RSU will be undertaking a project this year to evaluate the experience and quality of virtual appraisal.

Additional key activity in Q1 includes:

- Successful National GP Appraisal Conference held on 18 June, including keynote speeches on discrimination and social media
- 'Bitesize' workshop for Appraisers on coaching conversations at appraisal
- Facilitation of national Responsible Officer and Appraisal Lead network meetings

At the end of Q1, 2480 users had registered on the **Orbit360™** system (a multi-source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and colleague feedback), compared to 1806 at the end of 2020-21. This is an increase of 674 (37%) and reflects the ongoing increasing use of the site to support the appraisal and revalidation process.

The **Dental Appraisal System (DAS) for Community Dentists**, is a bespoke version of MARS developed to ensure Community Dentists meet their terms and conditions of service and GDC requirements. Welsh Government endorsed DAS as the single system for community dentists when appraisal recommenced from 1 October 2020. Data from the post appraisal survey (82 respondents, 30 April 2019 to 30 June 2021) found that 79% felt DAS positively impacted on their appraisal and 84% felt DAS could be used to support other dental professionals.

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Corporate Performance

HEIW Performance Metrics

Workforce Movement

The HEIW headcount increased to 477 by the end of Q1, an increase of 24 (5.3%) within the quarter. This includes the TUPE transfer of WOPEC staff from Cardiff University. The increase also reflects growth in a number of areas including Leadership Development and Succession Planning, Careers and Widening Access and staffing to support the implementation of the Office for the Chief Digital Officer for Wales, as well as a new post of Welsh Bursary Relationship Manager. The strategic workforce transformation agenda has been supported by additional posts including Head of Health Care Science Transformation. All new staff continue to be successfully onboarded and inducted whilst working from home, with positive feedback from our new employees.

Turnover

The 12-month rolling turnover rate for HEIW at the end of Q1 was 8.56%, which represents a very slight increase from the end of year figure for 2020/21 of 7.55%. This therefore continues to remain at a relatively low level but one which balances the support of business continuity and organisational memory whilst also bringing in new thinking and new ideas.

Sickness

HEIW's rolling 12-month sickness rate was 1.9%. This is marginally higher than the end of year figure for 2020/21 when it stood at 1.8%. However, it continues to remain substantially below the NHS Wales target of 4.1%.

The ratio between short- and long-term sickness continues to be around 25%:75% respectively. This means that most days lost due to sickness are related to long-term episodes. It is important to note that, although absences attributed to stress and anxiety make up 26.3% of days lost, these relate to a very small number of individual cases where the causes can be home and/or work related. All long-term cases are known and are being sensitively managed with support from the People Team.

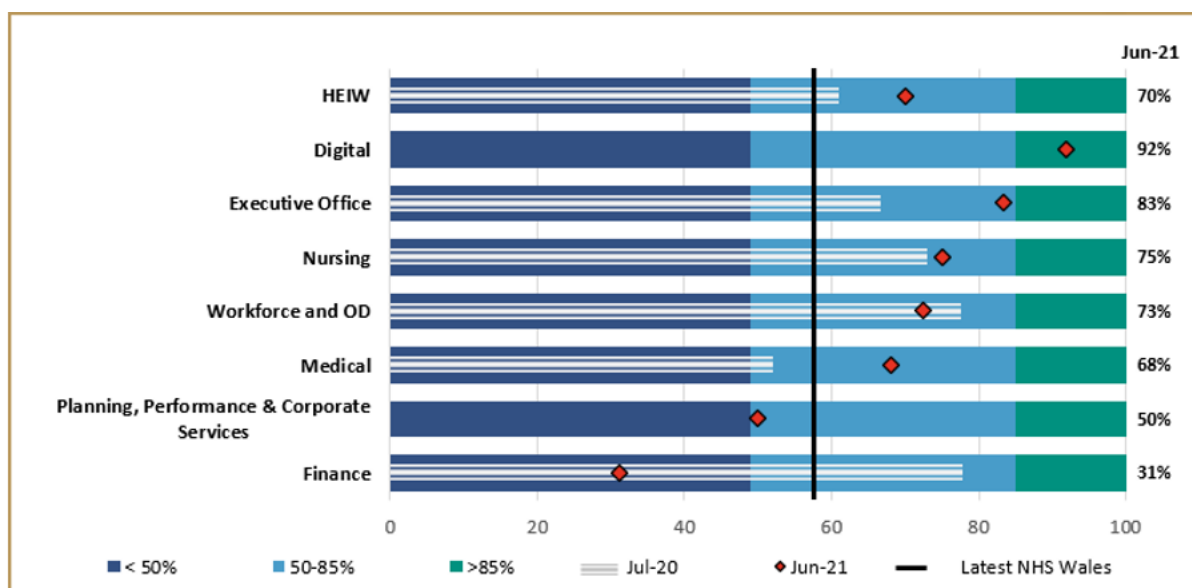
Personal Appraisal Development Review (PADR)

Personal Appraisal Development Review (PADR) forms part of contractual arrangements for staff and is one of the key performance indicators (KPIs) in the NHS Wales Delivery Framework. The target rate for PADR/Appraisal is 85% as recorded on the ESR system. This recognises that factors such as long-term sickness, maternity leave and career breaks would mean that 100% compliance is difficult to achieve. New starters are excluded from PADR compliance figures for the first 3 months in post.

The overall compliance level for HEIW core staff (excluding clinical staff who work 3 sessions) is 70%. This is an increase of 9% since the end of 2020/21 and continues to demonstrate an improving picture. Further detail of HEIW compliance rates is shown in the table below. Recent work within the Medical Deanery is reflected in an overall increase in PADR compliance in the first quarter of 16%.

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PADR Completion Rates by Directorate at 30 June 2021

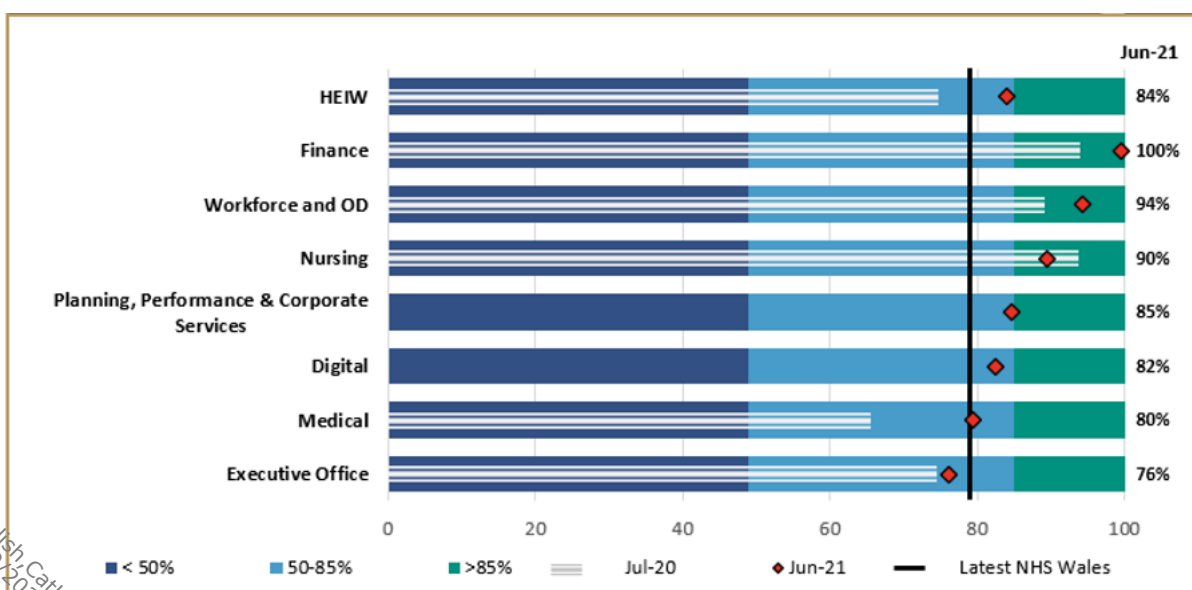


Statutory & Mandatory Compliance

The NHS Wales delivery Framework requires 85% compliance at a minimum level in the 10 UK Core Skills Framework for NHS Staff, hosted on the ESR system. Most of these learning modules require a 3-year refresher period, although specific modules may differ in this. New starters are excluded from this report for the first 3 months in post.

The HEIW compliance rate for core staff at the end of Q1 was 84%. This represents a further increase on the end of year figure of 80.06% and is marginally below the target rate of 85%. Whilst it remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements, the People Team and the wider Workforce and OD teams will continue to support and encourage staff in this process.

Statutory & Mandatory Training Rates by Directorate at 30 June 2021



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The sessional clinical staff who work for 3 sessions or less are not included in the above figures as their primary employment is predominantly with other employers. They are however still required to undertake a lighter version of appraisal with HEIW to both monitor performance and objectives and to identify relevant training needs. Similarly, with Statutory and Mandatory training where their prime employment is elsewhere, they can provide confirmation of having undertaken the relevant training with their prime employer. Recording of both these elements on ESR is currently very patchy and from some localised investigations does not reflect the actual level of compliance.

As part of the implementation of the People and OD Strategy the engagement of sessional and other remote workers will be a key strategic element, part of which will encompass pragmatic and effective ways of addressing PADR and Statutory and Mandatory Training compliance.

Equality Data

Compliance in recording equality data is 68% at the end of Q1, compared to 60.5% at the same point in 2020/21.

Welsh Language

Compliance in recording Welsh language data has improved further in Q1, with a rate of 34% compared to 31.2% for the same period in 2020-21.

In Q1, we translated just over 1 million words (1.02m). Levels are continuing to increase steadily, and we expect to exceed 5 million words in 2021/22.

Staff and Wellbeing Surveys and Staff Events

In 2018 work was undertaken with the legacy organisations to understand their ambitions for HEIW, particularly around values, behaviours and partnership working. This involved using the survey 'The Organisational Culture Inventory' from Human Synergistics. This survey was repeated in Q1 in order to see how far HEIW has come toward realising its ideal culture. The high-level outcomes of the survey were shared with staff at a staff conference on 15 July and work will be undertaken in Q2 and beyond to work with Directorates and build on the results to progress further towards the ideal culture.

Q1 also saw a virtual staff conference themed on the 'Benefits of being a Bilingual Organisation'. This was a very well attended and successful event that celebrated the Welsh language and its place within HEIW.

Online communication/engagement

This year we are collecting additional social media engagement data to help us measure interactions and give us a greater indication of how aware people are of HEIW, its role and brand. Social media data continues to increase showing we continue to attract new followers. Over the first Quarter we have also seen a slight increase in engagement rates month on month except for our Welsh Facebook page where engagement dropped in June.

The year began with the launch of the new HEIW website. This has been a huge piece of work updating and bringing together all the information from the three legacy websites as well as new HEIW programmes of work. Having all the information in one place is key to meeting the information needs of our stakeholders and enhancing the HEIW brand. As was reflected in a recent survey of medial trainees, the continued use of the old Deanery site made it difficult to understand the connection to HEIW and who / what HEIW is.

Website data is showing the site received over 13,000 hits in April when launched, with this dropping to 9,000+ in June. Usually, the most viewed pages are careers, jobs, and education and training except for in April and June where the Art Therapies Event and news of the outcome of the education contracts both made it into the top five. The team have also been busy raising awareness of HEIW successes, which contribute directly to our brand and establishing us as experts and influencers. Successes include press releases, web pages and social media on:

- Announcement of £1bn education commissioning contracts
- HEIW shortlisted in 4 awards at National HPMA awards
- Supporting Welsh learners in the Dental section.

Health and wellbeing continue to be a priority, with the team supporting wellbeing events and PSU webinars. We have also helped the British Association of Physicians of Indian Origin (BAPIO) and British Indian Nurses Association (BINA) to send information and support out to NHS colleagues who are affected by the current COVID situation in India and surrounding countries.

Finance

HEIW has exceeded the 95% Public Sector Payment Policy (PSPP) target every month during Quarter 1, with cumulative performance being 99.3%. There are currently some delays processing invoices in NWSP, which is being closely monitored by the Finance team to ensure there is no impact on the PSPP position.

HEIW is reporting an underspend of £214,693 against profiled budgets as at 30th June 2021. The overspend position in Pay budgets is due to the requirement to re-align budgets to balance the financial plan. The underspend in Non-Pay budgets is as a result of reduced face-to-face training and education activity due to the COVID-19 lockdown restrictions and will also be subject to re-alignment to balance the financial plan. The underspend on Commissioning budgets is as a result of known under recruitment of trainees to programmes in Pharmacy, Dental Foundation Training and the Medical training grades, offset by a small overspend within GP Training as a result of protected salaries.

Agency spend is incurred as a result of filling some of the vacant posts in the agreed HEIW structure with agency staff until recruitment processes enable substantive appointments. The cumulative agency costs to the end of June 2021 are 2.2% of total pay costs.

Freedom of Information (FOI) Requests

HEIW received 9 FOI requests in Q1 of 2021/22.

HEIW has closed 8 FOI requests during 2021/22 and answered 8 (100%) of these requests on time (within 20 working days). One FOI request received during June remains live. During the period, HEIW received notification from the Information Commissioners Officer (ICO) that it will be investigating one FOI request originally received in 2020/21.

Complaints

There were no complaints in the period.

Health and Safety

There were no health and safety accidents, or incidents reported/recorded in Q1.

Works have been carried out on 39 fire doors to improve compliance with new fire door regulations.

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Health Education and Improvement Wales Performance Dashboard (2021/22)



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Health Education and
Improvement Wales (HEIW)

HEIW Strategic Objectives as at Jun-21	Strategic Aim 1 - To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2 - To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3 - To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	Strategic Aim 4 - To develop the workforce to support the delivery of safety and quality	Strategic Aim 5 - To be an exemplar employer and a great place to work	Strategic Aim 6 - To be recognised as an excellent partner, influencer and leader
	RED 0 AMBER 2 GREEN 6	RED 0 AMBER 3 GREEN 11	RED 0 AMBER 1 GREEN 5	RED 2 AMBER 9 GREEN 8	RED 0 AMBER 5 GREEN 3	RED 1 AMBER 3 GREEN 0
HEIW Deferred Objectives as at Jun-21	0	0	0	0	0	0

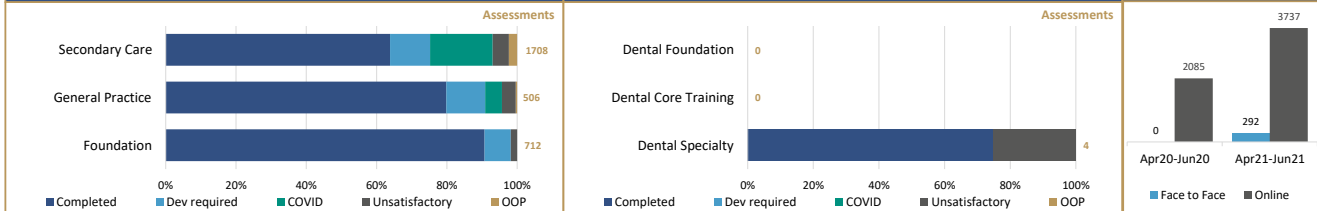


Departmental Information

Annual Review Of Competency Progression:
(07/08/2019 and 04/08/2020)

Annual Review Of Competency Progression:
(Apr-Jun 2021/22)

CPD: Actual Attendees : Apr-Jun

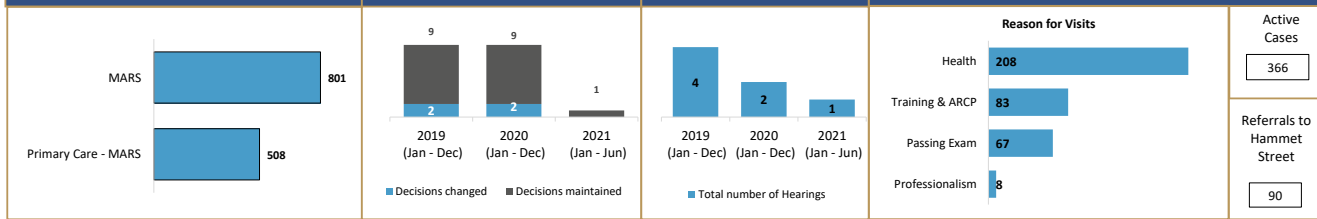


No of Medical Appraisals Completed
Apr21-Jun21

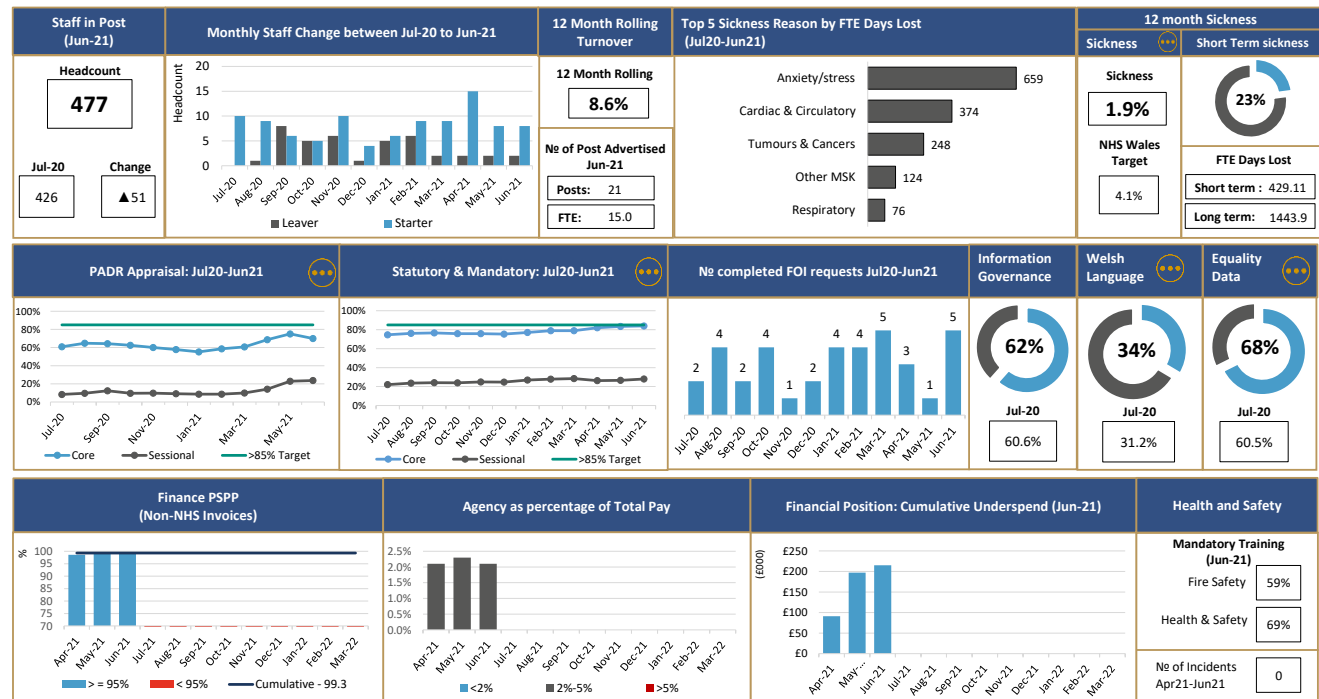
Trainee Progression Governance:
No of Appeals

Total number of Hearings

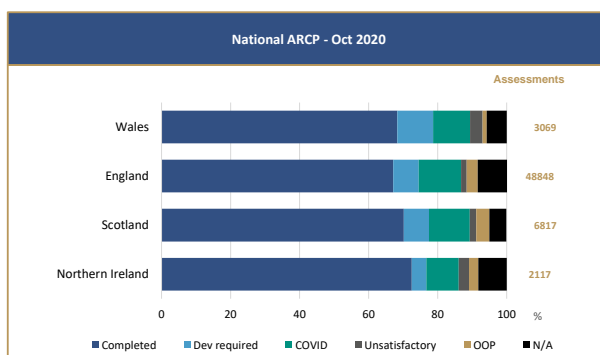
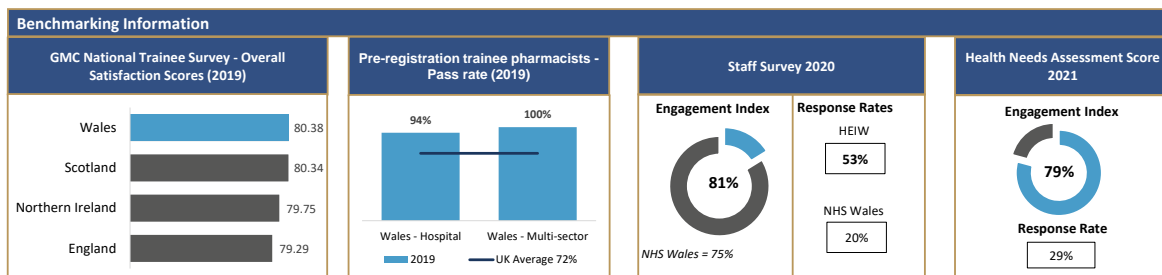
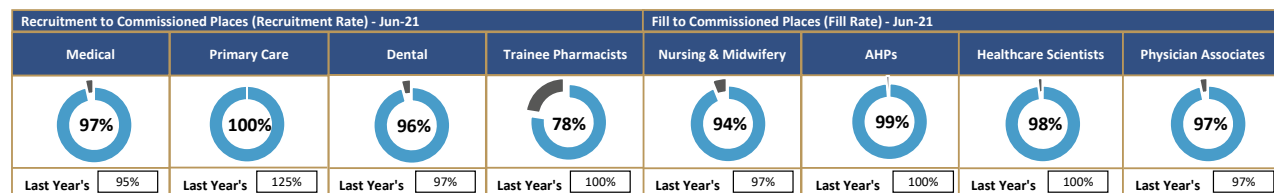
Professional Support Unit
(Jun-21)



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Health Education and
Improvement Wales (HEIW)

Meeting Date	30 September 2021	Agenda Item	4.3
Report Title	HEIW Gender Pay Gap Annual Report 2019-20		
Report Author	Emma Kwaya-James, Workforce Inclusion Lead		
Report Sponsor	Helen Thomas Assistant Director Leadership and Succession		
Presented by	Julie Rogers, Deputy Chief Executive & Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	To seek Board agreement to publish our Gender Pay Gap report for 2019-20 in line with our obligations under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017		
Key Issues	<p>The deadline for publishing gender pay gap information each year is 31 March. However, in light of the pandemic, all public bodies were given an extension to 1 October 2021.</p> <p>Reports are produced annually, 12 months after the year to which they relate. This is the first full year report that we have produced and only the second since our establishment on 1 October 2018.</p> <p>Our pay gap has remained static from the 2018-19 (part year) report. This is disappointing but not unsurprising as our ability to close the gap is constrained to a large extent by national pay arrangements, which are outside of HEIW's control.</p> <p>In the 12 months since the end of this reporting period, we have, notwithstanding the pandemic, seen more women appointed at the senior levels and also begun to make real progress in supporting talent within HEIW with more women than men put forward for development programmes.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>The Board is asked Team to:</p> <ul style="list-style-type: none"> • note the draft report at appendix 1. • agree that the report may be published on 1 October 2021. 		

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HEIW GENDER PAY GAP REPORT 2019-20

1. BACKGROUND

The purpose of this paper is for the Board to consider the gender pay gap report (Appendix 1) and to approve publication.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require employers in England and Wales with 250 or more employees to publish six statutory calculations every year showing the pay gap between their male and female employees. The deadline for the annual publication of gender pay gap information is 31 March. However, for the second year running, an extension has been offered to 1 October 2021.

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

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

2. WHAT THE 2019-20 REPORT IS TELLING US

The findings of the analysis for 2019-20 are summarised in the draft report at Appendix 1. These show at table 2 that the gap between the average and median hourly pay for men and women in the organisation is £10.90 (27.5%) and £22.35 (48.1%) respectively. This has stayed static since our first gender pay review in 2019.

There are several contributory factors to the gender pay gap which are out of our direct control or within our gift to change. These include the national frameworks for the remuneration of medical and dental staff and the national Clinical Excellence Awards scheme – all of which are set by Welsh Government Ministers. Another contributor is the unique makeup of HEIW's workforce; whilst HEIW's staff group is predominately female, with many senior roles held by women, there is significant variation and complexity in contracts and pay structures, including NHS Agenda for Change; Cardiff University; Medical and Dental (GP and Dental Educators, Medical and Dental Consultants) and Executive and Senior Pay (VSM).

During this reporting period, 13 of our staff were in receipt of Clinical Excellence Awards, three of whom were women. These awards are obtained following an application process and in recognition of an individual's clinical work [outside of HEIW] but read across to the pay rate that we are required to pay for clinical sessions whilst working for HEIW. Only one of our staff, the Medical Dean, is eligible to apply for a CEA for their HEIW work, in line with the scheme criteria set by Welsh Government.

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3. NEXT STEPS

Paragraph 12 of the draft report at Appendix 1 sets out the 4 actions that we committed to take in response to last year's 2018-19 report. Since then, we have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps and address and minimise the impact where possible and within the constraints of the national pay systems for the NHS. Progress has also been made against our commitment to 'develop opportunities for progression for the present and future workforce' with seven aspiring individuals from HEIW nominated to be part of the national Aspiring Executive Leadership Development Programme 5 of whom were women.

4. GOVERNANCE AND RISK ISSUES

Failure to produce and publish annual Gender Pay Gap information would put HEIW at risk of being in breach of its public sector duty.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising from this annual report.

6. RECOMMENDATION

The Board is asked to:

- **note** the draft report at appendix 1.
- **agree** that the report may be published on 1 October 2021.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
			✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
N/A			
Financial Implications			
N/A			
Legal Implications (including equality and diversity assessment)			
Equality Act 2010 (Gender Pay Gap Information) Regulations 2017			
Staffing Implications			

No staffing implications noted, only positive effect fostering better communication and transparency	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The above proposal will influence across all 5 ways of working as identified “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.	
Report History	N/A
Appendices	Appendix 1 Gender Pay Gap Report for publication

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Health Education and
Improvement Wales (HEIW)

Appendix 1

Gender Pay Gap Report – as at 31st March 2020

Health Education and Improvement Wales (HEIW)

1. 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 2020, HEIW employed 393 staff as defined by the gender pay reporting guidelines, of which 67% were female and 33% male. Our staff comprise of a significant number of clinicians and professions, as well as general management and administration. We have a significant number of staff who were originally TUPE'd in on the 1st October 2018 resulting in staff on NHS and former Cardiff University grades, pay scales and terms and conditions

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Table 1. Gender Split by Headcount and Grade for staff included in Gender Pay Gap Report @ 31 March 2020

Grade Type	Male	Female	Headcount	Male %	Female %
Senior Staff	4	2	6	67%	33%
Chair/Non Executive Directors	3	4	7	43%	57%
Clinical	85	94	179	47%	53%
Apprentice		2	2	0%	100%
Band 2		1	1	0%	100%
Band 3		11	11	0%	100%
Band 4	2	12	14	14%	86%
Band 5	1	10	11	9%	91%
Band 6	4	7	11	36%	64%
Band 7	6	13	19	32%	68%
Band 8a	4	8	12	33%	67%
Band 8b	1	6	7	14%	86%
Band 8c	1	4	5	20%	80%
Band 8d	2	3	5	40%	60%
Band 9	2		2	100%	0%
Grade 3	3	10	13	23%	77%
Grade 4	3	12	15	20%	80%
Grade 5	3	23	26	12%	88%
Grade 6	6	17	23	26%	74%
Grade 7	1	19	20	5%	95%
Grade 8		4	4	0%	100%
Headcount on GPG Report	131	262	393	33%	67%
<p><i>Data Source: ESR BI - NHS Workforce Profile Dashboard – March 2020</i> <i>Secondment Detail @ 31 March 2020 from HEIW Finance Directorate - based on the detail included in Annual Plan March 2020</i></p>					

2. 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.

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3. 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.

4. 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.

5. 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 purposes of the HEIW gender pay gap reporting, 'contract of employment' has been deemed to include all staff on permanent contracts, on secondment contracts and on fixed term contracts (which would include staff termed as interims). Agency workers are excluded from the calculations and will form part of the headcount of the agency that provides them, and not HEIW.

6. Gender pay reporting and gender identity

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

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7. The Gender Pay Gap Indicators

The 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

8. What is our pay gap in HEIW?

Table 2 Gender Split by Headcount based on Mean and Median Hourly Rates for staff included in Gender Pay Gap Report @ 31 March 2020

Gender	Male	Female	Difference in Hourly Rate	Pay Gap % Difference
Mean (Avg) Hourly Rate	£39.58	£28.68	£10.90	27.5%
Median Hourly Rate	£46.46	£24.12	£22.35	48.1%
<i>Data Source: ESR BI - NHS Workforce Profile Dashboard - March 2020 Secondment Detail @ 31 Mar 2020 from HEIW Finance Directorate - based on the detail included in Annual Plan March 2020</i>				

9. 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.

Table 3 proportion of men and women in each quartile of our pay structure

Gender Split by Headcount based on Quartile 1:4 for staff included in Gender Pay Gap Report @ 31 Mar 2020					
Quartile	Male	Female	Headcount	% Male	% Female
1	15	82	97	15%	85%
2	24	74	98	24%	76%
3	30	60	90	33%	67%
4	62	46	108	57%	43%
Total	131	262	393	33%	67%
<i>Data Source: ESR BI - NHS Workforce Profile Dashboard - March 2020 Secondment Detail @ 31 Mar 2020 from Finance Directorate - based on the detail included in Annual Plan March 2020</i>					

10. Understanding the pay gap

The figures in table 2 highlight the gap between the average and median hourly pay for men and women in the organisation being £10.90 (27.5%) and £22.35 (48.1%) respectively. This has stayed static since our first gender pay review undertaken in 2019.

There are several contributing factors to the gender pay gap which are out of the direct control or within the gift of HEIW to change. These include the national frameworks for the remuneration of medical and dental staff and the national Clinical Excellence Awards scheme. Another contributor is the unique makeup of HEIW's workforce; whilst HEIW's staff group is predominately female, with many senior roles held by women, there is significant variation and complexity in contracts and pay structures including NHS Agenda for Change; Cardiff University; Medical and Dental (GP and Dental Educators, Medical and Dental Consultants) and Executive and Senior Pay (VSM).

Welsh Government sets the pay for doctors' and dentists' following the advice and recommendations of the Review Body of Doctors' and Dentists' Remuneration, an independent UK body. The pay for staff on Agenda for Change arrangements follows a similar approach with the final decision resting with Welsh Ministers. All NHS organisations are required to ratify the pay awards through local governance mechanisms. For non-medical and dental staff on former Cardiff University contracts, HEIW has put in place a pay arrangement that mirrors the NHS Wales Agenda for Change arrangements. The pay uplift for Executives and Senior managers is determined annually by Welsh Ministers and ratified through local governance arrangements. Within the national medical and dental contract, the Clinical Excellence Awards scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. This includes those consultants and senior academic GPs who do so through their contribution to academic medicine.

The pay gap between men and women in relation to bonuses is caused by the Clinical Excellence Awards. The following tables (tables 4-6) highlight the significant gap between men and women in receipt of such Awards. With the average hourly and median difference being 74.89% and 65.39% respectively for the period 1st April 2019 to 31 March 2020. There were 13 staff in total in receipt of an Award for this period with a gender breakdown of 10 men and 3 women.

Table 4. Gender Split of Mean and Median Bonus Payments for staff included in Gender Pay Gap Report 01 April 2019 - 31 March 2020

Gender	Avg. Pay	Median Pay
Male	£8,297.89	£5,751.83
Female	£2,083.19	£1,990.92
Difference	£6,214.69	£3,981.90
Pay Gap %	74.89%	65.39%

*Data Source: ESR BI - NHS Workforce Profile Dashboard - March 2020
Secondment Detail @ 31 March 2020 from HEIW Finance Directorate - based
on the detail included in Annual Plan March 2020.*

Table 5. Gender Split of Bonus Payments for staff 01 April 2019 - 31 March 2020

Gender	Employees Paid Bonus	Total Relevant Employees	% Paid Bonus
Female	3	335	0.9%
Male	10	187	5.3%
<i>Data Source: ESR BI - NHS Workforce Profile Dashboard - March 2020 Secondment Detail @ 31 March 2020 from HEIW Finance Directorate - based on the detail included in Annual Plan March 2020.</i>			

Table 6. Clinical Excellence Award & Responsibility Allowance Payments - % of Total Paid for staff included in Gender Pay Gap Report 01 April 2019 - 31 March 2020

Clinical Excellence Awards & Responsibility Allowance	% of Total Paid
CEA Bronze	26.2%
CEA Silver	13.3%
Commitment Award 3	9.1%
Commitment Award 4	25.3%
Commitment Award 5	1.9%
Commitment Award 8	18.8%
Commitment Award Unknown	2.1%
Responsibility Allowance	3.3%
Total	100.0%
<i>Data Source: ESR BI - NHS Workforce Profile Dashboard - March 2020 Secondment Detail @ 31 March 2020 from HEIW Finance Directorate - based on the detail included in Annual Plan March 2020.</i>	

11. Closing the pay gap at HEIW

In conclusion whilst we continue to recognise that there are factors outside of our control or influence which are impacting on pay, we have made a clear commitment in our first Strategic Equality Plan to take action to understand our pay gaps, and address and minimise the impact where possible and within the constraints of the national pay systems for the NHS.

12. Update on steps proposed since 2019 pay gap report

In our 2019 Gender Pay Report, we made the following commitments to:

- 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

In delivering on our actions, we recognised the need for traction and accountability. Therefore, and in line with our legal obligations, we spent this reporting period developing our first four-year Strategic Equality Plan (SEP) into which the above actions were embedded. Following further research, engagement and exploration with stakeholders and partners across the public sector the following equality objectives were formulated:

- Increase workforce diversity and inclusion
- Address pay gaps
- Engage with communities
- Ensure equality is embedded into the way that we procure and commission services and goods
- Ensure service delivery reflects individual need

Progress has been made against many of our commitments, particularly to ‘develop opportunities for progression for the present and future workforce. In October 2019 HEIW held a national conference resulting in a clear ambition for a compassionate and collective leadership strategy and a transparent and equitable approach to managing talent and developing aspiring executive talent pools.

Following this event, HEIW nominated seven aspiring individuals to be part of the national Aspiring Executive Leadership Development Programme. The gender ratio for the HEIW participants is as follows:

Female Nominations	Male nominations
5	2

13. Policies and procedures:

As an evolving organisation we are conscious to ensure we have robust policies to support this agenda. Since our inception October 2018, we have adopted and embedded a number of policies including the following:

- Diversity, Equality and Inclusion Policy
- Pay Progression Policy (adoption of All Wales)
- Dignity at Work Procedure (adoption of All Wales)
- Secondment Policy (adoption of All Wales)
- Grievance Policy (adoption of All Wales)

- Disciplinary Policy (adoption of All Wales)
- Employment Break Policy (adoption of All Wales)
- Managing Attendance at Work Policy (adoption of All Wales)
- Menopause Policy (adoption of All Wales)

14. Initiatives and programmes of work:

Alongside the above policies, we have undertaken a number of initiatives aligned to this agenda which are incorporated into our first strategic equality plan. This includes:

- Unconscious bias training as part of recruitment and selection training and integrated into leadership programmes
- Establishment of an Internal Diversity and Inclusion Steering Group
- Creation of a Workplace Inclusion Champions network
- Inclusion calendar of events marking notable days and festivals throughout the year for example International Day of Girls and Women in Science; International Women's Day where women from across the organisation shared their stories and inspirational quotes
- Leading national programmes of work:
 - Development of the compassionate leadership strategy
 - Creation of compassionate leadership principles that includes the following principle: 'Improve equality, inclusion and diversity, consciously removing barriers and boundaries'
 - Healthy Working Relationships & Measuring Colleague Experience

The quality of ESR equality data reporting in this reporting period has progressively improved with more than 58% of the records being completed by staff the end of the financial year compared to 45.9% in April 2019. With 100% compliance in relation to Age and Gender at that time.

Table 7 - 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%

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15. Next Steps

It should be noted that on the 23rd March 2020 Wales went into its first national lockdown due to Covid-19 pandemic. On the 24th March 2020 Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) announced the decision to postpone enforcement of the gender pay gap deadlines from March 2021 to October 2021.

Despite playing a key role in supporting the NHS response to the pandemic we have progressed our national work in relation to leadership during 2020, including more female staff taking up funded development opportunities to help their career progression and future earning potential. These will be reported on in our 2021 report to be published in 2022.

HEIW, September 2021

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

Meeting Date	30 September 2021	Agenda Item	4.4
Report Title	Corporate Risk Register		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To provide an overview of risks currently detailed within the Corporate Risk Register (CRR).		
Key Issues	<p>The report provides an update on the CRR, which is attached at Appendix 1.</p> <p>The CRR confirms</p> <ul style="list-style-type: none"> • 1 'Red' status risk, • 7 'Amber' status risks; and • 1 'Green' status risk. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the report for assurance. 		

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CORPORATE RISK REGISTER

1. INTRODUCTION

The Board is asked to note the current position regarding the CRR (Appendix 1) as outlined in this report.

2. ASSESSMENT

The assessment below reflects the changes to the CRR since the Board last considered the register in March 2021. There are currently **9** risks on the CRR, and these risks have been assessed as follows: **1** 'Red' status risk, **7** 'Amber' status risks and **1** 'Green' status risk. Except for paragraph 2.1, the commentary below highlights the changes to the CRR since the last report.

2.1. Red Risks

Risk 8 - If HEIW does not ensure that all reasonable steps are taken in respect of cyber security, it may be vulnerable to a data breach, possible fines from the Information Commissioners Office and associated bad publicity.

Mitigation: This requires the implementation of recommendations highlighted within HEIW's Cyber Security Assessment Report. Cyber Security Implementation Plan to be drafted and implemented.

Progress: The recommendations within HEIW's Cyber Security Assessment Report have or are being implemented. Activities to support the delivery of the Cyber Security Plan are underway.

Recent developments: Activities to support the delivery of the cyber security plan are underway.

- Cyber Security Awareness plan has been approved.
- Cyber Incident Response Guidelines have been approved.
- NIS cyber assessment workshops are underway, and a number have already been completed.

Other developments:

- A new Cyber Security Analyst joined HEIW on 6th Sep.

2.2. Risks with an Increased Score

There has been one risk with an increased score since the last report.

Risk 19 - If we continue to commission post-registration and postgraduate education from Higher Education Institutions (HEI's) in England and Wales without a contract, HEIs may withdraw education provision or fail to provide

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high-quality education that can be performance managed in the usual contractually governed way.

Mitigation: Strategic Review 2 project plan, timetable, and risk register. Strategic Review 2 Board, reporting to the Executive Team. HEIW subject experts linked to programmes, supported by strategic education adviser. Strategic Review Phase 2 to be a standing item in contract meetings with HEI's. Continue to engage in regular discussions with the National School (4 countries meetings held quarterly). Phased approach with those programmes most at risk in the first wave.

Progress:

- May 2021 – the staff resources to support Phase 2 were agreed. The project boards commenced, and further internal scoping meetings were planned.
- June 2021 – The scoping meetings commenced, linking with subject experts and established education workforce groups. Two Task and Finish Groups were established, and the Project Manager post was advertised. The draft plan was presented to the Executive Team and was kept under close review.
- July 2021 – A Project Manager was appointed.
- September 2021 - A Strategic Education Adviser was appointed, and the Strategic Review 2 Board is in place.

Assessment: This risk was assessed as an 8 and an 'Amber' status. However, the risk was re-assessed in June, and this resulted in the score increasing to 12. The increased score reflected the tight timescales associated with Phase 2 and delays in recruitment. The risk status remains 'Amber'.

2.3. Risks with a Decreased Score

There have been two risks with a reduced score since the last report.

Risk 16 - If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery, there may be disruptions to placement opportunities for trainees and students, thereby impacting their ability to progress, graduate or complete training in their field. This in turn will impact the workforce with shortages that may have a long-term effect on service delivery.

Mitigation: Continuation of the mapping of cohort/programme delays. Supporting Education Providers (EP's) and services to implement HEIW's placement recovery principles. Continuous engagement with regulators, EPs, the Council of Deans (CoD's) medical colleges and other statutory educational bodies (4 nation approach) to ensure continuity of education. Revised processes for Annual Reviews of Competency Progression (ARCP's) and curriculum derogations for medical trainees to continue until September 2021 to support progression. Established communication channels with Local Education Providers (LEP's) for medical trainees to ensure a time-limited approach to any redeployment in the context of second-wave data gathering at

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individual medical and dental trainee levels. The UK approval of a Covid 19 vaccine on 2/12/20, with NHS staff prioritised, followed by the wider UK population provides assurance that programmes will be able to revert to pre Covid approaches by spring 2021.

Progress:

Medicine - The only live issue relates to the impact of COVID in Craft specialties. We are currently completing ARCPs and will then analyse the themes from these to ascertain the full impact.

Nursing - HEIW continues to work with cross-profession stakeholders on innovative placement capacity solutions as part of the reactivation and recovery of services and ensuring students' timely registration. A Head of Placement Experience and Improvement has been appointed and is currently developing a placement Programme Initiation Document.

Assessment: This risk was assessed a 12 and an 'Amber' status. However, the risk has been re-assessed and has resulted in the score decreasing to 9. The risk status remains 'Amber'.

Risk 17 - If there is a lack of interest from Education Providers in lots as detailed in ITT. Then this may result in an interruption to the workforce pipeline and reputational risk to HEIW. Whilst extensive consultation has been undertaken in developing the ITT, the landscape for education providers shifted in 2020 due to the COVID pandemic and resurgence.

Mitigation: Detailed consultation with all stakeholders in developing the ITT. Development of carefully crafted lots. Education which has previously been difficult to recruit to has been incorporated in larger lots, ensuring that there will be bidders. All Healthcare Science (HCS) Practitioner Training Programmes (PTP's) have been incorporated into one lot, increasing numbers and funding for the lot, which should result in all small HCS PTPs being commissioned.

Progress: All lots have been awarded with no legal challenge. It will be recommended the risk is closed at the October Audit and Assurance Committee.

Assessment: This risk was assessed as 8 and an 'Amber' status. However, the risk has been re-assessed, and this has resulted in the score decreasing to 2. The risk has changed from 'Amber' status to 'Green' status. It will be recommended the risk is closed at the October Audit and Assurance Committee.

2.4. New Risks

Two new risks have been added to the CRR since the last report:

Risk 20 - If successful Higher Education Institutions (HEI) fail to mobilise the new programmes within the time specified by contract then new students will be unable to benefit from programmes in 2022.

Mitigation: Each HEI has supplied an implementation plan to which they will held to follow. A senior team member of the Education, Commissioning, and Quality Team will sit on each HEI's implementation project board to ensure processes are being followed to ensure validation, recruitment and curriculum implementation.

Progress: The Phase 1 Implementation Programme Board has been established and the Terms of Reference have been agreed by the Executive Team.

Assessment: This risk has been assessed as 8 and has an 'Amber' status.

Risk 21 - If HEIW fails to identify and implement a national data capture and reporting solution, Health Boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach.

Mitigation: Complete Data Protection Impact Assessments (DPIA's). Work collaboratively with IT team/HEIW, Health Boards/Trusts, NDR unit/ Digital Health Care Wales (DHCW) to identify means of support. Identify responsibilities for organisations and formalise arrangements.

Progress:

- **June 2021** - Meetings were held with IT team/HEIW and the NDR unit to identify means of support, and there are plans to formalise an agreement.
- **August 2021** – Two IT posts were advertised.
- **September 2021** – We were unable to appoint a Senior Information Analyst via advert or agency. A meeting has been arranged to explore alternative options to provide support while the post is readvertised. The interviews for the Digital Programme Manager took place on the 14 September.

Assessment: This risk was assessed as 8 and an 'Amber' status. However, the risk has been re-assessed, and this has resulted in the score increasing to 12. The risk remains 'Amber' status.

2.5. Removed Risks

Since the last report, two risks have been assessed as 'Green' status and removed from the CRR following approval by the Audit and Assurance Committee.

Risk 10 – If the suspension of routine dentistry and the suspension of aerosol producing procedures in response to COVID-19 is affecting dental training processes both in undergraduate and postgraduate arenas is not mitigated, this will affect when and how dental students and foundation dentists gain the

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relevant level of experience in order to qualify and may impact on the NHS workforce and service delivery.

Risk 11 – If there is a second or multiple peaks of Covid-19 and HEIW does not re-assess its Quarterly Plan, it will not be able to re-allocate resources to provide the necessary support to the NHS workforce during the crisis and fail to manage expectations in the delivery of its objectives.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

The Board is asked to **note** the report for **assurance**.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience The CCR is the core tool to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff.			
Financial Implications Risk management is a core function of HEIW as a Specialist Health Authority. There are no anticipated additional costs.			
Legal Implications (including equality and diversity assessment) There are no legal implications associated with this report.			
Staffing Implications			

There are no staffing implications associated with this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The CRR is HEIW's core tool to manage risk.	
Report History	The CRR is presented to the Executive Team and Senior Leadership Team on a monthly basis. The Audit and Assurance Committee review it on a quarterly basis.
Appendices	Appendix 1 – CRR

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HEIW CORPORATE RISK REGISTER (2021)

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score			Impact	Probability	Overall Score		
		Details of the risk. If... then... impact				None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.				R/A/G & Trend	
8. April 2020	1	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. Board Secretary	5	5	25	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report. This includes the recruitment of a Head of Cyber Security. Cyber Security Implementation Plan to be drafted and implemented	5	4	20		The recommendations within HEIW's Cyber Security assessment report have or are being implemented. The new Head of Cyber Security joined HEIW on 29 June and has commenced working on a new Cyber Security Implementation Plan. Update 05/07/2021 Activities to support the delivery of the cyber security plan are underway. Recent developments: <ul style="list-style-type: none"> • Cyber Security Awareness curriculum and plan development is underway. • Cyber Security Analyst interviews have concluded, and an offer of employment has been made. • NIS critical service scoping has commenced. Scoping is being co-ordinated centrally by the Cyber Resilience Unit (CRU) who require regular status-updates. • The Cyber Incident Response Guidelines and Plan (<i>final-draft documents</i>) have been re-drafted and were discussed-reviewed by the IGIM group June 2021. • Security requirements gathering is underway to support the planned system(s) migration to Microsoft Azure. Update 27/07/2021 <ul style="list-style-type: none"> • Cyber Security Analyst start date agreed (6th Sep). • Cyber Security Awareness plan has been defined. Executive paper to be drafted.

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
												<ul style="list-style-type: none"> Digital Services Recovery Plan has been shared with members of SLT. Executive paper to be drafted. Cyber Incident Response paper to be drafted for the Executive Team. <p>August 2021</p> <ul style="list-style-type: none"> Cyber Security Awareness plan has been approved. Cyber Incident Response Guidelines have been approved. NIS cyber assessment workshops are underway, a number have already been completed.
12. July 2020	1.	If HEIW is unable to access workforce data from other NHS organisations, then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning. Director of Workforce and Organisational Development	4	3	12	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	4	2	8		<p>Discussions with Welsh Government and NWSSP to take place to understand the remit and responsibilities for each organisation.</p> <p>Data access discussions with NWSSP in progress</p> <p>Update – July 2021 A meeting has been arranged with NWSSP to discuss</p> <p>August 2021 No change, meeting scheduled with NWSSP in September.</p>
13. July 2020	1.	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance. Director of Workforce and Organisational Development	4	4	16	LOW	Assessment and costing of workforce requirements made as part of the development of the Quarterly/ Annual plans.	4	2	8		<p>Plans actively reviewed and monitored to assess delivery trajectories and inform revisions/mitigation. 'Reset' under consideration in context of draft 2021-22 annual plan to ensure that capacity and resources are aligned to priority areas</p> <p>Update – July 2021 A Workforce Resourcing and Utilisation Group has been established and an update is being prepared for SLT on 19th August.</p> <p>Update – August 2021 – an update was shared with SLT on 19th August.</p>
15.	2	If there are insufficient employment opportunities	3	5	15	LOW	A deep dive to examine underlying reasons for employment shortages	4	3	12		Update June 2021

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
Aug 2020		<p>available for graduating Allied Healthcare Professionals (AHPs) and Health Care Science (HCS) students who have opted into the bursary tie in the investment in education for these students may be lost.</p> <p>Director of Nurse and Health Professional Education</p>					<p>and the bursary appeals process that releases/enforces students from their bursary responsibilities. Enhanced monitoring (September 2020) and Targeted Support (October – December 2020) the whereabouts of graduates was confirmed, Revised recruitment approach implemented for 2021 graduates Existing appeals process paused due to the pandemic and revised to include a two-stage process incorporating a review stage. Weekly verbal updates provided to Executive with written reports to Executive and to Board as needed. Welsh bursary relationship manager post recruited to act as a reference point for all stakeholders and to progress EIA processes and communications. Implement a revised managed process (Streamlining) for all AHP and HCS students graduating</p>					<p>362 of 475 graduating AHP and HCS 2020 students recruited to Band 5 jobs in Wales. Location of 474 known.</p> <p>Streamlining implemented for Physicians Associates, Midwives alongside nurses, ODPs, AHPs and HCS in 2021.</p> <p>An evaluation process of AHP and HCS process has been undertaken and noted by Exec Team. Plans for 2022 graduate recruitment will be negotiated and agreed by Sept 2022.</p> <p>Update. 27 July 2021.</p> <p>Report accepted by HEIW Executive on closing outturn for 2020 cohort.</p> <p>Planning underway for the graduate recruitment 2022 cohort for all professions. Discussion held with DoTHS in July to secure engagement.</p> <p>Draft set of principles currently circulated for comment to underpin the streamlining process. Plans to put this issue within the HEIW programme and project management framework. Lessons learnt from evaluation will be fed into agreed process.</p> <p>02.9.21</p> <p>Evaluation of 2021 AHP and HCS process submitted to Exec Team 4/8/21</p> <p>Principles for streamlining process agreed</p> <p>Revised process being implemented in collaboration with HBs, Shared services and HEIs</p>
16. Aug 2020		<p>If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery there may be disruptions to placement opportunities for trainees and students thereby impacting their ability to progress, graduate or complete training in their field. This in turn will impact the workforce with shortages that</p>	4	3	12	LOW	<ul style="list-style-type: none"> Continuation of the mapping of cohort/programme delays Supporting Education Providers (EPs) and service to implement HEIW's placement recovery principles Continuous engagement with regulators, EPs, Council of Deans (CoDs) medical Colleges and other statutory educational 	3	3	9		<p>Update - 24.08.2021</p> <p>Medicine</p> <p>The only live issue is relating to impact of COVID in Craft specialties. We are currently completing ARCPs and will then analyse the themes from these to ascertain the full impact.</p> <p>Nursing</p> <p>2.9.21</p>

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
		<p>may have a long-term effect on service delivery.</p> <p>Director of Nurse and Health Professional Education & Medical Director</p>					<p>bodies (4 nation approach) to ensure continuity of education.</p> <ul style="list-style-type: none"> • Placement recovery principles. • Revised processes for Annual Review of Competency Progression (ACPRs) and curriculum derogations for medical trainees to continue until September 2021 to support progression • Established communication channels with Local Education Providers (LEPs) for medical trainees to ensure time limited approach to any redeployment in context of second wave • Data gathering at individual medical and dental trainee level • The UK approval of a Covid 19 vaccine on 2/12/20, with NHS staff prioritised, followed by the wider UK population provides assurance that programmes will be able to revert to pre Covid approaches by spring 2021. 					<p>HEIW continues to work with cross-profession stakeholders on innovative placement capacity solutions as part of the reactivation and recovery of services and ensuring students' timely registration.</p> <p>A HEIW Head of Placement Experience and Improvement has been appointed, and is currently developing a placement Programme Initiation Document.</p>
17. Oct 2020	English Gateway 03/29/2021 14:12	<p>If there is a lack of interest from Education Providers in lots as detailed in the Invitation to Tender (ITT). Then this may result in an interruption to the workforce pipeline and a reputational risk to HEIW. Whilst extensive consultation has been undertaken in developing the ITT, the landscape for education providers has shifted in 2020 due to the COVID pandemic and resurgence.</p>	5	4	20	LOW	<ul style="list-style-type: none"> • Detailed consultation with all stakeholders in developing the ITT. Development of carefully crafted lots. • Education which has previously been difficult to recruit to has been incorporated in larger lots ensuring that there will be bidders – for example Radiography Assistant Practitioners has been 	2	1	2		<p><u>Nursing update - 26.05.21</u></p> <p>April 21 - valuation is complete with successful tenderers identified. Report prepared for consideration by Execs and Joint Committees. On track for submission to Board and WG.</p> <p>Once the approvals phase is complete this risk may be closed.</p> <p><u>Nursing – updated 21.06.21</u></p> <p>Education providers will be informed of the outcome of the procurement 28 June with final.</p> <p><u>Nursing update 27/7/21</u></p> <p>All lots have been awarded; no legal challenge has been forthcoming within allowed timeframe. Risk reduced and to be closed.</p>

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
		Director of Finance/ Director of Nurse and Health Professional Education					<p>incorporated into the largest Diagnostic Radiography lot</p> <ul style="list-style-type: none"> All Healthcare Science Practitioner Training Programmes (PTP's) have been incorporated into one lot – therefore increasing numbers and funding for the lot which should result in all small Health Care Science (HCS) PTPs being commissioned 					2.9.21 – Risk closed
19. Dec 2020		<p>If we continue to commission post reg and post grad education from Higher Education Institutions (HEI's) in England and Wales without a contract, then HEIs may withdraw education provision or fail to provide high quality education that can be performance managed in the usual contractually governed way.</p> <p>Director of Nurse and Health Professional Education</p>	3	6	18	MEDIUM	<p>Strategic Review 2 Project plan, timetable, and risk register.</p> <p>Strategic Review 2 Board, reporting to Exec Team.</p> <p>HEIW subject experts linked to programmes, supported by strategic education adviser</p> <p>Strategic review phase 2 to be a standing item in contract meetings with HEI's.</p> <p>Engage with regular discussions with the National School (4 countries meetings held quarterly)</p> <p>Phased approach with those programmes most at risk in first wave.</p>	3	4	12		<p>May 2021</p> <p>Staff resources to support phase 2 agreed, programme manager post to be advertised shortly.</p> <p>Project boards initiated. Further internal scoping meetings planned.</p> <p>Update 21-06-21</p> <ul style="list-style-type: none"> Scoping meetings commenced, linking with subject experts and established education workforce groups 2 Task & Finish groups established Project Manager post advertised <p>Draft plan presented to execs</p> <p>Timeline remains tight and is being kept under close review involving discussions with procurement colleagues</p> <p>27 July 2021 Update – PM appointed,</p> <p>02.9.21</p> <p>SR2 Board in place. Strategic education adviser appointed</p>
20.		<p>Strategic Review 1</p> <p>If successful HEIs fail to mobilise the new programmes within the time specified by contract, then new students will be unable to</p>	3	4	12	Medium	<p>SR1 Implementation Board</p> <p>Implementation plan agreed with each HEI.</p> <p>Reports to SRI and Executive Team</p>	2	4	8		<p>Risk added 03.06.2021</p> <p>Update 10.08.21</p> <p>Phase 1 Implementation Programme Board on 10.08.21. Terms of reference. risk register and reporting arrangements being developed</p>

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
		benefit from programmes in 2022. Director of Nurse and Health Professional Education					Senior member of the Education, Commissioning and Quality Team will sit on each HEIs implementation project board to ensure processes are followed for validation, recruitment, and curriculum implementation.					02.9.21 HEI Implementation meetings commenced. SRI Implementation Board Terms of Reference agreed by Executive Team 1/9/21
21		Nurse Staffing Programme If HEIW fails to identify & implement a national data capture and reporting solution health boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach. Director of Nurse and Health Professional Education	4	3	12	Moderate	Undertake scoping of existing and requirements of national solution. Identify & implement a national data capture and reporting solution. Implement the use of Power BI across section 25B areas Appoint to IT posts Scope IT systems & map data flows. Complete Data Protection Impact Assessments (DPIA) Collaborative working with IT team/HEIW, health boards/trusts, NDR unit/ Digital Health Care Wales (DHCW) to identify means of support. Identify responsibilities for organisations – formalise arrangements.	4	3	12		Updated 07.06.2021 HCMS system has been adapted as interim measure whilst national IT system (Allocate/Safecare) is being implemented (Allocate) system adapted -2 versions pending implementation Initial scoping exercise undertaken to identify current systems. Further work is required Meetings held with IT team/HEIW and NDR unit to identify means of support. Plans to formalise agreement Review of IT posts, adverts pending for 2 IT posts. Updated 10.08.21 IT posts advertised 02.9.21 Unable to appoint to senior information analyst via advert or agency. Meeting arranged for LL, JR and ER to explore alternative options to provide support whilst post is being readvertised. Interview for digital programme manager 14 th Sept.

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Risk Scoring Matrix

L I K E L I H O O D	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

Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.



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Meeting Date	30 September 2021	Agenda Item	4.5
Report Title	Welsh Language Update		
Report Author	Huw Owen, Welsh Language Services Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To provide the regular update on the top ten priorities for the Welsh Language Team (Top Ten Priorities). These reflect our Welsh language policy which is itself based on the Welsh Language Standards. The Top Ten Priorities aim to promote compliance and encourage growth of the use of the Welsh language by HEIW.		
Key Issues	<ul style="list-style-type: none"> • Update on progress against our Top Ten Priorities areas for the Welsh Language Team. • Good progress continues to be made in respect of embedding HEIW's Welsh language policy. • Demand for translation services continues to increase. • There is a strong demand for Welsh language lessons amongst HEIW staff. • Welsh Language Scheme is to be considered at November Board. 		
Specific Action Required (please one only)	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the report for assurance. 		

English Catherine
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WELSH LANGUAGE UPDATE

1. INTRODUCTION

The purpose of this report is to provide the regular update to the Board on progress against the 'Top Ten Priorities' relating to the Welsh language as agreed at the May 2019 Board Meeting.

2. BACKGROUND

2.1 Update on progress against our Top Ten Priorities.

Progress against the Top Ten Priorities is outlined below:

2.1.1 Awareness increasing exercise regarding bilingual correspondence – the Welsh Language Team to work with the Communications Team.

Regular communications undertaken via the Intranet and staff forums regarding the need to have correspondence sent bilingually. The increase in the demands for translation (considered further below under item no 2.1.7) also reflects the success of these communication exercises.

2.1.2 Awareness increasing exercise regarding bilingual phone answering – the Welsh Language Team to work with Communications Team.

Further attention has recently been given to our phone answering “crib sheet” which has been produced and distributed widely to staff. The crib sheet is highlighted at induction sessions and was also re-publicised in the staff “Showcase” event in April. Remote working has created some obstacles in promoting, encouraging, and fostering a culture of bilingual phone answering, but hopefully, our adoption of the agile working model in the new year will allow us re-ignite momentum around this activity.

2.1.3 Welsh Language Team to create a list of Welsh speakers within HEIW so that Welsh language phone calls can be directed to them.

This has been done and was included on our Intranet site. However, with the addition of many staff over the lockdown period, more learners progressing through our educational processes, and the additional challenges of working remotely, this has now been revisited, and new processes will be trialled when we adopt the agile working model in the new year

2.1.4 Welsh Language Team to supply telephone crib sheets for all areas of the organisation

This has been completed, as illustrated in 2.3 above.

2.1.5 Welsh Language Team to write a note on the Simultaneous translation equipment – and organise publicity

This has been completed, and the kit has been demonstrated to staff on a regular basis. It has also been demonstrated to staff in other Health Boards, and used by them (CTMUB, C&VUHB and ABUHB) on several occasions. However, lockdown has

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meant that there is very little call for simultaneous translation using our equipment, so we aren't currently proactively publicising the resource. We have successfully supported simultaneous translation for online meetings via the Zoom platform for public meetings of the Board since July 2020 and its Committees since July 2021.

2.1.6 Guideline for Organising Meetings – Welsh Language Team to produce and publicise

Remote meetings are offering new challenges, and we have been successful now in running a significant number of online Conferences, Meetings and Showcases in a compliant manner. This is through a process of ensuring that Welsh speakers are identified prior to the event, and pertinent resources are translated beforehand, and/or translation services provided on the day.

2.1.7 Design Guidelines and Translation Guidelines – Welsh Language Team to produce and to distribute and raise awareness of their existence.

Demand for Welsh language translation continues to increase, reflecting increased awareness amongst staff of our Welsh language policy. A number of further translation guidelines have recently been produced in light of increasing demands.

This growth in the demand for translation services is illustrated in the following figures:

Year	Annual total words translated
2019	1 million
2020	2.8 million
2021	Projected to be around 5 million

This exponential growth in the call on translation services can be put down to increasing awareness, appetite and buy-in from all staff at HEIW about the need to promote a bilingual approach in all that we do.

A recent survey of all other Health Boards in Wales showed that, in general, they are undergoing similar levels of growth in demand for translators, with the supply of translation resources becoming increasingly challenging.

Long term, strategic approaches are being considered to support translation services, including a Translation Academy, an all-Wales resource/ software sharing solution, as well as helping promulgate the development of machine translation capabilities (Artificial Intelligence).

2.1.8. Welsh Language Team and Exec Support Manager to organise telephone greeting training sessions for all those covering Reception.

This has been done – but needs to be extended to more staff, and refresher courses introduced. This is not a priority under the current working from home situation but will be re-introduced following the introduction of the agile working model in the new year.

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2.1.9. Promotion of Services – we need to use social media and the Comms team to regularly promote our Welsh language services. Welsh Language Team to talk with the Communications Team to devise a mechanism for doing this.

Our relationship with our dedicated Communications Officer continues to develop very positively– as a result, many more communications about services and initiatives are now being posted on the Intranet. However, not being office-based means that there are less intuitive/ creative opportunities to promote and utilise many of our service areas.

We have, however, held several very successful, interactive, and popular “Welsh singing sessions” recently, where staff and family members have come together online to sing a broad range of Welsh songs. This is now becoming a regular feature of staff events.

Additionally, we have begun piloting a new Translation qualification in 2021, which is designed to embed skills within the existing workforce rather than relying increasingly on a “stand-alone” Translation function.

2.1.10. The Welsh Language and our Learners.

The Contract award for the strategic review of Education (Phase 1) has now been completed. The contract specification contained numerous requirements designed to promote the use of the Welsh language within health professional education.

Constructive conversations have taken place over the last quarter with the schools of Medicine and Dentistry, the Royal Pharmaceutical Society and the Deaneries, all who want to adopt the Welsh language eLearning module (designed as a part of Phase 1 as the one-hour introductory session to the Welsh language) for their own use, and to tie that in with a campaign to promote the use of the Working Welsh signposting scheme not only with students but also in Primary Care settings.

Work has commenced with the Dental Deanery and Cardiff School of Dentistry, in the context of this work above, in the development of an easy to use app, which will help Dental workers and the Public alike to identify simple Welsh words and phrases in a Dental context, thus encouraging more use of Welsh in dental surgeries.

Another KPI which underlines the successes in promoting our services is the increase in this year’s learner’s cohort to 62 registered learners – a growth of over 50% on last year’s figures. We have been able to introduce new lessons at “Canolradd” (Middle) level, and Level “Uwch” (Higher Level) this year, as well as starting a small pilot group studying the Tystysgrif Sgiliau Iaith (Welsh Language Skills Certificate), which is aimed at embedding and strengthening latent and existing language skills within the workforce.

2.2 Welsh Language Standards and Scheme

The Welsh Language Commissioner has requested that HEIW prepare a Statutory Language Scheme – as prescribed under the original (1993) Welsh Language Act. This was because Welsh Government had indicated it would not be in a position to confirm the applicable Welsh language standards for HEIW in the foreseeable future.

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It is anticipated that the scheme will be endorsed by the Welsh Language Commissioner in October and, therefore, will be presented to the November Board meeting for Publication.

3. GOVERNANCE AND RISK ISSUES

Non-compliance with any of the Welsh language obligations can result in (considerable) Management time being taken up with answering an Investigation by the Welsh Language Commissioner and reputational damage.

Poor quality or non-translation of documents can directly lead to non-compliance also. Given the current position and the steps taken in terms of the implementing HEIW’s Welsh Language policy, the risk is currently considered to be low.

4. FINANCIAL IMPLICATIONS

No direct, incremental costs from addressing the Top Ten Priorities at this time.

5. RECOMMENDATION

Members are asked to:

Note the report for **assurance**.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
The quality of our Welsh language services reflects on us as a body operative throughout Wales.			
Financial Implications			
Financial implications are as noted at point 4 above.			
Legal Implications (including equality and diversity assessment)			
Ensuring that the organisation has a robust Welsh Language Scheme supports the workforce in delivering an effective bilingual service leading to better clinical and training outcomes, as well as helping attract more Welsh people into Health and Care roles. It also allows us to maximise compliance with Welsh Language legislation.			

Staffing Implications	
None	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Enacting our Welsh language scheme directly addresses two of the seven goals of the Well-being Act - Wales of cohesive communities and A Wales of vibrant culture and thriving Welsh Language.	
Report History	The Welsh Language Policy was approved at the May 2019 Board meeting.
Appendices	n/a

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Meeting Date	30 September 2021	Agenda Item	4.6
Report Title	Independent Member Committee Reappointments		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to request that the Board consider and confirm the reappointment of the members of the Audit and Assurance Committee (AAC) and the Education, Commissioning and Quality Committee (ECQC).		
Key Issues	The tenure of the existing membership of the AAC and ECQC ceases at the end of September 2021, and Committee member reappointments need to be considered and approved.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the reappointment of the existing AAC and ECQC members, as detailed within the proposal. • Approve the appointments of the Chairs of the AAC and the ECQC as detailed within the proposal. • Approve the appointments of the Vice Chairs of the AAC and the ECQC as detailed within the proposal. 		

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INDEPENDENT MEMBER COMMITTEE REAPPOINTMENTS

1. INTRODUCTION

The purpose of the report is to invite the Board to consider and confirm the appointment of the members of the Audit and Assurance Committee (AAC) and the Education, Commissioning and Quality Committee (ECQC).

2. BACKGROUND

The tenure of the existing membership of the AAC and ECQC ceases at the end of September 2021, and Committee member reappointments need to be considered and approved.

3. PROPOSAL

It is proposed that the Board confirm the following appointments, with the exception of John Hill-Tout*, for a period of one year:

Audit & Assurance Committee

Chair: Gill Lewis
Vice Chair: John Hill-Tout* until 31 January 2022 being the end of term as an Independent Member

Members: Dr Ruth Hall
Dr Heidi Phillips

Education, Commissioning & Quality Committee

Chair: Dr Ruth Hall
Vice Chair: Tina Donnelly

Deputy Member: Gill Lewis

4. GOVERNANCE AND RISK ISSUES

Good governance practice is to regularly review committee membership to support appropriate scrutiny and assurance arrangements.

5. FINANCIAL IMPLICATIONS

There are no direct financial implications associated with the proposals.

6. RECOMMENDATION

The Board is asked to:

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- **Approve** the reappointment of the existing AAC and ECQC members, as detailed within the proposal.
- **Approve** the appointments of the Chairs of the AAC and the ECQC as detailed within the proposal.
- **Approve** the appointments of the Vice Chairs of the AAC and the ECQC as detailed within the proposal.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality and experience of students and trainees.			
Financial Implications There are no direct resource implications related to this report.			
Legal Implications (including equality and diversity assessment) HEIW must comply with its Standing Orders.			
Staffing Implications There are no direct staffing implications related to this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) There are no direct implications on the Act.			
Report History	Membership of the AAC and the ECQC is reviewed by the Board on an annual basis.		
Appendices	None.		

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Meeting Date	30 September 2021	Agenda Item	4.7.1
Report Title	Committee Chair's Key Issues Report – Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee (AAC).		
Key Issues	<p>This report focuses on the key issues raised at the AAC meeting held on 21 July 2021.</p> <p>A verbal update of the AAC, held on 21 July 2021, was received at July Board.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendation	<p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> • Note the content of the report for assurance. 		

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COMMITTEE CHAIRS KEY ISSUES REPORT – AUDIT AND ASSURANCE

COMMITTEE HELD 21 JULY 2021

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee (AAC). The Board is asked to note the summary report from the Chair.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders. Each Committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

3. PROPOSAL

The AAC met on 21 July 2021. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

A verbal update of the AAC, held on 21 July 2021, was received at July Board.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

Board Members are asked to **note** the content of the report for assurance.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

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	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately throughout its committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
It is essential the Board complies with its standing orders, which includes receiving updates from its committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Audit and Assurance Committee to review the short-term performance and finance of HEIW as well as focussing on the longer-term sustainability. The governance structure aims to identify issues early to prevent escalations, and the Committee integrates into the overall board arrangements.			
Report History	This report is a standing item on the Boards agenda.		
Appendices	Appendix 1 – Audit and Assurance Committee, Chairs Summary		

APPENDIX 1

Meeting Date	30 September 2021	Agenda Item	4.7.1
Freedom of Information	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired By	Gill Lewis, Independent Member		
Lead Executive Director	Eifion Williams, Director of Finance		
Date of Last Meeting	21 July 2021		
Summary of key matters considered by the Committee and any related decisions made:			
<p>The Committee received and noted the Information Governance Toolkit report (IG Toolkit). The Committee were pleased to note that the Information Governance Toolkit Internal Audit Report received 'substantial' assurance. The Committee noted the submission of the IG Toolkit to Digital Health Care Wales and that the organisation was working to a Level One compliance. The Committee further noted the content of the delivery and implementation plan and the large volume of work required across a number of subject areas.</p> <p>The Committee received a report on the Review of HEIW's Procurement Systems and Processes Action Plan. It was highlighted that 19 actions were agreed and 8 of those have now been completed. The remainder of the actions are due for completion in September. It was confirmed that £220,000 savings had been realised by the procurement process. The Committee noted the report and asked for a further report at its next meeting on the savings secured by the procurement process.</p> <p>The Committee received and noted the Procurement Compliance Report. There were no financial implications arising from procurement activity for the period 1 April to 15 June 2021 and no areas of concern. The Committee noted the Procurement Compliance Report for assurance.</p> <p>The Committee received and noted the Internal Audit Progress Report.</p> <p>The Committee received the Pre-Registration Pharmacy Internal Audit Report noting that the overall assurance level was reasonable. There were 3 recommendations, of which 2 were medium priority, and 1 was low priority.</p> <p>The Committee received the Governance Arrangements Internal Audit Report noting that the overall assurance level was reasonable. There were 3 recommendations, of which 2 were medium priority and 1 was low priority.</p> <p>The Committee received the Information Governance Toolkit Internal Audit Report noting the overall level of assurance was of substantial assurance. There were 3 recommendations, of which 2 were medium priority and 1 was low priority.</p>			

The Committee received and noted the **Audit Wales Progress Report**.

The Committee received the **Audit Wales Structured Assessment Phase 1 Report**. It was highlighted that overall, HEIW's arrangements for preparing operational plans and monitoring their delivery were found to be robust. The Committee also noted HEIW's planning arrangements were found to be robust, and there was evidence of far-reaching engagement with stakeholders. The review also found HEIW had effective arrangements to oversee the delivery of its operational plans. The Committee **noted** the Audit Wales Structure Assessment Phase 1 Report for **assurance**.

The Committee received the **Counter Fraud Progress Report** and **noted** the progress made against the 2020/2021 Counter Fraud Plan.

The Committee received an update on the **National Fraud Initiative**. It was confirmed that of the 26 high priority matches initially identified, investigations into 23 of those matches had concluded with no further action.

The Committee received and noted the **Counter Fraud Annual Report 2020/21**.

The Committee reviewed the **Update to the Standing Finance Instructions**. The Committee **recommended** that the Board approve the updated Standing Financial Instructions at its meeting in July.

The Committee considered the updated **Standing Orders** which were updated to reflect minor changes to the Model Standing Orders issued by Welsh Government. The Committee **recommended** that the Board approve the revised Standing Orders at its meeting in July.

The Committee considered the **Proposed Amendments to the Delegated Financial Limits** and recommended that the Board approve them at its meeting in July.

The Committee reviewed and approved its **Terms of Reference** without amendment.

The Committee received and noted the **Information Governance and Information Management Report** for assurance.

The Committee considered and reviewed the **Strategic Risks Control Framework** for **assurance**.

The Committee reviewed the **Corporate Risk Register** and noted the one red risk relates to cyber-security where good progress continues to be made in terms of implementing the Cyber-Security Implementation Plan. The Committee approved the removal of two green status risks.

The Committee considered the **Audit Recommendations Tracker** and approved that removal of 18 recommendations assessed as green from the tracker.

The Committee considered the **Ministry of Defence Memorandum of Understanding with HEIW for Postgraduate Speciality Training**. It was agreed that the Board Secretary review the Terms of Reference of the AAC and the Education Commissioning and Quality Committee to ensure clarity around the role and remit of each Committee when considering MOUs in the future.

The Committee received and noted the draft **Education Commissioning and Quality Committee Annual Report 2020/21**.

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

n/a

Recommendations for Board to consider:

The Committee recommended the Board approve the **updated Standing Financial Instructions** (this was a separate agenda item on the July Board agenda).

The Committee recommended the Board approves the **updated Standing Orders** (this was a separate agenda item on the July Board agenda).

The Committee recommended the Board approves the **proposed amendments to the Delegated Financial Limits** subject to appendix 1 being amended to reflect the Boards Capital Delegated Financial Limit accurately (this was a separate agenda item on the July Board agenda).

Delegated action by the Committee:

n/a

Main sources of information received:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Information Governance Toolkit Submission and Information Governance Delivery and Implementation Plan 2021/22 • Procurement Systems and Processes Action Plan • Procurement Compliance Report • Internal Audit Progress Report • Pre-Registration Pharmacy Internal Audit Report • Governance Arrangements Internal Audit Report • Information Governance Toolkit Internal Audit Report • Corporate Risk Register • Audit Recommendations Tracker • MOD Memorandum of Understanding with HEIW for Post Graduate Speciality Trainees | <ul style="list-style-type: none"> • Audit Wales Progress Report • Structured Assessment Phase 1 Report • Counter Fraud Progress Report • Counter Fraud Annual Report 2020/21 • Updated Standing Financial Instructions • Updated Standing Orders • Amendments to Delegated Financial Limits • Audit and Assurance Committee Terms of Reference • Information Governance and Information Management Report • Board Assurance Framework • Education, Commissioning and Quality Committee Annual Report 2020/21. |
|--|---|

Highlights from sub-groups reporting to this Committee:

n/a

Matters referred to other Committees:
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None identified.

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Meeting Date	30 September 2021	Agenda Item	4.7.2
Report Title	Key Issues Report – Education, Commissioning and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Ruth Hall, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
Key Issues	This report focuses on the key issues raised at the Education, Commissioning, and Quality Committee meeting held on 2 September 2021.		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report for assurance • Approve the amended terms of reference for the Education Commissioning and Quality Committee (Appendix 2). 		

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KEY ISSUES REPORT – EDUCATION, COMMISSIONING AND QUALITY COMMITTEE

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Education, Commissioning and Quality Committee at its meeting on 2 September. The Board is asked to note the summary report from the Chair together with the recommendations made by the Committee.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders; the Audit and Assurance Committee; the Remuneration and Terms of Service Committee, and the Education, Commissioning and Quality Committee. Each Committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

3. PROPOSAL

The Education, Commissioning and Quality Committee met on 2 September. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

Members of the Board is asked to:

- **Note** the content of the report for assurance
- **Approve** the amended terms of reference for the Education Commissioning and Quality Committee (Appendix 2).

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in enabling the quality, safety and experience of patients receiving care.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
The Board must comply with its Standing Orders, which includes receiving updates from its committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations, work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
Report History	This report shall be a standing item on the Board's agenda.		
Appendices	Appendix 1 - Chair's Summary – Education, Commissioning and Quality Committee Appendix 2 – updated terms of reference for the Education, Commissioning and Quality Committee		

Appendix 1

Meeting Date	30 September 2021	Agenda Item	4.9.1
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired by	Ruth Hall		
Lead Executive Director(s)	Lisa Llewelyn and Professor Pushpinder Mangat		
Date of last meeting	2 September 2021		
Summary of key matters considered by the Committee and any related decisions made:			
<p>Declarations of interest were received in relation to agenda items 3.1 'Strategic Review of Health Professional Education: Update on Phases 1 and 2'. All declarations related to interests in respect of Welsh Universities.</p> <p>It was agreed a celebratory staff event would be added to the Autumn staff conference with a view to holding a wider celebratory event for stakeholders and partners in 2022.</p> <p>The Committee considered and noted the outlined approach in the development of the HEIW Quality Framework for information.</p> <p>The National Quality and Safety Framework published by Welsh Government was noted by the Committee. It was further noted that the Annual Quality Statement will be replaced by a new annual report. The Committee supported the submission of the update on the National Quality and Safety Framework to a Board Development Session at an appropriate time given the importance of the work.</p> <p>The Committee received a verbal update on Student and Training Experience. It was confirmed that HEIW had undertaken a review of student and training experience and that feedback had focused on the support offered to students during the pandemic. Students overall felt the online learning had been accessible, and universities had been supportive and adapted well to the challenges of online learning. It was confirmed the comments would be fed back to the universities, and a further evaluation would take place to ensure good practice continues and lessons learned are implemented. The update was noted.</p> <p>The Committee received and noted a report on the Medical Deanery Quality Assurance Activity, and the five areas of risk currently in enhanced monitoring status with the GMC. The Committee was reassured by the amount of scrutiny that had continued despite the challenges of the pandemic.</p> <p>The Committee received a verbal update on the Dentistry Deanery Quality Assurance Activity which confirmed that during 2020/21 all Dental Foundation Trainees had successfully completed the programme despite the significant disruption caused by the pandemic. The update was noted.</p> <p>The Committee received a verbal update on the Pharmacy Deanery Quality Assurance Activity which stated that all foundation trainees had completed their competency-based training. It was confirmed that despite the issues with the</p>			

Pharmacy Technician Programme, the impact on student experience had been successfully mitigated. The update was **noted**.

The Committee received an overview of the **Nursing Quality Assurance Activity** which confirmed that the majority of nursing registration for 2021/22 had been filled. The update was **noted**.

The Committee received a verbal update on the **Health Professionals Quality Assurance Activity** which reported that the average satisfaction score for 2020 for all programmes was 83%. It was confirmed that for those programmes where the satisfaction score was lower, work with the universities was ongoing to improve those scores. The update was **noted**.

The Committee received a **Progress Report on Memorandum of Understandings between HEIW, Regulators and Professional Bodies** and considered the potential for building on them to work more strategically with partners and higher educational institutions. It was confirmed that a register of MOU's is held by the Board Secretary and reviewed by the Audit and Assurance Committee annually. The Committee **noted** the report for information.

The Committee received and noted the **Memorandum of Understanding and Data Sharing Agreement between HEIW and the General Pharmaceutical Council**.

The Committee received an update on the **Strategic Review of Health Professional Education Phases 1 and 2**. It was confirmed that Phase 1 had concluded (subject to one contract), and there had been no challenges to the outcome of the tender process. One contract remained outstanding, but it was confirmed the delay in signing did not present any risk to delivery. The Committee noted the latest position of Phase 1 and Phase 2.

The Committee considered a verbal update on **Equality and Diversity** which included updates on Differential Attainment and the Refugee Programme. The update was **noted**.

The Committee received a report on the **North Wales Dental Academy**, and it was confirmed the contract had been awarded and the project was progressing within agreed timescales. The Committee **noted** the report for information.

The Committee reviewed and approved its **Terms of Reference** subject to them being updated to reflect the updated job title for the role of Director of Nurse and Health Professional Education.

The Committee received and noted an update on the **General Practice Nurse Framework**.

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

N/A

Recommendation for Board consideration

The Committee recommends that the Education Commissioning and Quality Committee Terms of Reference be amended to reflect the updated job title for the role of Director of Nurse and Health Professional Education.

Delegated action by the Committee
N/A
Main sources of information received
<ul style="list-style-type: none"> • Multi-professional Education and Training Performance Assurance Framework and Annual Quality Statement. • Multi-Professional Education and Training Quality Assurance Updates • Memorandum of Understanding and Information Sharing Agreement between HEIW and GPhC. • Education Commissioning and Quality Committee Completed Self-Assessment Checklists • Education Commissioning and Quality Committee Terms of Reference • General Practice Nurse Framework
Highlights from sub-groups reporting into this Committee
N/A
Matters referred to other Committees
N/A

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Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements

Date: October 2020

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

Provide assurance to the Board as to the effective management

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and improvement of the quality of HEIW's education and related research activities.

- ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value-based commissioning.
- iii. Recommend to the Board the national annual education and training plan.
- iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action and oversee such action on behalf of the Board.
- v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.
- vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.
- vii. Monitor compliance of education and training activities with:
 - a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
 - b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.
- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Scrutinise the specification of education tender documents.
- xii. Recommend the specification of tender documents to the

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Board for Education.

- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1.1 Members

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

The Chair of the organisation shall not be a member of the Committee but may be invited to attend by the Chair of the Committee as appropriate.

4.1.2 Deputy Independent Member

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

4.2 Attendees

In attendance:

- Director of Nurse and Health Professional Education
- Medical Director
- Director of Finance

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- Board Secretary
- Deputy Director – of Education, Commissioning and Quality
- Dental Dean
- Pharmacy Dean
- Postgraduate Medical Dean

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

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

Meeting Date	30 September 2021	Agenda Item	4.8
Report Title	In-Committee Decisions		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To set out key issues discussed at the In-Committee Board Meeting held on 29 July 2021.		
Key Issues	In accordance with Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. This report sets out the decisions made by Board In-Committee on 29 July 2021.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendation	The Board is asked to: <ul style="list-style-type: none"> • Note the report for information. 		

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DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 29 JULY 2021

1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meeting held on 29 July 2021.

2. BACKGROUND

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

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

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

3. PROPOSAL

The report provides an overview of matters considered by the In-Committee Board Meeting held on 29 July 2021 and is intended to further demonstrate HEIW's commitment to open and transparent decision making.

4. GOVERNANCE AND RISK ISSUES

The following matters were discussed in the in-committee meeting of the HEIW Board on 29 July 2021:

- **Chairs Report** – The Board received and noted a verbal update from the Chair.
- **Chief Executives Report** – The Board received and noted a verbal update from the Chief Executive.
- **Update on Impact of Covid on Education and Training** – The Board received an update on the impact of Covid on education and training. It noted any further updates would be reported via the Education, Commissioning and Quality Committee.
- **Key Issues Report from the Education Commissioning and Quality Committee meeting held on 25 June 2021** - The Board received and noted the Chairs key issue report for the closed session of the Education, Commissioning, and Quality Committee held on 25 June 2021.
- **Key Issues Report from the Audit and Assurance in-committee meeting held on 21 July 2021** – The Board received and noted the Chairs key issue

report for the closed session of the Audit and Assurance Committee held on 21 July 2021.

- **Key Issues Report from Remuneration and Terms of Service meeting held on 27 May 2021** - The Board received and noted the Chairs key issue report for the Remuneration and Terms of Service Committee held on 27 May 2021.
- **Key Issues Report from Remuneration and Terms of Service meeting held on 17 June 2021** - The Board received and noted the Chairs key issue report for the Remuneration and Terms of Service Committee held on 17 June 2021.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

6. RECOMMENDATION

The Board is asked to **note** the report for **information**.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff, ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience Ensuring the Board and its Committees make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.			
Financial Implications There are no direct resource implications associated with this report.			
Legal Implications (including equality and diversity assessment) There are no legal implications associated with this report.			
Staffing Implications There are no direct staffing implications associated with this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			

There are no direct implications on the Act.	
Report History	This report is provided at each meeting of the Board.
Appendices	None.

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

Meeting Date	30 September 2021	Agenda Item	5.1
Report Title	Welsh Health Circular (WHC/2021/012) – Implementing the agreed approach to preventing Violence and Aggression towards NHS staff in Wales		
Report Author	James Cogan, Interim Head of the People Team		
Report Sponsor	Julie Rogers, Director of Workforce & Organisational Development		
Presented by	Julie Rogers, Director of Workforce & Organisational Development		
Freedom of Information	Open		
Purpose of the Report	This paper sets out the actions to be taken to ensure compliance with Welsh Health Circular (WHC/2021/012) – Implementing the agreed approach to preventing Violence and Aggression towards NHS staff in Wales		
Key Issues	This paper: <ul style="list-style-type: none"> • Sets out the roles and responsibilities required under WHC/2021/012 • Confirms the actions that HEIW will take 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Endorse 		

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WELSH HEALTH CIRCULAR (WHC/2021/012) – IMPLEMENTING THE AGREED APPROACH TO PREVENTING VIOLENCE AND AGGRESSION TOWARDS NHS STAFF IN WALES

1. INTRODUCTION

This paper outlines the actions that HEIW will take in meeting the requirements of the circular to demonstrate its compliance with the Obligatory Responses to Violence in Healthcare.

2. BACKGROUND

The new arrangements go back to the formation of the NHS Anti-Violence Collaborative (AVC) in 2017. The AVC worked in collaboration with NHS Wales Organisations and other partners to produce and launch a document entitled Obligatory Responses to Violence in Healthcare (ORV). This was signed by the NHS, 4 Police Services and the CPS in Wales. Following the launch of ORV, the recent Welsh Health Circular provides a schedule of key actions and a timeline for each NHS Organisation to demonstrate its compliance with the ORV.

First Schedule

Each NHS organisation in Wales will need to formalise implementation across all sites by:

1. identifying responsibility for anti-violence and aggression at Board level within each organisation; and
2. ensuring organisations assign appropriate resource to the critical Case Manager role to enable them to play a proactive role, including:
 - Support and guide victims through the criminal justice system and signpost them to well-being support available in the NHS.
 - Provide monthly reports to the Health and Safety Department and the lead director for Violence and Aggression in their own organisation.
 - Provide a six-monthly aggregate report to the AVC in a standard format to enable them to identify issues and progress at an all-Wales level with periodic meetings with the AVC.
 - Provide an annual report that follows the example report set out in Annex M of the ORV agreement to its Board for formal sign off. That report will be provided to the Anti Violence Collaborative by the 31 February 2022.
 - The AVC will provide an annual review of the implementation of the ORV from the reports received from its wider membership and from NHS organisations as a whole which will be made available to the Welsh Government. The first such report will be provided to Welsh Government by 1 April 2022
 - It is recommended that each NHS organisation should reaffirm its commitment to the ORV by ensuring that the Chief Executive or Chair re-sign the agreement as part of a public campaign to be launched in June /July 2020 promoting the agreement.

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- The AVC, in conjunction with its partners, will provide guidance and training on the implementation of the ORV.

3. PROPOSAL

We are committed to implementing the required actions in support of the ORV, and in order to do so, the proposal is that:

- (i) The Director of Workforce and Organisational Development assumes responsibility at Board level and
- (ii) the role of Case Manager sits within the People Team. The People Team are currently best placed to support a member of staff and signpost to appropriate support such as Occupational Health and Health for Health Professionals.

As an organisation, we don't provide direct clinical services, and incidents of violence and aggression for staff employed by HEIW are low, and the expectation is that they will remain low. However, we need to be proactive in ensuring that staff are aware of how to report incidents and that they are managed and followed up in accordance with the circular and the ORV. Part of this will include a joint statement with trade union partners on violence and harassment.

In addition, we have a wider role in the supporting of doctors and dentists in training across Wales and will work within the single lead employer model to be an informed party being aware of any patterns or trends that may require action to safeguard trainees. Reporting will be undertaken in accordance with the schedule with the first annual report due to be submitted to the AVC by 28 February 2022.

4. GOVERNANCE AND RISK ISSUES

In terms of governance, a process will be put in place to ensure that any incidents are reported and dealt with appropriately. The primary reporting tool within HEIW is via DATIX. For wider reporting on incidents involving trainees, it is intended that this will become part of the regular Single Lead Employer reporting framework.

There is a risk that all NHS staff, including our staff, may be subject to incidents of violence and aggression and policies and procedures are put in place to manage and mitigate those risks, such as the Lone Worker Policy. The actions contained in this paper helps ensure that incidents are reported, managed, staff are supported, and lessons learnt.

5. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from the agreed actions. There is a potential for costs to arise out of an incident of violence and aggression directed at a member of HEIW and/or a trainee, particularly where that resulted in injury and absence from work. However, it is difficult to quantify what the actual cost would be.

6. RECOMMENDATION

The Board is asked to endorse the actions included in this paper at 3 (i) and 3 (ii).

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
		✓	
Quality, Safety and Patient Experience			
Tackling violence and aggression ensures that staff can work in a safe environment and also patients' experiences are improved			
Financial Implications			
There are no direct financial implications of this paper. Any potential implications are outlined within the paper.			
Legal Implications (including equality and diversity assessment)			
HEIW has a duty of care to ensure that all staff have a safe working environment, and the actions in this paper will contribute to ensure that HEIW fulfils its duty.			
Staffing Implications			
There are no staff costs as part of this paper as it is not anticipated that additional staff will be required to implement the actions			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The actions in this paper do not directly impact on the Well-being of Future Generations but may indirectly by supporting future NHS staff			
Report History	No previous papers		
Appendices	Appendix 1 - WHC/2021/012 Appendix 2 - Joint Statement on Violence and Harassment		

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WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 22nd April 2021

STATUS: ACTION

CATEGORY: WORKFORCE

Title: Implementing the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.

Date of Expiry / Review: N/A

For Action by:

Chief Executives and Chief Operating
Officers of Health Boards and Trusts
Workforce Directors

Action required by: Immediately

Sender: Andrew Goodall, Chief Executive, NHS Wales.

HSSG Welsh Government Contact(s):

HSS Workforce & Corporate Business mailbox: HSSWorkforceOD@gov.wales

Enclosure(s): None

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To all Chief Executives
Health Boards and Trusts in Wales

C.C. CMO, Directors of Finance, Directors of W&OD, Medical Directors

The Document “Obligatory Responses to Violence in Healthcare” in updated format is set out in full in the second Schedule.

Introduction

In the context of the *A Healthier Wales* commitment for the NHS to become an exemplar employer in respect of the health and well-being of its workforce, all NHS organisations have agreed the approach to preventing violence and aggression towards NHS staff in Wales. The advent of the Covid-19 pandemic also adds further pressure upon NHS services in an array of ways that will foreseeably increase the risk of violence being inflicted on NHS Workers.

This work is important to drive both practical and cultural change to ensure that:

- the public, staff and patients are aware how seriously the NHS in Wales takes incidents of violence and aggression against its staff and that the NHS have first responsibility to energise the initiative;
- all NHS staff in Wales can be confident that we are taking a concerted effort to protect them from violence and aggression whilst they are at work; and
- if staff are involved in any such incident they can be reassured there are clear policies and procedures in place, these will be followed robustly and effectively to support them through the process and appropriate actions will be taken against the perpetrators.

NHS organisations undertake to collate, review and analyse the body of incident reports relating to violence against staff in order to prevent violence occurring in the first instance and revise risk management measures by learning from events.

The purpose of this circular is to set out plans and a timeline to fully embed the requirements to implement and report upon violent incidents as set out in the NHS Anti-Violence Collaborative's *Obligatory Responses to Violence in Healthcare* within all NHS organisations. It acknowledges and respects the commitment to the initiative made by the Police, CPS and Partner agencies by elevating its status.

New Arrangements

In 2017, the NHS Anti-Violence Collaborative (AVC) was formed, and between June 2017 and November 2018 the AVC collaborated with NHS organisations in Wales and with other partners to determine the effect and response including prevention of assaults upon NHS workers. This work culminated in the launch of a document entitled *Obligatory Responses to Violence in Healthcare* (ORV) which was signed on 21 November 2018 by the NHS, 4 Police services and CPS in Wales.

The document has been universally well received and achieved the following aims:

- re-established relationships between the NHS, Police and CPS in Wales;
- extended the scope of the existing agreement to include primary care, community pharmacy and podiatry services in Wales;
- re-affirmed NHS Wales organisations' commitment to the reduction and prevention of violence in healthcare;
- placed the victims of violent crime in the NHS “front and centre” of the agreement;
- dealt with the use of ‘capacity’ as a proxy term for intention to commit a crime; and
- clarified the role of case managers in implementing the agreement.

Furthermore the document identifies the need to raise public awareness proactively at all times but especially at times of crisis such as during a pandemic outbreak, i.e. Covid-19, when pressure upon services can foreseeably increase the risk factors leading to assaults on staff.

The new agreement was very well received and provided as a communicable document utilising digital technology and providing a refreshed and comprehensive range of posters for distribution and awareness raising.

Embedding the changes

Following the launch and embedding of the changes more needs to be done to raise awareness of the protocol, build capability across Wales, share effective practice in implementation and ensure that implementation is consistent across Wales through improved monitoring.

The following schedule identifies the key actions and timeline for each NHS organisation to demonstrate its compliance with the ORV

First Schedule

Each NHS organisation in Wales will need to formalise implementation across all sites by:

1. identifying responsibility for anti-violence and aggression at Board level within each organisation; and
2. ensuring organisations assign appropriate resource to the critical Case Manager role to enable them to play a proactive role, including:
 - Support and guide victims through the criminal justice system and signpost them to well-being support available in the NHS.
 - Provide monthly reports to the Health and Safety Department and the lead director for Violence and Aggression in their own organisation.

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- Provide a six monthly aggregate report to the AVC in a standard format to enable them to identify issues and progress at an all-Wales level with periodic meetings with the AVC.
- Provide an annual report that follows the example report set out in Annex M of the ORV agreement, to its board for Formal sign off. That report will be provided to the Anti Violence Collaborative by the 31 February 2022.
- The AVC will provide an annual review of implementation of the ORV from the reports received from its wider membership and from NHS organisations as a whole which will be made available to the Welsh Government. The first such report will be provided to Welsh Government by 1 April 2022
- It is recommended that each NHS organisation should reaffirm its commitment to the ORV by ensuring that the Chief Executive or Chair re-sign the agreement as part of a public campaign to be launched in June /July 2020 promoting the agreement.
- The AVC in conjunction with its partners will provide guidance and training on the implementation of the ORV.

Second Schedule

The ORV can be found here - [Obligatory Responses to Violence in Healthcare](#)

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

Health Education and Innovation Wales – Joint Statement on Violence and Harassment

HEIW along with our Trade Union Partners is committed to ensuring that employees can work in an environment that is safe and healthy. This means one where all forms of harassment or violence are not tolerated at any level. This is not just because there are legal duties and obligations (Equality Act 2010, Human Rights Act 1998, Health and Safety legislation) but because it is simply the right thing to do.

In order to make our working environment safe from harassment and violence we need more than words and we need to be sure that staff are confident to 'call it out'. This in turn means understanding what may constitute harassment and violence, what to do and where to go if you experience it and what HEIW will do to support you.

HEIW supports the NHS Wales Anti Violence Collaborative, for further details follow the link:

[NHS Wales Anti Violence Collaborative - NHS Wales Shared Services Partnership](#)

If you experience harassment or violence at work, there are a number of avenues for you to initially turn to for help and support as appropriate including:

- Your line manager or another senior manager
- An Inclusion Champion (details found on Equality and Inclusion pages of the intranet)
- Member of the People Team
- Your Trade Union representative

Any member of staff who is subject to harassment or violence at work should feel confident in reporting it to their manager and also in documenting the incident through DATIX so that it can be investigated. DATIX incident reporting can be access here [Incident Reporting and Investigating \(sharepoint.com\)](#) along with guidance on incident reporting.

HEIW also has a range of policies to support staff including a Lone Worker Policy that has advice on how staff can keep themselves safe.

Going forward have adopted the new All Wales Respect and Resolution Policy which will add to/consolidate some existing policies. In the coming months we will, with our Trade Union Partners, support the introduction of the policy with raising awareness and local training.

HEIW Local Partnership Forum

September 2021

DRAFT

English Catherine
09/29/2021 14:12:49