

Bundle Education, Commissioning & Quality Committee (Open) 16 January 2020

AGENDA

ECQC Agenda 16 January 2020 (Open) V4.docx

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 - 1.1 Welcome and Introductions
 - 1.2 Apologies for Absence
 - 1.3 Declaration of Interest
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 - 1.5.1 • ECQC 16/05/4.4 GMC Quality Response: Itinerary to be shared with Committee Members
 - 1.5.2 • ECQC 01/07/2.1 NHS Wales Education, Commissioning and Training Plan 2020/21: Feedback from Welsh Government
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 - 2.2 Future Funding of Health Professional Education
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 - 3.1 Performance Report of Education Contracts
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 - 4.1 Any Other Business
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 - 4.3 Date of Next Meeting: Thursday, 9 April 2020 at 10.00am in the Conference Room, Ty Dysgu, Nantgarw

EDUCATION, COMMISSIONING AND QUALITY COMMITTEE (Open)

Thursday, 16 January 2020
9.00am – 11.30am

HEIW Meeting Room 11, Ty Dysgu, Nantgarw

AGENDA

PART 1	PRELIMINARY MATTERS	9.00-9.10
1.1	Welcome and Introductions	Chair/ Oral
1.2	Apologies for Absence	Chair/ Oral
1.3	Declarations of Interest	Chair/ Oral
1.4	To Receive and Confirm the Minutes of the Committee held on 21 October 2019	Chair/ Attachment
1.5	Action Log	Chair/ Attachment
1.6	Matters Arising: <ul style="list-style-type: none"> ECQC 16/05/4.4 GMC Quality Response: Itinerary to be shared with Committee Members ECQC 01/07/2.1 NHS Wales Education, Commissioning and Training Plan 2020/21: Feedback from Welsh Government. 	Chair/ Oral
PART 2	STRATEGIC ISSUES	9.10-10.30
2.1	KPMG Strategic Review of Health Professional Education	Director of Nursing/ Attachment
2.2	Future Funding of Health Professional Education	Director of Nursing/ Oral
2.3	Health Professional Student Allocations for 2020/21	Director of Nursing/ Attachment
2.4	Major Trauma Network: Training Needs	Medical Director/ Oral
2.5	Update on the Sub Group Terms of Reference	Board Secretary/ Attachment
2.6	Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role	Medical Director/ Attachment
PART 3	EDUCATION PERFORMANCE AND QUALITY	10.30-11.15
3.1	Performance Report of Education Contracts	Director of Nursing/ Attachment
3.2	Quality Assurance Review of Post Graduate Medical Education (PGME)	Medical Director/ Attachment
3.3	New Arrangements for Annual Commissioning Process for Post Graduate Education	Medical Director/ Attachment

PART 4	CLOSE	11.15-11.30
4.1	Any Other Business	Chair/ Oral
4.2	Reflection on Today's Committee	Chair/ Oral
4.3	Date of Next Meeting: Thursday, 9 April 2020 at 10.00am in the Conference Room, Ty Dysgu, Nantgarw	Chair/ Oral

UNCONFIRMED

**Minutes of the Education, Commissioning and Quality Committee
held on 21 October 2019
in the Conference Room, HEIW, Ty Dysgu, Nantgarw, CF15 7QQ**

Present:

Dr. Ruth Hall	Chair and Independent Member
Tina Donnelly	Independent Member

In Attendance:

Dafydd Bebb	Board Secretary
Prof. Pushpinder Mangat	Medical Director
Stephen Griffiths	Director of Nursing
Martin Riley	Head of Education, Commissioning and Quality
Eifion Williams	Interim Director of Finance
Kay Barrow	Corporate Governance Manager (Secretariat)
Clare James	Performance Audit Lead, Wales Audit Office (Observing)

PART 1	PRELIMINARY MATTERS	Action
ECQC: 21/10/1.1	WELCOME AND INTRODUCTIONS	
	The Chair welcomed everyone to the meeting and, in particular, Clare James (Performance Audit Lead), Wales Audit Office who was attending as an Observer. A quorum was confirmed present.	
ECQC: 21/10/1.2	Apologies for Absence	
	There were no apologies for absence.	
ECQC: 21/10/1.3	Declarations of Interest	
	There were no declarations of interest.	
ECQC: 21/10/1.4	To Receive and Confirm the Minutes of the Committee held on 1 July 2019	
	<p>The Committee received the minutes of the meeting held on 1 July 2019 and the following changes were requested:</p> <ul style="list-style-type: none"> • ECQC 16/05/2.2 Strategic Review of Health Professional Education: The first paragraph on page 3 to be amended into shorter sentences so that it reads as follow: 'The Committee was advised that a decision in relation to the NHS Wales Bursary had been expected. However, on 18 June 	

	<p>2019, the Minister had announced that Welsh Government was seeking further engagement regarding the funding model. The decision was anticipated to be around November/December 2019.'</p> <p>The last paragraph on page 3 to be amended to read as two separate points so that it reads as follows: 'Tina Donnelly questioned the use of Welsh funding to train students who choose not to stay in Wales. She also asked whether KPMG could include a review of the effects of non-bursary models across the UK.'</p>	
Resolved	The Committee approved the minutes of the meeting held on 1 July 2019, subject to the changes being made as discussed.	DB
ECQC: 21/10/1.5	Action Log	
	<ul style="list-style-type: none"> • ECQC 16/05/4.4 GMC Quality Response: It was confirmed that the response had been delayed until January 2020. 	
Resolved	The Committee agreed for the itinerary to be shared at the January Committee meeting.	PM
	<ul style="list-style-type: none"> • ECQC 01/07/2.1 NHS Wales Education, Commissioning and Training Plan 2020/21: Feedback was awaited from Welsh Government following submission of the HEIW recommendations. It was confirmed that Alex Howells was due to meet with Welsh Government in this respect. 	
Resolved	The Committee noted the update and requested to be kept informed when the decision outcome was known.	SG
ECQC: 21/10/1.6	Matters Arising	
	There were no matters arising.	
PART 2	STRATEGIC ISSUES	
ECQC: 21/10/2.1	Review of Committee Terms of Reference	
	<p>The Committee received the Review of the Terms of Reference.</p> <p>In presenting the report, the Chair reported that the Board had considered in detail the recommendations within the Future Ways of Working report. The Committee was reminded that the report had been prepared because of concerns about assuring the Committee's quoracy, and the potential blurring of boundaries and accountabilities between this and the Audit and Assurance Committee. She explained that the Board had approved the recommendations and that the Committee had been directed by the Board to consider the amendments to its own Terms of Reference.</p> <p>The Committee considered the revisions to its Terms of Reference.</p>	

	<p>Clarification was provided in relation to 3.i. of the Delegated Powers and related research activities. Whilst it was highlighted that HEIW is not a primary funder of research, there may be some instances where research work may need to be initiated by HEIW. These could require this Committee's oversight and scrutiny on behalf of the Board.</p> <p>In relation to the Committee's role to ensure value, it was emphasised that the work being undertaken by Professor Ceri Phillips (HEIW Independent Member) in this area, should be brought back to the Committee as part of a wider focus on value.</p> <p>In terms of the identification and management of value-related risk, the Committee was keen to be sighted on the future workforce plans emerging throughout NHS Wales and the impact on the future training programmes.</p> <p>During the discussion, several minor corrections within the Report's appendices were requested.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • requested that Committee members and officers to provide a list of identified typos to the Board Secretary; • requested that the Identified typos be corrected within the report; • approved the Terms of Reference; • requested that a review of Committee Terms of Reference to be added to the Committee Forward Work Programme for October 2020; • requested that a specific agenda item on Value to be added to the Committee Forward Work Programme; • requested a specific agenda item on the Emerging Approaches from Workforce Planning and impact on training programmes to be added to the Committee Forward Work Programme; • recommended that the revised Standing Orders be scrutinised by the Audit and Assurance Committee at its November meeting. 	<p>All</p> <p>DB</p> <p>DB</p> <p>DB/SG</p> <p>DB/JR</p> <p>DB</p>
ECQC: 21/10/2.2	Review of Health Professional Education	
	<p>The Committee received the report.</p> <p>In presenting the report, Martin Riley highlighted the revised timelines resulting from the delay to the Welsh Government decision relating to the NHS Bursary scheme.</p>	

	<p>The Committee received an overview of the Communication and Engagement Strategy and, in particular, the positive feedback following the Procurement Engagement Event held on 11 October 2019.</p> <p>Martin Riley provided a summary of the key themes emerging from the KPMG review including those areas that required further consideration and work.</p> <p>The Welsh language provision was welcomed. However, there was a focus on what was already being delivered in Bangor and the commitment to increasing teaching through the medium of Welsh. Bangor University offers students the choice to study through the medium of Welsh and offers more courses through the medium of Welsh compared to other universities in Wales. Many Schools offer courses in the Welsh medium or it may be possible for students to opt for Welsh language modules alongside an English medium degree.</p> <p>It was clarified that the term of the education contracts could be for up to 10 years. Concern was raised in relation to whether there could be contract flexibility and it was agreed that this would need to be explored further.</p> <p>The Committee members were keen for the opportunity to attend and observe programme meetings in order to gain an understanding and assist with fulfilling their individual roles and responsibilities.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the report; • requested that the PowerPoint slides to be circulated to the Committee; • requested that clarification be sought to ascertain whether Bangor University delivers an inter-collated Welsh Language course for Nursing Programme; • requested that the Director of Nursing discuss with the Chair of the Audit and Assurance Committee whether a joint meeting of the Committees with Procurement and Legal & Risk is required; • agreed that Committee Members be invited to attend identified programme meetings as observers where appropriate to their IM role and responsibilities; • agreed that an update on progress be presented at the Committee in January 2020. 	<p>SG</p> <p>SG</p> <p>SG</p> <p>SG</p> <p>SG</p>
ECQC: 21/10/2.3	Review of Medical Deanery Commissioning Visits	
	The Committee received the report.	

	<p>In presenting the report, Pushpinder Mangat provided an overview of the current legacy commissioning processes, highlighting the challenges and opportunities of the visits. He explained that the changes to the commissioning visits would allow a more robust system of compliance with the GMC's standards.</p> <p>The Committee was supportive of the changes to the process, the more inclusive approach and the emphasis on multi-professional working.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • agreed that lessons learnt from other Countries should be explored: • agreed that an update on progress to be presented at the Committee in July 2020. 	<p>PM</p> <p>PM</p>
PART 3	EDUCATION PERFORMANCE AND QUALITY	
ECQC: 21/10/3.1	Quality Assurance Review of Post Graduate Medical Education (PGME)	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat provided a brief update in relation to the areas of concern that were receiving enhanced monitoring through regular scrutiny, triangulation of complaints, trainee and trainee feedback and National Surveys.</p> <p>The Committee welcomed the report, noting the update in relation to ongoing concerns and escalation where required.</p>	
Resolved	The Committee noted the report.	
ECQC: 21/10/3.2	GMC National Trainee Survey	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat provided an overview of the key messages. He explained that the GMC would be discussing the emerging key themes with the Deanery and providing a response to the survey.</p> <p>The Committee discussed various aspects of the report. It was noted that the status and role of the Training Programme Directors was currently an informal arrangement. Discussions were ongoing with the Executive Team in relation to professionalising these roles.</p> <p>The reporting of complaints was highlighted as a major concern relating to trainees and also more widely. It was suggested that looking to another similar organisation, such as in Scotland, might be helpful in reviewing HEIW's approach to complaint handling.</p>	

	The Committee recognised the challenges and actions being taken to address them.	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the report; • requested to be updated when the GMC response to the survey is received; • requested that the Medical Director to review Scotland's approach to handling complaints. 	PM PM
PART 4	FOR INFORMATION	
ECQC: 21/10/4.1	Future Ways of Working	
	The Committee received and noted the report.	
ECQC: 21/10/4.2	Forward Work Programme	
	<p>The Committee received the Forward Work Programme.</p> <p>The Committee members highlighted the need for it to be sighted on the relevant programmes of work that were of significance to its role and responsibilities. This would ensure that the Committee had an overview of where there were any challenges.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • requested that the Forward Work Programme be updated to reflect the Committee discussions; • requested a Gantt chart on the engagement and procurement process for the Healthcare Education Contracts. 	DB SG
PART 5	CLOSE	
ECQC: 21/10/5.1	Any Other Business	
	There was no other urgent business for the open session of the Committee.	
ECQC: 21/10/5.2	Reflection on Today's Committee	
	<p>Members, Officers and Observer provided constructive feedback in relation to the Committee meeting that had been held and the following points were noted:</p> <ul style="list-style-type: none"> • The challenge around the programmes of work and assumptions being made was constructive, probing and helpful. It also provided clarity on the level of detail required for Committee Members but need to be cautious not to get embroiled in operational matters. • Although the Committee was in its first year of operation, the meeting had a collegiate feel. The balance of information will evolve over time ensuring best value from the meetings. • The sharing of learning through collective reflection embraced good values and behaviours. It provides other perspectives 	

	<p>leading to a more rounded view and a better understanding of the Committee business.</p> <p>There being no further business, the meeting moved into the closed session.</p>	
ECQC: 21/10/5.3	Date of Next Meeting	
	The date of the next meeting was confirmed for Thursday, 16 January 2020 at 10.00am in Meeting Room 11, Ty Dysgu, Nantgarw.	

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Dr. Ruth Hall (Chair)

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Date:

Education, Commissioning and Quality Committee (Open)
21 October 2019
Action Log

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
ECQC: 21/10/1.4	Minutes of the Committee held on 1 July 2019			
	<ul style="list-style-type: none"> Amendments to the first and last paragraphs on page 3 for minute ECQC 01/07/1.5 relating to Action Point ECQC 16/05/2.2 Strategic Review of Health Professional Education. 	Secretariat	Promptly	Completed.
ECQC: 21/10/1.5	Action Log			
	<ul style="list-style-type: none"> ECQC 16/05/4.4 GMC Quality Response: Response delayed until January 2020. 	Medical Director	January 2020	Verbal update to be provided at the January Committee.
	<ul style="list-style-type: none"> ECQC 01/07/2.1 NHS Wales Education, Commissioning and Training Plan 2020/21: Feedback awaited from Welsh Government following submission of the HEIW recommendations. The Committee to be informed of the decision outcome when available. 	Director of Nursing	January 2020	Verbal update to be provided at the January Committee.

*promptly – within 1 week of the Committee meeting

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
ECQC: 21/10/2.1	Review of Committee Terms of Reference			
	<ul style="list-style-type: none"> Committee members and officers to provide a list of identified typos in the appendices to the Board Secretary. 	Committee Member and Officers	Promptly	Completed.
	<ul style="list-style-type: none"> Identified typos to be corrected within the report appendices. 	Board Secretary	Promptly	Completed.
	<ul style="list-style-type: none"> Review of Committee Terms of Reference to be added to the Committee Forward Work Programme for October 2020. 	Board Secretary	Promptly	Completed.
	<ul style="list-style-type: none"> A specific agenda item on Value to be added to the Committee Forward Work Programme for a future meeting. 	Director of Nursing	April 2020	Completed.
	<ul style="list-style-type: none"> A specific agenda item on the Emerging Approaches from Workforce Planning and impact on training programmes to be added to the Committee Forward Work Programme. 	Director of Workforce and OD	July 2020	This piece of work will be informed by the workforce plans as part of IMTPs for NHS organisations across Wales. The deadline for submission to Welsh Government for approval is by the end of January 2020. This item has been added to the Committee Forward Work Programme for July 2020.
	<ul style="list-style-type: none"> Recommend that the revised Standing Orders be scrutinised by the Audit and Assurance Committee at its November meeting. 	Board Secretary	Promptly	Completed.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
ECQC: 21/10/2.2	Review of Health Professional Education			
	<ul style="list-style-type: none"> PowerPoint slides to be circulated to the Committee. 	Director of Nursing	Promptly	Completed
	<ul style="list-style-type: none"> Ascertain whether Bangor University delivers an intercolated Welsh Language course for Nursing Programme. 	Director of Nursing	Promptly	Verbal update to be provided at the January Committee.
	<ul style="list-style-type: none"> Discuss with the Chair of the Audit and Assurance Committee whether a joint meeting of the Committees with Procurement and Legal & Risk is required. 	Director of Nursing	Promptly	Verbal update to be provided at the January Committee.
	<ul style="list-style-type: none"> Committee Members to be invited to attend identified programme meetings as observers where appropriate to their IM role and responsibilities. 	Director of Nursing	Ongoing	The Education Contracts Programme Plan has been circulated to the Committee Independent Members. The appropriate arrangements will be made with Committee Independent Members for identified programme meetings.
	<ul style="list-style-type: none"> Update on progress to be presented at the Committee in January 2020. 	Director of Nursing	January 2020	Completed.
ECQC: 21/10/2.3	Review of Medical Deanery Visits			
	<ul style="list-style-type: none"> Explore any lessons learnt from other Countries. 	Medical Director	February 2020	To be discussed as part of the visit to Scotland arranged for February 2020.
	<ul style="list-style-type: none"> Update on progress to be presented at the Committee in July 2020. 	Medical Director	July 2020	Added to the Committee Forward Work Programme for July 2020.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
ECQC: 21/10/3.1	GMS National Trainee Survey			
	<ul style="list-style-type: none"> Committee to be updated when the GMC response to the survey is received. 	Medical Director	TBC	The GMC will be meeting with the Medical Deanery on 16 January 2020.
	<ul style="list-style-type: none"> Medical Director to review Scotland's approach to handling complaints. 	Medical Director	February 2020	To be discussed as part of the visit to Scotland arranged for February 2020.
ECQC: 21/10/4.1	Forward Work Programme			
	<ul style="list-style-type: none"> Forward Work Programme to be updated to reflect the Committee discussions. 	Board Secretary	Promptly	Completed.
	<ul style="list-style-type: none"> The Committee to be provided with a Gantt Chart on the engagement and procurement process for the Healthcare Education Contracts. 	Director of Nursing	Promptly	The Education Contracts Programme Plan has been circulated to the Committee Independent Members via email.



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

Meeting Date	16 January 2020	Agenda Item	2.1
Report Title	KPMG Review of Health Professional Education across Wales		
Report Author	Martin Riley		
Report Sponsor	Stephen Griffiths		
Presented by	Stephen Griffiths		
Freedom of Information	Open		
Important Information to Note about Appendix 1	<p>Whilst KPMG has given permission for HEIW to share the contents of the report (attached as Appendix 1) for information purposes only with HEIW's relevant stakeholders, please note that the report has been prepared solely for HEIW's purposes. To that end, HEIW will not accept any liability or responsibility should you/your organisation place any reliance upon the contents of the said report. Further, your attention is drawn the caveat set out under the section headed "Important Note: about this report" on page 2 of the attached KPMG report."</p>		
Purpose of the Report	<p>To share with the EC&QC the final KPMG Report, their 22 recommendations and the Nursing Directorates response to the recommendations.</p> <p>The report outlines the work currently being undertaken with each of the 22 recommendations as part of the current core business and strategic review and highlights the future actions proposed to address each recommendation.</p>		
Key Issues	<p>The key themes for further development are:</p> <ul style="list-style-type: none"> • Supporting newly qualified staff • Improvements in practice learning • Incorporating the student voice in the QI process of contract management • Closer tripartite working arrangements • Embedding digital skills • Measuring the value and impact of education • Developing local and regional solutions to education delivery • Increasing part-time and flexible routes to training • Enhanced approach to Inter Professional Education • Consideration of Welsh language provision within commissioning 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	<p>The EC&QC is asked to:</p> <ul style="list-style-type: none"> ➤ note the final KPMG report and discuss the draft approach presented by the Nursing Directorate. 		

KPMG REVIEW OF HEALTH PROFESSIONAL EDUCATION ACROSS WALES

1. INTRODUCTION

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education. Investment in healthcare education and training has increased from £76m in 2014/15 to circa £113m in 2019/20.

This enabled in excess of 3,500 new students to commence education and training programmes in 2019/20. Including those healthcare professionals that are continuing their education, there are now more than 9,000 students and training places currently compared to 6,881 in 2015/16.

The contracts HEIW commission are due to expire in 2021 and will be retendered for through a full procurement exercise. To support and inform the process HEIW commissioned KPMG – via a competitive tendering process - to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future.

The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language provision. A core element of the review was to engage with 130 stakeholders, across education, health and care, government and professional bodies between May and August 2019.

This review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond, such as 'A Healthier Wales' and the development of a 'Workforce Strategy for Health and Social Care'.

HEIW received the final report of the KPMG stakeholder engagement on 31st October 2019. The recommendations for consideration highlighted in **Appendix 1** have been considered by the Nursing Directorate having taken into consideration:

- A Healthier Wales
- A Workforce Strategy for Health and Social Care – currently being developed by HEIW and Social Care Wales in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.
- Welsh language standards and schemes
- The Topol Review – preparing the healthcare workforce to deliver the digital future
- Research of best practice being undertaken by HEIW staff from other health economies throughout the world

The full KPMG report is attached at appendix 2.

2. KEY THEMES

The key themes add value to developing a new education contract covering all Health Professional Education in Wales which will focus on:

- HEIW developing its role in **supporting newly qualified staff**
- Further development of a strategic role in **placement provision**
- **Local / regional approach** to commissioning where appropriate
- Building **resilience** in the system
- Using **technologies** to enhance teaching, student support and placement preparation
- Integrate the **digital environment** into learning
- Develop education and training across the **whole career pathway**
- Establish an enhanced approach to **inter-professional education**
- Developing **flexible routes**
- Closer **tripartite working arrangements**
- **Improve responsiveness** to Service Need/ WG Policy
- **Supporting students** from disadvantaged backgrounds
- **Dispersed Learning**
- Clinical **Leadership**

3. OUTCOMES

The outcomes are identified in appendix 1 where the 22 KPMG recommendations are listed. Many of the areas identified by KPMG already form an integral part of the commissioning and performance management currently in place within HEIW. Therefore, appendix 1 additionally identifies the work already being undertaken by HEIW across all recommendations.

Appendix 1 also includes the Nursing Directorates draft plan to fully address the 22 recommendations.

4. RISKS, ISSUES AND MITIGATION

The risks include not incorporating many of these themes into the new contract as opportunities to ensure that the new contract is fit for purpose, aligned with a Healthier Wales and the new workforce strategy will be lost. Other risks, for example the implications of the bursary scheme announcement are not directly related to this report.

5. FINANCIAL IMPLICATIONS

There are no additional cost pressures relating directly to this report. However, an enhanced contract, incorporating the recommendations, with increased requirements on Universities could potentially increase the fee per student reflected in the upcoming contract process. Price will be evaluated together with a range of other evaluation criteria to ensure there is the right balance between quality and value.

6. RECOMMENDATION

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationships between education providers and healthcare providers.

The EC&QC is asked to,

- **note** the final KPMG report and discuss the draft approach presented by the Nursing Directorate.

Appendix 1: KPMG Recommendations and HEIW Response

- 1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.**

Current:

HEIW is currently developing a learning and development multi professional careers framework for Wales which includes preceptorship aspects of a registrants first year in practice.

Future:

HEIW will implement the newly created professional careers framework for Wales

HEIW will scope, in partnership with both Service and Universities, measures to build confidence and resilience in students and will work to find innovative solutions and common principles.

- 2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.**

Current/Previously addressed:

The 2002 Fitness for Practice Initiative (nursing only) introduced funding to help students to transition from 'chalk board to ward'. The initiative established a new role of the Practice Education facilitator to support students in placement. It introduced a unified approach to mentor preparation, mentor support in the clinical setting, audit of the clinical environment and a single documentation for the clinical assessment of student nurses.

In 2016 the Workforce Education and Development Service commissioned a report seeking to understand how fitness for practice funding (FfP) has been applied to support the quality of practice learning and the transition from student to registrant practitioner in light of the changing healthcare environment. In 2019, having transitioned into HEIW the Nursing Directorate revisited the report, conducting a further internal review of the fund. Both reviews highlighted three overarching issues. Firstly, a lack of accountability in how HEIs utilise the funding, secondly a lack of consistency in the role and remit of the practice education facilitator (PEF) and thirdly a lack of parity of support across all preregistration professions. These findings led to the development of a set of recommendations for the future of the fund which will be implemented in conjunction with the 2021 Health Education Contracts.

Future:

Placement provision is primarily secondary care focussed and this will need significant expansion given the aims for placement learning to provide a much broader range of experience in the future. In particular, incorporating primary and community sectors as well as independent providers into the practice learning elements of programmes.

HEIW will assume strategic responsibility for pre-registration student placements in conjunction with managerial oversight of The Fitness for Practice fund and will ensure that broader placement experience is delivered; redirecting the focus from hospital to community care to support the move to provide care closer to home. Students will experience placement in multiple health boards and care environments; enabling the widest experience, the sharing of best practice and a uniform approach to care. Secondary Care, Primary, Community and Social Care placements, when feasible will enable inter professional education.

HEIW are creating a role for a National Placements Lead, supported by Regional Practice Education Facilitators to oversee the modernisation of the placement experience. In alignment with the 2021 Health Education contracts, all practice funding relating to the Universities will be absorbed into the contract price and all funding relating to service will be paid directly to service. Initially the short-term plan proposed includes:

- Scope all current Practice Education Facilitators across all Health Boards and staff groups.
- Review Job Descriptions and standardise responsibilities ensuring equitable level of support and service across all parts of Wales.
- Establish baseline of current configuration and support.
- Scope areas with potential for new placements – work closely with University and Health Board colleagues to deliver new safe, quality placement opportunities.
- Scope opportunities for multi-professional placement opportunities – both within Universities where students are being prepared for placements and within the Service.
- Establish links with HEIW Primary Care Board to create a plan to develop new multi-professional placement opportunities within Primary Care clusters.

Current service provision will be mapped to enable parity of funding across all professional groups. The role of the PEF will be clarified, with the introduction of a uniform remit enabling Health Board and Trust staff to have a clearer understanding of the PEFs role. In addition to this PEFs will support all students in their placement areas regardless of which university they are enrolled at.

HEIW will ensure the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.

Enhanced usage of technology within a multi-disciplinary team approach to placements and preparation for placements helps prepare the students for the changing and digital and technology world within a modern healthcare system.

Students learning more holistically together as part of Multi-Disciplinary Teams will lead to improved safety and quality patientcare.

Improved quality student experience.

3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.

Current:

The Student Health Forum is an innovative group of health students who represent their wider peer group. Comprised of 60+ students covering nursing, midwifery, AHPs, Sciences, Clinical Psychology and Medicine across all Universities we contract with. These students have a passion to ensure a quality learning experience is provided for both current and future students. Facilitated by HEIW the group meets quarterly to provide HEIW with a student's perspective on specific health education related topics. The forum allows them to share their views and therefore have a voice in how HEIW performance and quality manages its contractual relationships with HEIs.

Student health forum members network with their wider cohort, garnering views on strategic developments in HEIW, the NHS and Welsh Government that may affect them as a student or as part of the future health workforce of Wales.

HEIW facilitates the bi-annual Health Student Conference. Delegates benefit from various presentations which aid them to learn more about their NHS whilst also benefiting from sharing and networking with fellow students. These events always incorporate a number of "new speaker slots" in which students' feedback on their work and experiences. This event is always well attended with 250+ students from across Wales attending.

Aimed at undergraduates, the National Student Survey (NSS) commissioned by the Office for Students on behalf of the Higher Education Funding Council for Wales (HEFCW) gathers opinion from students about their time in higher education. The NSS asks 27 questions relating to eight aspects of the student experience. In addition, students studying NHS funded courses are asked questions about placements. This feedback provides HEIs with a picture of the learning experience of students completing their courses that year. Benchmarking course by course and against other HEIs the NSS scores allow HEIs identify areas of strength and weakness across specific course provision which aids the HEI to make changes to improve the learning experience for both current and prospective students. Results from the NSS are presented to HEIW as part of the annual quality contract meeting. Should any concerns be raised HEIW directs the HEI to make improvements as part of the quality action plan.

Annually HEIW undertakes contract meetings with each contracting HEI focusing on the quality of education provided. The contract team leads a focus group of students who respond to semi structured questions that aim to highlight areas of satisfaction and dissatisfaction with the quality of service they have experienced. The outcome of this is fed back to the HEI with a quality action plan for improvement when necessary.

Future:

The student voice is an important indicator of the quality of education and as such engagement is a priority of HEIW. We will continue to strengthen student's opportunities to share their experiences with us and May 2020 will see the finalisation of the commissioning teams' student engagement strategy which will include –

- Continued support of the Student Health Forum.
- Continued engagement with students as part of the annual quality contract meetings.
- Continued issuing of action plans to HEIs following the publication of NSS scores.

- Annual presentations on the role of HEIW to all Health Education Students during University induction week; giving students the opportunity to ask any questions around the scope and remit of the commissioning team.

In addition to this In January 2020 HEIW will undertake nine engagement events across Wales, inviting all health education students from every contracting HEI to provide feedback on the proposed themes of the 2021 contracts.

The current structure and agenda of the three business meetings each year is currently being reviewed. One of the challenges to be addressed is how HEIW incorporates the student voice and student experience into this forum. This will be scoped early in 2020.

HEIW staff will present to students as part of the Universities induction weeks for new students. This will raise awareness of HEIW, its strategic objectives and its role in funding / supporting students and their value to NHS Wales.

HEIW recognise that with a growing and diversifying student population that more engagement needs to happen to fully reflect the student voice in the development and enhancement of education provision and placement experience. This “enhanced student engagement strategy” will be scoped and presented to the Exec team for consideration in (March 2020) – it will include a review of the current arrangements and recommend improved engagement.

- 4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.**

Current:

Currently HEIW utilises various forums to garner the views of health services which are then fed back to education providers and vice versa. In addition to this the Post Graduate Deanery meets with each Health Board annually.

Future:

The health sector relies on universities to produce large parts of its future workforce, which they do in collaboration with Health Boards/Trusts and other providers of clinical placements. Healthcare is a significant portfolio area for universities across Wales. The relationship between HEIW, Universities and the Health Boards/Trusts is critical, and it is essential this operates in an open and collaborative environment. HEIW as the lead health organisation for education and training needs to establish formal and informal mechanisms to ensure its relationship with the university sector and NHS organisations is strong and robust.

The Nursing Directorate will create a Health, Care and Education Tripartite Collective, led by HEIW, bringing together Health board and Trust colleagues with HEIs to discuss areas specific to the delivery and management of nursing, midwifery, science and allied health professional education. The focus of the proposed biannual meetings, will be to ensure that key themes and objectives arising out of the Workforce Strategy for Health and Social Care, to address the increasing demands and new challenges as set out in *A Healthier Wales*, are met.

These meetings would address, local and national need, the expansion of placements into primary, community and the independent sectors; quality of placements; preceptorship; new training requirements and the creation of new roles and professions, student streamlining, staff pathways to registered practitioner and other matters pertaining to health education

- 5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.**

Current:

At this time the responsibility for developing and managing placements sits with Universities working with Health Boards/Trusts and other placement providers.

Future:

As outlined in recommendation two, HEIW will be revising how HEIs utilise Fitness for Practice Funding. HEIW will assume strategic oversight for placement quality and student placement allocation through newly appointed National and Regional Leads. These new leads will actively engage with Health Boards and Trusts to facilitate the expansion of quality placements in Primary and Community Care and in the Independent sector.

- 6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.**

Current:

HEIW utilises bespoke digital tools, which link together IMTP workforce needs and commissioning trends. This data is used in conjunction with the commissioning teams experience to create an annual student placement matrix. The placement matrix guides HEIs in the allocation of student placements across Health Boards and Trusts.

Future:

As outlined in recommendation 2, HEIW is revising Fitness for Practice funding allocation. We will strengthen both how we direct HEIs in the utilisation of funds and the contractual obligations we place upon HEIs in their management of student placements.

The proposed tripartite meetings afford the opportunity to share best practice with medical colleagues that have a sophisticated quality management system in place for placements and this will enable sharing good practice and building common principles across all Healthcare professions. The introduction of the Health and Education Tripartite Collaborative and the introduction of National and Regional Lead Practice Education Facilitators will further allow HEIW to take a strategic partnership approach to broadening placements.

The HEIW led national simulation work will also ensure that resources, training equipment and facilities are utilised more effectively across all health professionals in addition to doctors and dentists.

HEIW will scope and explore the Scottish national placement model and evaluate whether a similar system in Wales will add value to the current system.

7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.

Current:

HEIW is reviewing the scope of digital learning that partner HEIs need to encompass going forward; considering strategic drivers including the new NMC standards and the Topol review.

Future:

HEIWs 2021 Health Education contracts will direct education providers to embed the use of digital technologies within their courses as a key enabler of change; ensuring that our health education system is 'fit for the future' and better able to respond more quickly to future challenges and opportunities.

HEIW will work to ensure education providers, Health Boards and Trusts consider the current and future digital skills required from the health and care workforce and incorporate within education programmes. The Topol review (2019) makes numerous recommendations for the preparation of the future healthcare workforce - *"Within five years, ensure that the education and training for future employees equips them to achieve their full potential as staff in the technology enhanced NHS."*

Initially there will be a specific focus on:

- Future healthcare professionals to understand the possibilities of digital healthcare technologies and the ethical and patient safety considerations.
- Ensure students gain an appropriate level of digital literacy at the outset of their study for their prospective career pathway
- Investment in VR to enhance student skills and learning opportunities

8. HEIW and the Welsh Government to consider developing a longer-term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers

Current:

A Healthier Wales set the path for HEIW and Social Care Wales' development of a long-term workforce strategy in partnership with NHS, Local Government, the Voluntary and Independent Sectors as well as regulators, professional bodies and education providers. This workforce strategy will be finalised in November 2019.

Future:

HEIW will ensure that the annual education and training plan aligns with the health and social care workforce strategy. We will plan and commission education and training for the future which focuses on service challenges, improving population health, ill-health prevention and reducing health inequalities.

9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.**Current:**

Return on investment is currently assessed through both financial and non-financial measures. Significant emphasis is placed on the quality of course provision and HEIs ability to prepare students to transition seamlessly into the workforce as newly qualified professionals. Annually HEIs and HEIW meet to review the quality of education offered, focusing on the student experience and the quality of support delivered by HEIs.

Financial measures are calculated using bespoke mathematical formulas which take into account the investment in education as compared to the output of newly qualified professionals. These figures are benchmarked against English comparators to provide a more comprehensive measure of performance

Future:

HEIW will continue to utilise current financial formulas, continuing to take into account fees and attrition as measures which impact on outputs. We will continue to benchmark our performance against English comparators.

HEIW is expanding the scope of performance metrics and setting challenging KPIs to ensure the highest quality education is provided to Welsh Health Education students. There will be greater expectations for HEIs to widen access to disadvantaged and underserved groups and enable the entry of students from non-traditional pathways into higher education.

Set up a group and mechanisms within the contractual framework to ascertain the impact of the investment in Education and Training, including,

1. Improved decision-making powers
2. Impact on work of others in the MDT (including doctors)
3. More efficient patient pathway
4. Better quality patient experience
5. Improved safety for patients in service delivery
6. Cost reductions or cost savings

10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.**Current:**

Education is currently commissioned largely from the land-based universities in Wales with students attending at campus to fulfil academic requirements. We are mindful that this has

impacted on the ability of all potential students to have access to education. In September 2018, to overcome some of these barriers, HEIW commissioned distance learning education from the Open University which widened access to pre-registration nursing for NHS employed Health Care Support Workers across all of Wales. In 2019/20 this distance learning route will also be open to our Support Worker colleagues working in independent care homes.

Future:

The future contracts will be designed to better meet local need. Commissioning education will be influenced by a bespoke weighted formula that takes account of the shape of Wales and the needs of different regions. Commissions will be tailored to match population levels, DGH provision, primary care clusters and staff challenges all based around each Health board foot print; separating Wales into 10 regions. The plan is, where financially viable and where an excellent student experience can still be delivered, to move away from single providers to widen access, build resilience in the system and ensure that workforce needs are better met.

Digitalisation has allowed HEIW to reimagine the delivery of Healthcare Education for Wales. The new contracts will require all contractors to deliver courses through traditional, distance and blended routes of study both full, part time and accelerated where feasible. Contractors will be required to take their education out to the student in their own community, widening access to people who may previously have been unable to access health education due to caring or financial responsibilities.

HEIW will support students from the poorest regions of Wales to enter our commissioned courses. To ensure our NHS workforce reflects the Welsh population as a whole by allocating additional funding to HEIs that actively recruit students from the poorest areas to further engage with deprived communities, schools and colleges. We will fund HEIs to provide tailored support services for students from these areas in the form of additional tutoring, mentorship and peer support.

Contractors will be directed to interview all eligible applicants who have studied an access to higher education diploma or similar level 3 course. Ensuring that mature applicants entering education through non-traditional routes are equally represented in the workforce.

11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.

Current:

There is risk in the current “shape of contracts” across Wales. Notably,

- Diagnostic Radiography: the recent increases in commissioning numbers to meet the growing needs of the cancer network have placed pressures on the two providers and fully meeting the commissioning numbers is significantly more difficult than if there were three providers.
- ODP: The all Wales course is not fit for purpose for meeting the workforce need in North Wales where only two graduating students from the South Wales course have taken up employment in BCU in the last 5 years.

- The LD nursing field is a UK wide problem and despite enhanced marketing campaigns delivered by the current two providers, supported by HEIW, full recruitment to commissioned places is very unlikely. A third provider, strategically placed within Wales, would assist in addressing this problem.

Future:

The new contracts will be vital in addressing these issues. A draft lotting strategy has been developed which is being shared widely with Universities and Health Board and Trust Executive Teams. The lotting strategy will be modified following the stakeholder engagement and will represent the “best fit” for Wales.

12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.

Current:

There are several sole providers. This is being reviewed and evaluated as part of the Strategic Review of Health Professional Education.

Future:

As outlined in recommendation 11, HEIW will, where appropriate, move away from single providers to widen access and ensure that multiple health board’s workforce needs are better met. However, where a single provider is the only feasible option the provider will be expected to deliver some or all their provision through distance and blended routes. Contractors bidding as sole providers will be evaluated on their ability to supply sufficient numbers of qualified professionals to service demand within the whole of Wales.

13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.

Current:

HEIW currently commissions several part time and accelerated routes to registration along with many post registration and modular part time and short courses. The agreed 2020/21 education plan sees an increase in both part time and accelerated commissioned places.

Future:

This provision is being reviewed as part of the Strategic Review of Health Professional Education. Equity surrounding the principles and application across the full range of education provision is being considered.

Our new contracts will require all contractors to deliver courses through traditional, distance and blended routes of study both full, part time and accelerated where feasible to meet the needs of all potential healthcare students across Wales.

HEIW will review each area commissioned and consult with the Service on,

1. Offering enough routes across a broad range of professions
2. Ensuring routes are equitable – i.e. same principles apply for AHPs and sciences as well as nursing

3. The challenge surrounding should we be training more students at differing levels of education within each area we currently commission
4. If areas are being missed
5. Reviewing the Workforce Strategy to ensure the new contracts are an enabler for service delivery and development.

14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.

Current:

There are currently several financial models of the funding of both pre and post registration part time programmes. Each funding stream was developed within our legacy organisations to meet the workforce needs of service. Support may include bursary funding, salary during training or backfill for staff.

Future:

HEIW is currently undertaking a review to establish the feasibility of standardising approaches to funding arrangements for all part time courses.

15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.

Current:

HEIW works closely with the Welsh Government and NHS organisations in the development of apprenticeships, this however do not currently include apprenticeships leading to professional registration as a health care professional.

Future:

HEIW is considering applying to be a main contractor to draw down funding from Welsh Government to deliver health apprenticeships. If this progresses HEIW will develop a draft Quality Assurance Framework for Work Based Learning to include HEIW's role in standardisation of work-based learning. In order to achieve this HEIW will,

- Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena. This might include the development of models for the delivery of the very specialist support worker qualifications
- Work with Welsh Government to develop a suite of health apprenticeship frameworks that meet the needs of the NHS Wales workforce. Following a review of all the health HCSW qualifications, relevant Apprenticeship Frameworks need to be amended to reflect the changes to the qualifications.
- Identify any other areas across health where an Apprenticeship Framework would be the appropriate resource to develop and work with WG to develop them.
- HEIW to be the NHS Wales representative on all appropriate workforce and education subgroups of the 3 Regional Skills Partnerships (RSPs). These partnerships pull

together representatives from all sectors to look at the future skills needs of their region. HEIW has a strong presence on the Human Foundation Economy sub group of the South East Wales Regional Skills Policy. However, most of the issues that with regards to the NHS Wales workforce are not confined to the south east wales area but affect the whole of Wales. Working in partnership with organisations, HEIW would be best placed to provide this information to all 3 RSPs

- Identification of those qualifications which HEIW should manage the delivery of in order to achieve value for money, e.g. highly specialist qualifications which only attract low numbers of learners.
- HEIW to expand the number and range of qualifications it is permitted to deliver by Agored and City and Guilds.
- Scope the resources required to deliver and assess the qualifications identified
- Support NHS Wales with all Wales standardisation events
- Draft Quality Assurance Framework

16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.

Current:

Students graduate with a certificate or diploma at the end of years 1 and 2 respectively but these awards are not mapped to the HCSW framework.

Future:

HEIW's new contracts will require HEIs to provide exit qualifications following completion of each undergraduate academic level. Incorporating the Health Care Support Worker Framework, students will develop core competencies allowing students to step on and off courses whilst still possessing skills which allow them to work in clinical roles. In addition this will reduce attrition levels and provide the NHS with staff which could potentially have been lost to healthcare.

17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.

Current:

Currently HEIW works with, utilises various forums to garner the views of health services which are then fed back to education providers and vice versa. Responding to Health Boards IMTPs with a focus on priority areas and engaging directly with Welsh Government ensures that HEIW is commissioning a broad range of pre and post registration programmes from levels 3 to 8 that meet current and future need

Future:

To be sufficiently responsive to changing health care needs contractors will be required to provision generic core modules across pre-registration programmes. Core learning will support our health professionals to be adaptable to meet the requirements of existing, changing and emerging occupational groups. It will enable the future workforce to expand their skills and capabilities without having to return to the beginning of a new qualification or programme.

The contracts will allow us to direct Universities to integrate emerging evidence-based initiatives such as MECC (Make every contact count) and PROMPT (Practical obstetric multi professional training) into the curriculum as needed. Our direction will ensure students integrate improvement into everyday working; eliminating harm, variation and waste. Education will promote prevention, anticipating health needs, preventing illness, and reduce the impact of poor health.

The Tripartite Collaborative will further support for a direct conduit between Education Providers, Health Boards and Trusts. The collaborative will allow for better coordination of research, innovation and improvement, in pursuit of higher quality and value on a local as well as national level.

18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.

Current:

The shape of training is currently being reviewed with all stakeholders as part of the Strategic Review of Health Professional Education.

Future:

The Tripartite Collaborative will further support the conduit between Education Providers, Health Boards and Trusts. The Collaborative will facilitate communication to allow for proposals and subsequent planning of future roles and the education required to facilitate those roles.

19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.

Current:

HEIW currently contracts with HEIs to provision multiple intakes for pre and post registration courses.

Future:

As part of the new contracts HEIW will continue to require HEIs to recruit to multiple intakes where student numbers make course provision feasible.

20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

Current:

The WHO define IPE as “When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”. HEIW has reviewed IPE in Wales and there are differing interpretations of IPE between Universities and differing levels of IPE being delivered.

- All HEIs are undertaking some form of IPE. There are some excellent examples of best practice, however but not all in line with the IPE definition.
- Two institutions are rolling out a new IPE strategy that does meet the definition of IPE and will be delivered across all three levels of learning.
- Significant internal barriers exist to the successful delivery of IPE in all institutions and no cross-institution activity was found.
- Teams are open to using e-learning for the purposes of IPE but raised concerns about losing valuable face-to-face contact and team working opportunities.
- Very little IPE facilitated activity is happening in placement settings and there are no specific placement requirements set by PSRBs.
- Some students have given poor feedback resulting in modules being withdrawn. Primary reason is lack of engagement with assessed group work.

Future:

A Healthier Wales requires seamless services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.

This provides a real opportunity to re-evaluate education and training, develop more flexible career pathways, increase skills and the understanding and recognition of the value and role of other professionals in a MDT. It also encourages and enables challenge which can lead to improved student outcomes.

HEIW's new contracts will require HEIs to embed a minimum level of credits of inter professional learning across all pre-registration courses (IPE). Embedding IPE in undergraduate learning will enable professional integration and joint working skills, ultimately improving professional collaboration and the quality of care in service following registration.

IPE core modules will also allow students to develop generalist skills enabling flexible career pathways where students will be able to build on existing qualifications without having to return to the start of a new programme.

Rather than classroom learning and shared lectures, this will be focused on the preparation for practice with students from all healthcare professions plus medical students, where appropriate, learning together.

To achieve this HEIW will ensure Universities:

- Provide the students with learning that meets the WHO IPE definition '*when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes*'.
- Provide students with the opportunity to work collaboratively with the professional groups that they are likely to work with in their future careers.
- Identify the professional groups that their students would benefit from working with from outside of their portfolio of training programmes. They should then aim to work with some partner institutions that deliver IPE across a reasonable range of professions. Where appropriate online and distance learning could be utilised to facilitate cross institution learning.
- Provide the students with BOTH formative and summative assessment experiences that meet the WHO definition of IPE.
- Deliver immersive simulation activities where the students are required to work with other healthcare professionals in multi-disciplinary teams.
- Provide the students with opportunities to learn with other healthcare professions during their placement weeks. The minimum requirement for joint placement provision is 4 weeks of total placement learning.
- Provide the students with IPE opportunities to work with and learn from each other at all levels of study.

21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.

Current:

This is currently identified with the education requirements of the IMTP process although it is recognised this is in its early stages of maturity. Health Boards/Trusts are currently working to increase the identification of welsh Language needs.

Future:

HEIW is currently developing its programme of support for Health Boards/Trusts in regard to workforce planning, Welsh Language requirements will be included within this.

HEIW will continue to work with Health Boards and Trusts to improve workforce planning, including ensuring welsh language needs are identified.

- 22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.**

Current:

Existing education providers work closely with the Coleg Cymraeg Cenedlaethol, and as a result several posts have been funded across universities and programmes to support the accessibility of welsh language education provision whilst studying health education programmes. Universities also make available welsh language classes to healthcare students. Communication skills and language awareness is a central requirement of all regulatory bodies requirements and as such curriculum are designed to reflect these needs.

Future:

This is currently being discussed and scoped with the HEIW Welsh Language Services Manager who is undertaking a stakeholder engagement exercise, however it will ultimately be for Welsh Government to set any targets. The Welsh Language Manager has agreed to assist in developing the terms to incorporate into the new contract and advice on the Welsh Language aspects contained submitted within bids as part of the tender evaluation process.



Health Education and Improvement Wales

Review of health professional education and training across Wales

31 October 2019

Final Report

This document's use is limited – see
Notice on page 2.

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Important notice: about this report

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The opinions and conclusions expressed in this report are (subject to the foregoing) those of KPMG and do not necessarily align with those of Health Education and Improvement Wales.

1 Executive summary

1.1 Introduction

Health Education and Improvement Wales (HEIW) was established in October 2018, bringing together the Wales Deanery, NHS Wales' Workforce Education and Development Services, and the Wales Centre for Pharmacy Professional Education.

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education. According to HEIW, investment in healthcare education and training has increased from £76m in 2014/15 to £106m in 2018/19. This enabled 3,300 new students to commence education and training programmes in 2018/19. Including those healthcare professionals that are continuing their education, there are 9,000 students and training places currently compared to 6,881 in 2015/16¹.

HEIW are due to run a new commission for health education provision. To support the commissioning HEIW appointed KPMG to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future. The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language programmes. A core element of the review was to engage with 130 stakeholders, selected by HEIW, across education, health and care, government and professional bodies between May and August 2019.

This review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond, such as 'A Healthier Wales' and a draft 'Workforce Strategy for Health and Social Care'.

1.2 Findings

1.2.1 Current education provision

1.2.1.1 Quality

Health Boards, Trusts and professional bodies were in the main positive about the quality of education provision in Wales and felt that newly qualified health care professionals were well prepared for their roles. Students whom we engaged with were generally satisfied with their programmes, however some had concerns about placement experience.

There were some concerns from health professionals and students about the level of support provided to newly qualified nurses and midwives. Through the analysis a difference in approach was identified for this post qualification and professional registration phase across HEIW which depended on the profession.

Through our engagement with stakeholders, we found that there was a lack of awareness from Health Boards about how practice learning was funded and we identified a variation in approach between education providers about funding that goes towards the practice placement element.

1.2.1.2 Responsiveness of health education to the health and care system

There are regular discussions between education providers and Health Boards in Wales to ensure that programmes meet the needs of health and care services, such as Partnership Boards between Health Boards and universities. It was found that these tend to happen at a local or regional level and to differing degrees of detail and consistency across types of programmes. Despite these forums being in place, it was identified that those delivering health and care services would appreciate more opportunities to shape education programme development, to ensure their needs are being met. There are also opportunities for education providers to work more closely together.

Through the engagement it was noted that there was a need to increase student numbers further. However, stakeholders expressed concerns about any potential increase in student numbers resulting

¹ HEIW. University annual performance reports, 2018.

in an increase in placements required. This would have an impact on the resource to supervise and assess students within Health Boards and Trusts, especially at a time of high staff vacancy rates for some professions.

Linked to this, an area where HEIW could take a key role is in the development of the placement provision for education programmes, given the aims for placement learning to provide a much broader range of experience in the future and include primary and community sectors as well as independent providers. This could align with the aims of 'A Healthier Wales' to develop a seamless local health and social care approach, by developing and educating the future workforce to work across and understand multiple sectors. Placements are a core element of health professional education and any increase in programmes needs to ensure there are appropriate placements.

In relation to workforce planning, stakeholders felt there was a need to increase numbers of students that are commissioned for most of the professions considered, due to the demand in the health service from unfilled vacancies and/or use of agency staff. Workforce planning was an area that Health Boards and Trusts agreed could be much improved. Education providers were also concerned about the short term 'year to year' nature of the commissioning process which in some cases meant that universities needed to increase their provision substantially at short notice.

Implementing improved longer term strategic workforce planning would allow for a more robust workforce plan to be developed which aligns with health and care workforce and system strategies and facilitate longer term forecasting and commissioning of education.

1.2.2 Access to education

Through the engagement, concerns were raised about limited access to healthcare education in rural or more remote areas such as West and Mid Wales. As well as the lack of access to education locally, there are difficulties in recruiting to health and care positions, leading to increased agency staff costs for the Health Boards and Trusts. Having more local education provision may help with securing the local workforce. This could be achieved through new providers or existing providers increasing access to programmes through satellite campuses and/or distance learning. Through our discussions with universities, we identified that some have reviewed their portfolio of healthcare commissioned programmes to determine the viability of continuing to provide certain programmes. Others are keen to expand their portfolio of healthcare programmes to incorporate more students on programmes and also to add new healthcare programmes to their portfolio.

There was wide stakeholder support for increased flexibility for education programmes, in particular the use of part time programmes, apprenticeships and module based education. Stakeholders felt that providing education opportunities through part time programmes for those already working in healthcare, e.g. Healthcare Support Workers, should be enhanced.

The review identified no education programmes that are currently commissioned which were felt by stakeholders to be no longer needed or relevant. However, there was a view that HEIW should, through the education commissioning process, be considering the whole career pathway of professionals and therefore spanning pre-undergraduate education, through undergraduate, post registration training and continued professional development.

1.2.3 Inter-professional education

The review identified varied approaches to inter-professional education being delivered in education programmes and that this is taking place at different levels. Education providers running multiple healthcare education programmes provide a greater amount of inter-professional education due to having the opportunity to do this across multiple programmes in the same university college or school. Even though this happened within established university colleges or schools we found that there was limited inter-professional education between colleges or schools of the same university and even less between universities themselves. Some stakeholders felt that there is a "silo approach" to healthcare professional education which impacts the level of inter-professional education provided. This needs to be addressed through collaboration, to be able to deliver on the aims of a multi-professional workforce across health and social care.

Overall, there is a consistent view that more can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.

In order to achieve these aims, consideration could be given to new, innovative approaches to inter-professional education in order to provide robust and effective multidisciplinary education and service. This will require new approaches to be developed and implemented.

1.2.4 Welsh language provision

Most of the education providers offer some level of Welsh language content on their programmes. Support for those wishing to be educated in Welsh is available to differing degrees through Welsh language lectures, placements, tutors and submitting assignments in Welsh. Some universities provide bilingual programmes and many spoke of aims to move to providing bilingual programmes and becoming a bilingual college or school.

Even though there was little demand identified to study healthcare professional programmes solely in the Welsh language, there is a demand for those studying to be able to learn elements of the programme through the Welsh language or develop Welsh language skills whilst on the programme. Good work is being done currently to allow for this, but more could be done to increase the amount of Welsh language component on programmes to meet the needs of students to study through the Welsh language and increase the Welsh language skills of the future healthcare professional workforce. Information that will be developed by Health Boards and Trusts through compliance with the Welsh language standards should inform the demand level and need for qualified students that have the necessary Welsh language skills. Therefore, workforce plans could include the required need for Welsh language professionals to deliver the services needed in a region and the education commissioning process could respond to this by providing the future workforce with the required Welsh language skills.

1.3 Conclusion and recommendations

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationships between education providers and healthcare providers.

HEIW's upcoming procurement exercise provides an ideal opportunity to put this into action and secure the education programmes required. It is proposed that HEIW do this in a flexible and collaborative way given the expected developments and changes in the healthcare workforce in the future, as the 'Workforce Strategy for Health and Social Care' is finalised and delivered.

Recommendations for consideration:

1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.
2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.
3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.
4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.

5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.
6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.
7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.
8. HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.
9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.
10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.
11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.
12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.
13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.
14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.
15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.
16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.
17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.
18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.
19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.
20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates

the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.
22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.

2 Introduction

2.1 Background

Health Education and Improvement Wales (HEIW) was established in October 2018, bringing together the Wales Deanery, NHS Wales's Workforce Education and Development Services, and the Wales Centre for Pharmacy Professional Education.

HEIW is responsible for the education, training, development, and shaping of the healthcare workforce in Wales. HEIW's strategic objectives are:

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

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education.

According to HEIW, investment in healthcare education and training has increased from £76m in 2014/15 to £106m in 2018/19. This enabled 3,300 new students to commence education and training programmes in 2018/19, compared to 2,498 in 2015/16. Including those healthcare professionals that are continuing their education, there are 9,000 students and training places currently compared to 6,881 in 2015/16².

The health professional education and training budget in Wales covers education contracts with universities for tuition fees, student bursaries, student salaries and related support costs (e.g. travel, childcare payments). The number of students and the fee per student are negotiated annually between HEIW and the university. Figure 1 shows the universities and the education programmes that HEIW commissioned at the time of the review. HEIW also contracts with some universities outside Wales for student places on some programmes (also shown in Figure 1).

The current contracts with universities have been extended to 2021, at which point new contracts will need to be in place. To inform what HEIW may want to commission, HEIW appointed KPMG to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future. The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language programmes.

² HEIW. University annual performance reports, 2018.

Figure 1: HEIW commissioned university undergraduate and postgraduate programmes³

University of South Wales	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields) — BMid Midwifery 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational Health - School Nursing — Specialist Practice Qualifications (SPQs) <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return to Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced Extended Practice MSCs & Modules
Bangor University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields) — BMid Midwifery — BSc Diagnostic Radiography 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Clinical Psychology — Community Health Studies (Modules) — Return to Practice (Nursing/Midwifery & AHP's) — MSc/PG Dip Nursing — PG Dip/MSc Physicians Associate Studies — Non-Medical prescribing — Advanced and Extended Practice MSC's & Modules — PG Cert/Dip/MSc Genomic Medicine
Swansea University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields apart from Learning Disability) — BMid Midwifery — BSc (Hons) Health Science; <ul style="list-style-type: none"> - Audiology - Respiratory and Sleep Science - Neurophysiology - Nuclear Medicine & Radiotherapy - Physics - Cardiac Physiology — DipHE Paramedic Science — Certificate of Higher Education in Basic Audiological Practice 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational Health - School Nursing — Specialist Practice Qualifications (SPQs); <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — MSc/PG Dip Nursing — PG Dip/MSc Physicians Associate Studies — MSc Clinical Science-Medical Physics (STP) — Return To Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced and Extended Practice MSC's & Modules — PG Cert/Dip/MSc Genomic Medicine
Cardiff University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields apart from Learning Disability) — BMid Midwifery — BSc Diagnostic Radiography — BSc Therapeutic Radiography — BSc/PG Dip Occupational Therapy — BSc Operational Department Practice — BSc Physiotherapy — DipHE Dental Hygiene — BSc in Dental Hygiene & Therapy — Cert HE in Assistant Radiographic Practice 	Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Clinical Psychology — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational health - School Nursing — Specialist Practice Qualifications (SPQs) <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return to Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced Extended Practice — MSCs & Modules

³ Information provided by HEIW.

Cardiff Metropolitan University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc (Hons) Healthcare Science - Biomedical Science - Blood, Infection, Cellular and Genetics — BSc Dietetics — BSc Podiatry — BSc Speech & Language Therapy 	Postgraduate/Registration & Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Advanced and Extended practice MSC's and Modules — PG Dip Dietetics
Wrexham Glyndwr University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc Occupational Therapy 	Postgraduate/Registration & Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational health - School Nursing — Specialist Practice Qualifications (SPQs); <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return To Practice (Nursing/Midwifery & AHP's) — Non-Medical Prescribing — Advanced and Extended Practice MSC's & Modules
Open University	Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Adult Nursing — BSc/BN Mental Health Nursing 	
Other education providers and programmes where HEIW commission specific places on the programmes	University of West England: <ul style="list-style-type: none"> — BSc (Hons) Healthcare Science – Clinical — Engineering – Rehabilitation Engineering (undergraduate) — PG Cert/Dip/MSc Medical Ultrasound Newcastle University: <ul style="list-style-type: none"> — MSc in Clinical Science (Scientist Training programme STP- Cardiac Science) King's College London: <ul style="list-style-type: none"> — MSc in Clinical Science – Rehabilitation and engineering Liverpool University: <ul style="list-style-type: none"> — HSST – PHD Clinical Engineering — HSST – PHD Medical Physics 	Manchester University: <ul style="list-style-type: none"> — MSc in Clinical Science (STP) in; <ul style="list-style-type: none"> - Audiology - Neurophysiology - Bioinformatics – Health Informatics - Bioinformatics – Genomics — Cancer Genomics Clinical Biochemistry — Reproductive Science — HSST – PHD Transfusion Science — HSST – PHD Microbiology — HSST – PHD Histocompatibility & Immunogenetics — HSST – PHD Molecular Pathology of Acquired Disease — HSST – PHD Genetics Queen Mary University of London: <ul style="list-style-type: none"> — MSc in Clinical Science – Microbiology

2.2 Context

The review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond. These have been taken into account through the course of this review and outlined in this section is a brief summary of each, focusing on the key points that are relevant to the review and to HEIW more broadly.

2.2.1 The Parliamentary Review of Health and Social Care in Wales – A Revolution from Within: Transforming Health and Care in Wales⁴

The Parliamentary Review of Health and Social Care outlined the pressures on health and social care in Wales, such as shortages in workforce, the need to improve patient outcomes and a lack of consistently good service delivery.

The review puts forward that the future vision for health and social care should deliver against a 'Quadruple Aim' through focusing on prevention, improving experience and quality of care, enriching the workforce and increasing the value from funding.

⁴ Welsh Government. The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales. 2018. <https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>. Accessed: August 2019.

To achieve this, recommendations were made which included delivering seamless care that is closer to home, developing quality improvement and continuous learning strategies, maximising the benefits of technology and aligning the workforce with new service models. On workforce planning, the review outlines that there should be joint planning at regional level which is supported by HEIW, Social Care Wales (SCW) and Academia.

This should focus on expanding generalist skills and new ways of working that enable staff to work at the top of their skill set and across professional boundaries. The current and future workforce should be skilled in shared decision-making, team working, prevention and population health and wellbeing, formal quality improvement techniques and the use of new technologies. The review also makes the point that Welsh language should also be considered and factored into workforce planning.

2.2.2 A Healthier Wales: Our Plan for Health and Social Care⁵

In response to the Parliamentary Review⁶, the Welsh Government published 'A Healthier Wales', a plan that sets out a long term future vision of a whole system approach to health and social care, which is focused on health and wellbeing and on preventing illness. The plan will develop new models of seamless local health and social care, overseen by a national transformation programme and through a dedicated fund. Expanding on existing Primary Care Clusters and the national primary care pacesetter programme to transform access to and the sustainability of local health and care through the Regional Partnership Boards.

The plan outlines that the best new models being developed in Wales all share the need for a broad multidisciplinary team approach where well trained people work effectively together. This requires strengthening of support, training, development and services available to the workforce, with a clear and coherent approach to developing and planning the workforce. HEIW and SCW will develop a long-term workforce strategy in partnership with others, to allow for joint data led regional workforce planning, expanding generalist skills and enable staff to work at the top of their skillset and across professional boundaries.

2.2.3 A Healthier Wales: A Workforce Strategy for Health and Social Care⁷

The long-term workforce strategy is being developed by HEIW and SCW in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

A consultation document for the strategy was released during the time of our review which sets out the themes that have emerged during the engagement period. The draft key priorities focus on seamless working, utilising digital opportunities, attracting and retaining health and care professionals, developing leadership, workforce planning and education and learning. On education, the document outlines the need for flexible innovative approaches to education, specifying core or common educational requirements and inter-professional learning opportunities, funding models, strategic partnerships and planning.

2.2.4 The Review of Higher Education Funding and Student Finance Arrangement in Wales (Diamond)⁸

The review considered widening access to education, skills needs, part-time and postgraduate education provision and long-term financial stability.

The review recommended a re-working of the student support package to move towards a simple system that recognises the holistic costs of higher education study to students, namely fees and maintenance. The review outlined that part-time study should be encouraged, with an opportunity for Wales to develop degree apprenticeships or other employer-sponsored provision, a need to increase postgraduate education and that delivery of higher education through the medium of Welsh should be enhanced.

⁵ Welsh Government. Welsh Government. A Healthier Wales: our Plan for Health and Social Care. 2018.

<https://www.basw.co.uk/system/files/resources/180608healthier-wales-mainen.pdf>. Accessed: August 2019.

⁶ Welsh Government. The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales. 2018.

<https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>. Accessed: August 2019.

⁷ Health Education Improvement Wales and Social Care Wales. A Healthier Wales - A Workforce Strategy for Health and Social Care consultation. 2019.

https://socialcare.wales/cms_assets/file-uploads/Health-and-social-care-workforce-strategy-consultation-document.pdf. Accessed: August 2019.

⁸ Welsh Government. The Review of Higher Education Funding and Student Finance Arrangements in Wales. 2016.

<https://gov.wales/sites/default/files/publications/2018-02/higher-education-funding-final-report-en.pdf>. Accessed: August 2019.

2.2.5 NHS Wales Bursary Scheme

To qualify for NHS Wales financial support, students must be accepted for an NHS Wales funded place on a full or part time course which leads to professional registration as a nurse, midwife, chiropodist, podiatrist, dietician, occupational therapist, physiotherapist, radiographer, healthcare scientist, paramedic, speech and language therapist, dental hygienist, dental therapist, doctor or dentist (eligible during the later stages of pre-registration training). All new students applying for support for the first time (excluding students undertaking courses to become doctors or dentists) will need to decide whether they wish to commit to working in Wales for two years following completion of their course, with different timescales applying for courses that are shorter or longer than three years.

The financial support currently available for students on NHS Wales funded courses include the cost of tuition fees, a non-means tested grant of £1,000 and a means tested bursary. The Welsh Government have confirmed that the NHS Wales Bursary Scheme will remain in place for individuals electing to study an eligible healthcare related programme in Wales commencing in the 2020/21 academic year⁹. The Welsh Government is currently undertaking further engagement with stakeholders about the options on the future arrangements for supporting healthcare students in Wales.

2.2.6 Welsh language standards and schemes

Welsh language duties (namely Welsh language standards and Welsh language schemes) explain how organisations in Wales should use Welsh in the workplace and with the public. The purpose of the Welsh language standards¹⁰ is to ensure clarity to organisations in relation to the Welsh language, clarity to Welsh speakers on what services they can expect to receive in Welsh and greater consistency in Welsh language services and improve quality to users. Public organisations are required to prepare a language scheme to explain which services they will provide in Welsh.

Every public services organisation in Wales, including universities, Health Boards, Trusts and HEIW, have to comply with language duties and part of the Welsh Language Commissioner's work is to ensure that organisations comply with their language schemes.

The aim of the language duties is to ensure that organisations in Wales should not treat Welsh less favourably than English. According to the Welsh language standards, organisations should also promote the Welsh language, ensuring that Welsh has an active role in the organisation's internal administration and that the language is accessible to the public. The Welsh language standards are centred around service delivery, policy making, operational and record making.

2.2.7 The Topol Review – Preparing the healthcare workforce to deliver the digital future¹¹

The Topol review advised on how technological developments are likely to change the roles and functions of clinical staff, the implications for the skills required by professionals and the consequences for the selection, curricula, education and training of current and future NHS staff. The educational recommendations included that NHS organisations need to have a strong workplace learning infrastructure allowing staff dedicated time for proactive development and reflection on their learning, adopt a multi-professional learning collaborative approach, develop educators and trainers and that staff should have the opportunity to access information about genomics and digital technologies. It also recommended that the NHS should commission flexible and responsive training for specialist roles, that education providers should ensure genomics, data analytics and artificial intelligence are prominent in undergraduate curricula for healthcare professionals and that students gain an appropriate level of digital literacy at the outset of their study.

⁹ Welsh Government announcement of NHS Bursary extension. <https://gov.wales/nhs-bursary-extended-wales-health-minister-vaughan-gething>. Accessed August 2019.

¹⁰ The Welsh Language Standards (No. 7) Regulations 2018. <http://www.legislation.gov.uk/wsi/2018/441/made>. Accessed: August 2019.

¹¹ Health Education England. The Topol Review, Preparing the healthcare workforce to deliver the digital future. 2019. <https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf>. Accessed: August 2019.

2.2.8 The NHS England Long Term Plan¹² and interim NHS England People Plan¹³

The Long Term Plan sets out a 10-year vision for healthcare in England with a new service model to take more action on health inequalities, improve quality of care and health outcomes, harness technology to transform services and get the most out of tax payers' investment.

The interim People Plan sets out a vision for people who work in the NHS in England and explains that the NHS needs different people in different professions working in different ways and also needs to address the cultural changes that are necessary. It proposes to develop a new operating model for workforce through continuing to work collaboratively and being clear what needs to be done locally, regionally and nationally, with more planning activities undertaken by local integrated care systems. It also puts forward the need for the health and care workforce to have a more varied and richer skill mix including technological knowledge in line with the needs of the service. Through integration of primary care and community health services, staff will be working in different ways, with a greater focus on preventative care and stronger links between health and social care, with new roles and significant changes to existing roles.

Although these set out plans for England, there may be impacts for the NHS workforce in Wales and also developments in education may impact all UK universities.

2.2.9 Independent panel report to the Review of Post-18 Education and Funding in England (Augar)¹⁴

An independent review on post-18 education in England highlighted several challenges within education which may also impact on Wales, such as gaps in access, reduction in university funding, decline in level 4/5 qualifications and lack of clarity on university spending. Key recommendations from this review included increasing education opportunities for all, reduction of tuition fees to £7,500, improving flexible learning through studying for one module at a time rather than a full qualification and awarding interim qualifications within degrees. Although the review was carried out in England there are relevant considerations for HEIW as they think through their commissioning of education. It is however currently unclear which of the Augar recommendations the new Secretary of State for Education will take forward.

¹² NHS. The NHS Long Term Plan 2019. 2019. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>. Accessed: August 2019.

¹³ NHS. Interim NHS People Plan. 2019. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf. Accessed: August 2019.

¹⁴ Secretary of State for Education. Independent panel report to the Review of Post-18 Education and Funding. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805127/Review_of_post_18_education_and_funding.pdf. Accessed: August 2019.

3 Approach

3.1 Scope

The scope of the review focused specifically on understanding stakeholder perspectives and to review and analyse available information and data for the undergraduate and postgraduate education programmes included in Figure 1 (page 9), across the following areas:

Current provision: Does the current education provision provide high quality education for the investment made, focusing on whether:

- Current provision provides high quality education as determined by student experience, employers and by professional regulators of the programmes.
- Newly registered health care professionals are fit for purpose as considered by employers, the students feel well prepared for their professional role and employers have confidence in their competence.
- The current provision delivers value for money as determined by investment made and outputs from the universities, is Wales receiving a return on its investment?
- Current provision is responsive to the ever changing healthcare landscape and education providers are flexing their curriculum to reflect these changes and whether they will be able to meet the future workforce and education needs as identified in 'A Healthier Wales'.
- Placement provision is expanding to reflect the drive to increase the amount of care delivered within the community/primary care setting.

Access to education: Does the spread of current education provision across Wales meet the needs of prospective and current students and healthcare providers, focusing on whether:

- Education is accessible and available across Wales and that rural and remote areas are considered in this context.
- Single providers should be able to demonstrate they provide a programme which meets the needs of all of Wales.
- There are any gaps in the current education provision which HEIW should consider commissioning to meet the future demands as identified in 'A Healthier Wales' and other key strategic drivers.
- There is education being delivered which no longer meets the needs of the service.
- There are further opportunities to extend flexible education pathways e.g. part time, shortened and distance learning.
- That where education is not delivered in Wales whether there is the potential for this to be commissioned locally.
- Multiple intakes remain a viable option for education programmes and should consideration be given to expand intakes to other programmes.

Inter-professional education: Considering:

- Alternative education delivery models to ensure all programmes have inter-professional learning and support embedded within their curriculum.
- Whether the development of regional hubs including collaboration between education providers would support the delivery of inter-professional education and whether this model could be used across the whole of Wales or whether a mixed model would be advised.

Welsh language provision: The viability of delivering programmes solely through the medium of Welsh.

3.2 Methodology

3.2.1 Stakeholder engagement

In order to understand stakeholder views and to inform the review, 130 stakeholders, selected by HEIW, were engaged through individual organisation meetings and workshops between May and August 2019. A full list of those who informed the review is included in Appendix 1 and a summary across different stakeholder groups in Figure 2. In order to obtain a baseline of views, key lines of enquiry were developed to ensure consistency in approach, the ability to analyse responses and to align with the scope of work.

Figure 2: Stakeholders engaged

Type of stakeholder organisation or stakeholder	Number of representatives
Education providers	35
Health Boards and Trusts	48
Government organisations	13
Professional bodies and Unions	19
Students	15

As well as meeting with stakeholders, some organisations provided written responses to the review and these organisations are also listed in Appendix 1.

3.2.2 Data and information

To inform the review and conduct the analysis a number of key data items were requested from HEIW relevant to the education programmes being considered. Examples of the information provided by HEIW include:

- **University performance reports:** This includes information on attrition rates, value for money, student demographic and funding of each university commissioned by HEIW.
- **Student university and placement quality questionnaire results:** This includes views from students on the quality of placements and teaching in 2018.
- **HEIW summary annual plan:** This outlined strategic objectives and what HEIW would like to achieve by the end of 2019/20.
- **NHS Wales education commissioning and training plan for 2019/20:** This report makes recommendations on the level of education commissioning.

To supplement the above data the National Student Survey (NSS) results were analysed to understand student satisfaction for the commissioned university programmes.

In addition key published reviews, strategies and plans were analysed relevant to the review, as outlined in section 1.3.

A full list of documents that informed the review can be seen in Appendix 2.

3.2.3 Costing analysis

As part of the review a full value for money costing analysis was not completed but instead a high level overview and comparison for initial view. HEIW's current approach to assessing value for money was reviewed from university annual performance reports. For the comparison the programme cost, number of students, attrition rates and any other support provided for programmes were considered. This was then compared to the weighted average total cost in Wales for Subjects and Professions Allied to Medicine¹⁵.

¹⁵ Department for Education. KPMG. Understanding costs of undergraduate provision in Higher Education: Costing study report. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/804975/Understanding_costs_of_undergraduate_provision_in_higher_education.pdf. Accessed: August 2019

3.2.4 Evaluation of recommendations and options

From the stakeholder engagement and analysis possible recommendations and options were developed which were evaluated using criteria agreed with HEIW. This allowed for a consistent approach to be applied to considering and evaluating the recommendations. The agreed evaluation criteria included the following and further information on these can be found in Appendix 3:

- **Strategic intent:** Potential to align with the strategic aims of HEIW as well as wider strategic initiatives in Wales.
- **Access and flexibility:** Potential to increase access to health professional education across Wales.
- **Quality:** Potential to improve the quality of health professional education.
- **Practical:** Potential to implement the option and minimise the time and resource commitment across HEIW, universities and/or Health providers (where applicable).
- **Future focussed:** Potential to ensure a long term positive impact which adds value and meets strategic intent.
- **Financial:** Potential to achieve the financial efficiencies required.
- **Risk:** Potential to minimise the risk to HEIW of making the change and is within legal and regulatory frameworks.

3.3 Limitations

During this review some limitations were encountered:

- **Education programmes:** The work focused on the undergraduate and postgraduate programmes commissioned by HEIW set out in Figure 1. HEIW's role in relation to medical, dental and pharmacy education or those programmes outside Wales where HEIW commission specific student places was not considered in detail.
- **Information and data:** The same level of data and information was not available for all the programmes commissioned by HEIW, such as attrition rate, student numbers and cost.
- **Stakeholder availability:** A range of stakeholders were engaged during the review, however not everyone responded or were available.
- **Student input:** A range of students were engaged through HEIW's student forum, but there was not student representation from all the programmes that HEIW commissions.

4 Findings and recommendations

4.1 Current education provision

This section presents the findings associated with the quality of the current education provision, whether it provides added value and how the education being delivered meets the future workforce needs of Wales. The programmes that have been considered in the review are included in Figure 1 (page 9). The findings and related recommendations are presented throughout this section and a summary of all the recommendations made in this review are in Appendix 4.

4.1.1 Quality

4.1.1.1 Health Boards, Trusts and professional bodies

Through our engagement with Health Boards, Trusts and professional bodies there were positive responses about the quality of education provision in Wales and a view that newly qualified health care professionals were well prepared for their roles. There was a lack of quantitative evidence to understand the quality of newly qualified health care professionals. However, quality of education programmes can be ensured to a certain degree by the quality assurance undertaken by professional regulators and also for some programmes by the relevant professional body.

There were some concerns from health professionals and students about the level of support provided to newly qualified nurses and midwives at a key time when they enter the profession. The existence of well-managed and well-run preceptorship programmes was highlighted as an essential way to provide this support and has been widely commented on in research studies¹⁶. Nursing students also felt that it was essential to have clarity on the preceptorship programme that would be in place to support them transition into the workplace.

A difference in approach was noted for this post qualification and professional registration phase across HEIW which depended on the profession. For example, HEIW does not currently have a role in this newly qualified and registered phase for nurses, midwives and allied health professionals, whereas for pharmacy there is a HEIW commissioned structured programme (currently a diploma) and HEIW has an established role in post graduate medical and dental training.

Recommendation 1: HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.

As a result of the 1999 UKCC Fitness for Practice report, chaired by Sir Leonard Peach, the Welsh Government has provided financial support to education providers in Wales providing pre-registration nursing and midwifery programmes to support implementation of the recommendations in the report. The aims being to improve integration of theory and practice within the education programmes to produce 'knowledgeable doers' who could transition from being a student to a registered practitioner. This funding is widely referred to as 'fitness for practice' funding.

We found that there was a lack of awareness from Health Boards about how this additional funding was being used to achieve its aims and a degree of 'surprise' from allied health professional representatives that this additional funding was available for nurses and midwives but not for allied health professionals.

This also led to views being shared about the funding of education more generally, given the practice component and funding being made available to placement providers. Through the discussions a variation in approach was identified between education providers about funding that goes towards the practice placement element.

¹⁶ Health Education England (2018) Reducing Pre-registration Attrition and Improving Retention Report, <http://healtheducationengland.sharepoint.com/:b/g/Comms/Digital/EeNMV6yMRILQk3zKaV8niMBi78dT-8MUwvJXJ8uAMvCq?e=b1VlyY> (Accessed: August 2019)
University of Derby Supporting newly qualified nurses in the UK: a systematic literature review, <https://derby.openrepository.com/bitstream/handle/10545/292598/UDORA%20Literature%20Review%20Preceptorship%2020121030%20NET.pdf?sequence=3> (Accessed: August 2019).

Recommendation 2: HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.

4.1.1.2 Students

In assessing the views of students on the quality of education programmes in Wales, the NSS results for 2018 and 2019 (undergraduate programmes), HEIW's student survey as well as views from the students that were met with were analysed.

The NSS gathers students' opinions on the quality of their courses. Every university in the UK takes part in the NSS and response rates are consistently high. The NSS is managed by the Office for Students on behalf of the UK funding and regulatory bodies, which includes the Higher Education and Funding Council for Wales.

The NSS results to the statement 'Overall, I am satisfied with the quality of the course', showed that most healthcare education programmes/subject areas being delivered in Wales scored highly in comparison to the UK average (detailed information in Appendix 5). Figure 3 includes the results from the 2019 survey for this question which shows Midwifery, Adult Nursing, Children's Nursing, Nutrition and Dietetics and Physiotherapy programmes/subject areas having higher student satisfaction rates for programmes run in Wales compared to the UK average. However, within these averages, there are specific programmes/subject areas being delivered in Wales that rate lower than the UK average (as shown in Appendix 5).

Figure 3: NSS 2019 average response to the question 'Overall, I am satisfied with the quality of the course' for programmes in Wales and for all programmes

Programme/subject area	Average % (range) for programmes in Wales	Average % (range) for all programmes
Adult Nursing	82% (73%-90%)	81% (48% - 100%)
Children's Nursing	96% (93% - 100%)	86% (42% - 100%)
Mental Health Nursing	80% (70% - 94%)	80% (40% - 98%)
Learning Disability Nursing	81% (72% - 89%)	85% (64% - 100%)
Midwifery	99% (94% - 100%)	89% (59% - 100%)
Physiotherapy	93% (93%)	86% (42%-100%)
Nutrition and Dietetics	91% (91%)	81% (32% - 100%)
Counselling, Psychotherapy and Occupational therapy	86% (70% - 100%)	80% (30% - 100%)
Others in subjects allied to medicine	81% (64% - 91%)	82% (25% - 100%)
Others in Biosciences	80% (73% - 91%)	86% (60% - 100%)

The students with whom we engaged were generally satisfied with their programmes. However some students had concerns regarding placement experience, in particular not being able to be involved in practice tasks, not feeling valued and not feeling supported through the programme.

The results from the NSS data (2019) (see Figure 4) for placement experience of students for the key commissioned programmes/subject areas across Wales (detailed information in Appendix 6) were analysed. These results were based on statements on student satisfaction on suitable placement allocation, receiving enough preparatory information, supervision, meeting student outcomes, feeling valued by clinical staff and practice supervisors.

Figure 4: NSS 2019 average responses to the placement questions for programmes in Wales and for all programmes

Programme/ subject area		I received sufficient preparatory information prior to my placement(s)	I was allocated placement(s) suitable for my course	I received appropriate supervision on placement(s)	I was given opportunities to meet my required practice learning outcomes/ Competence	My contribution during placement(s) as part of the clinical team was valued	My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course	Average across placement questions
Adult Nursing	Wales	72% (69%-76%)	89% (89%-90%)	83% (80%-87%)	92% (88%-96%)	89% (87%-90%)	90% (88%-91%)	86%
	All	75% (41%-92%)	88% (71%-95%)	82% (65%-97%)	90% (73%-96%)	87% (73%-95%)	84% (64%-93%)	84%
Children's Nursing	Wales	75% (59%-93%)	87% (79%-94%)	86% (71%-94%)	98% (93%-100%)	94% (88%-100%)	93% (86%-100%)	89%
	All	77% (33%-100%)	92% (68%-100%)	90% (68%-100%)	95% (83%-100%)	93% (82%-100%)	89% (74%-100%)	89%
Mental Health Nursing	Wales	66% (58%-64%)	86% (82%-92%)	82% (83%-88%)	95% (89%-96%)	91% (92%-93%)	94% (91%-98%)	86%
	All	70% (23%-95%)	88% (40%-100%)	80% (46%-97%)	91% (67%-100%)	88% (50%-100%)	85% (43%-100%)	84%
Learning Disability Nursing	Wales	67% (67%-68%)	89% (89%)	84% (78%-89%)	89% (78%-100%)	92% (83%-100%)	87% (78%-96%)	85%
	All	76% (53%-92%)	85% (73%-100%)	85% (67%-100%)	86% (71%-100%)	90% (73%-100%)	90% (73%-96%)	85%
Midwifery	Wales	86% (56%-100%)	97% (89%-100%)	97% (94%-100%)	100% (100%)	94% (85%-100%)	99% (95%-100%)	95%
	All	78% (47%-100%)	97% (80%-100%)	91% (67%-100%)	94% (73%-100%)	91% (73%-100%)	90% (64%-100%)	90%
Nutrition and Dietetics	Wales	77% (77%)	95% (95%)	82% (82%)	100% (100%)	86% (86%)	82% (82%)	87%
	All	85% (63%-97%)	95% (83%-100%)	91% (82%-100%)	95% (85%-100%)	87% (65%-100%)	90% (87%-100%)	91%
Others in subjects allied to medicine	Wales	68% (59%-75%)	93% (86%-100%)	80% (64%-93%)	89% (83%-93%)	77% (64%-82%)	76% (64%-89%)	80%
	All	77% (53%-97%)	91% (50%-100%)	84% (44%-100%)	89% (70%-100%)	85% (53%-100%)	82% (50%-100%)	85%
Physiotherapy	Wales	92% (92%)	99% (99%)	96% (96%)	95% (95%)	94% (94%)	88% (88%)	94%
	All	85% (50%-100%)	95% (85%-100%)	94% (82%-100%)	95% (85%-100%)	95% (85%-100%)	90% (77%-100%)	92%
Counselling, Psychotherapy and Occupational Therapy	Wales	94% (92%-96%)	97% (96%-98%)	94% (88%-100%)	95% (90%-100%)	90% (84%-96%)	94% (88%-100%)	94%
	All	84% (52%-100%)	93% (79%-100%)	93% (73%-100%)	94% (79%-100%)	92% (79%-100%)	89% (78%-100%)	84%

Overall, students on Welsh programmes/subject areas were on average more satisfied with placement learning experience when compared to the average across all programmes. Examples of this include Adult Nursing, Mental Health Nursing, Midwifery and Physiotherapy. Programmes/subject areas where the level of satisfaction was lower on average for Welsh programmes/subject areas compared to the average for all programmes were Nutrition and Dietetics and other subjects allied to medicine. This was largely due to scoring lower on statements related to receiving preparatory information for placements, appropriate supervision and practice supervisors understanding how placements related to the broader requirements of a student's course.

As well as discussing the NSS results with education providers as a part of their quality reviews, HEIW conduct a student university and placement questionnaire quarterly. The questionnaire asks students to rate different aspects of placements such as support from mentors and organisation of placement. This provides more specific information than the NSS survey, however the number of respondents answering this questionnaire is low, averaging at 24 respondents across the four questionnaires in 2018. HEIW also have a student forum that meets four times a year to provide a forum for students to help shape the learning experience of students within Wales.

It is important that HEIW continues to hear directly from students about their views of programmes and any specific concerns. This allows HEIW to consider and take action if required and provides a key information source when HEIW are reviewing programme performance and quality.

Recommendation 3: HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.

4.1.2 Responsiveness to the health and care system

4.1.2.1 Regulatory standards

As outlined in the context section, there are a number of factors impacting and influencing the education and health sectors in Wales. In addition, there are new regulatory standards and requirements that have been issued or being developed that education providers and placement providers will need to meet through their new education programmes. The Nursing and Midwifery Council (NMC) have issued new standards for pre-registration nursing programmes. The pre-registration midwifery standards are in development and expected to be finalised and published in 2020. The NMC are also considering reviewing their post registration programmes and are conducting early engagement on this. The Health Care Professions Council (HCPC) issued new standards of education and training in 2017 and are now reviewing their standards for prescribing which will be implemented during the 2019/2020 academic year.

A number of the elements that are included within the scope of this review are also included in the new or draft versions of the regulatory standards, such as the need for inter-professional learning and multi-agency learning content within programmes. The NMC standards for pre-registration nursing include aspects on broadening the placement learning experience of students.

The way in which the education providers and placement partners may meet these outcome focussed standards is dependent on the way the new curricula and criteria is developed. This provides an opportunity for the specific elements of education required for the Welsh health and care sectors to also be incorporated within the programmes as the curricula is being revised, such as specific skills and broader placement experience. For nursing, we heard about an 'all Wales' approach being adopted in response to the new nursing standards.

4.1.2.2 Collaboration

As well as the advent of new standards, there are regular discussions between education providers and Health Boards in Wales to ensure that programmes meet the needs of health and care services. An example being the Partnership Boards between Health Boards and universities. The review highlighted that these conversations tend to happen at a local or regional basis and to differing degrees of detail and consistency across types of programmes.

It was also identified during the review that those delivering health and care services would appreciate more opportunities to shape education programme development, to ensure their needs are being met. There are also opportunities for education providers to work more closely together.

This is particularly important as the 'Workforce Strategy for Health and Social Care' is finalised and agreed, to ensure that the education needs of the future health and care workforce in Wales is met.

Recommendation 4: HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.

4.1.2.3 Placements

Placement learning is an essential part of health professional education and successful delivery of an education programme and a qualified student depends on it.

The total number of students and training places has grown from 6,881 in 2015-16 to 9,000 in 2018-19¹⁷. Through the engagement it was noted that there was a need to increase student numbers further, however, stakeholders expressed concerns about any potential increase in student numbers resulting in an increase in placements required. This would have an impact on the resource to supervise and assess students within Health Boards and Trusts, especially at a time of high staff vacancy rates for some professions. Education providers explained that the number of places they could offer per commissioned programme was dependent on the number of placements available.

We found that placement provision is primarily secondary care focussed and this will need significant expansion given the aims for placement learning to provide a much broader range of experience in the future. In particular, incorporating primary and community sectors as well as independent providers into the practice learning elements of programmes.

As mentioned in section 4.1.2.1, some of the health and care professional regulators are requiring a broadening of the placement learning experience provided to students. In addition, this could align with the aims of 'A Healthier Wales' to develop a seamless local health and social care approach, by developing and educating the future workforce to work across and understand multiple sectors.

Stakeholders were aware of the need for development of the types of practice learning experience provided, however there was limited detail provided on how it would be achieved. There is a placement plan currently in place which provides management and clarity of current placement arrangements in Wales. This will need to be developed further given the complexity expected from increasing the breadth of placement provision such as supervision and responsibility for students, as well as funding and governance arrangements.

Given the importance of placement learning, pressure on existing provision, the need to expand the experience gained through placement learning and the increased complexity this brings, this is an area where HEIW could take a lead role to ensure that the development of the placement provision for education programmes meets the future aims for the health workforce and service in Wales.

Recommendation 5: HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.

Recommendation 6: HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.

4.1.2.4 Digital skills

The Topol review¹⁸ advised on how technological developments are likely to change the roles and functions of clinical staff, the implications for the skills required by professionals and the consequences for the selection, curricula, education and training of current and future NHS staff. In

¹⁷ HEIW. University annual performance reports, 2018.

¹⁸ Health Education England. The Topol Review, Preparing the healthcare workforce to deliver the digital future. 2019. <https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf>. Accessed: August 2019.

addition, some health and care professional regulators are increasing the requirements for digital skills and literacy as a part of pre-registration education programmes.

In order to inform the digital skills that are included within education programmes, it is important that health and care services are clear on the skills required in the future. Even though stakeholders agreed with the need for increased digital skills, our discussions with stakeholders did not identify the specific digital skills that needed to be developed. This is a key area that requires close collaboration between the health and care services, education providers and HEIW, as outlined in section 4.1.2.2.

As well as the digital skills required by health professionals, some education providers are further developing their digital learning offering in order to facilitate easier and more efficient access to programmes and education material. This applied across the theoretical and practical elements of programmes, with advances in digital applications being used in simulated learning.

Recommendation 7: HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.

4.1.2.5 Workforce planning

The current student numbers are based on the use of the Integrated Medium Term Plans (IMTPs), wider workforce intelligence and placement capacity information.

Throughout the review, concerns were raised about the number of students, the volume of vacancies and need and the requirement to increase those for certain professions due to the demand in the health service from unfilled vacancies and/or use of agency staff. We heard this in relation to most of the professions we considered.

Education providers were concerned about the short term 'year to year' nature of the commissioning process which in some cases meant that universities needed to increase their provision substantially at short notice, which can risk successful education delivery and performance.

There is a need for improved longer term strategic workforce planning. This could allow for more robust workforce plans to be developed which aligns with health and care workforce and system strategies and facilitate longer term forecasting and commissioning of education.

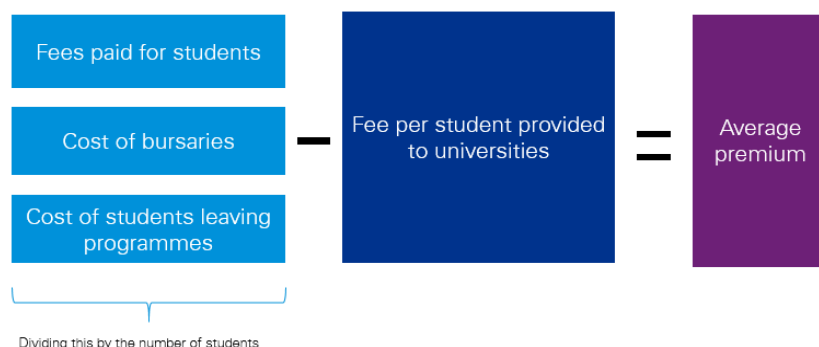
Recommendation 8: HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.

4.1.3 Added value

Achieving value for money can be described as using public resources in a way that creates and maximises public value¹⁹. A full value for money costing analysis has not been completed and instead a high level overview and comparison is included which enables an indicative view of value.

From the 2018 university performance reports provided by HEIW, we have reviewed added value according to the analysis undertaken by HEIW, which includes calculating an average premium per student (Figure 5).

¹⁹ Value for money framework, Department for Transport. 2017.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630704/value-for-money-framework.pdf. Accessed: August 2019

Figure 5: How average premium per student is calculated by HEIW

The fee per student, as well as other additional costs, was compared against the weighted average total unit cost for Subjects and Professions Allied to Medicine in Wales from KPMG's report for the Department for Education on 'Understanding costs of undergraduate provision in Higher Education'²⁰. This report found that the weighted average total unit cost for Subjects and Professions Allied to Medicine in Wales was £10,541. This includes teaching costs comprising course delivery staff costs, non-pay, departmental running costs, student related central services, corporate services, estate and sustainability. For most programmes the cost per student per programme is lower in comparison to the weighted average total cost for Subjects and Professions Allied to Medicine in Wales.

This provides a basic comparator understanding of costs and further work could be undertaken to understand this in more depth and for each subject area. The cost of education and training is only one part of a detailed added value assessment with other factors to be considered such as quality of education, student attrition, return on investment, e.g. the length of time qualified professionals practice in the health service in Wales, and sustainability of education provision (in particular when there are single or low numbers of education providers).

Recommendation 9: HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.

4.2 Access to education

In this section the distribution and access to healthcare professional education and training across Wales is considered, assessing whether the spread of current education provision meets the needs of prospective and current students and healthcare providers.

4.2.1 Distribution of education across Wales

Seven universities across Wales are commissioned by HEIW to deliver healthcare professional education. Figures 6 and 7 show the number of specific commissioned programmes available across Wales.

Figure 6: Number of undergraduate commissioned programmes in Wales

Programme	Number of commissioned programmes
Undergraduate	
BSc Nursing	5
BMid Midwifery	4
BSc Diagnostic Radiography	2
BSc Therapeutic Radiography	1
BSc/PGDip Occupational Therapy	2

²⁰ Department for Education. KPMG. Understanding costs of undergraduate provision in Higher Education: Costing study report. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/804975/Understanding_costs_of_undergraduate_provision_in_higher_education.pdf. Accessed: August 2019

Programme	Number of commissioned programmes
BSc Operational Department Practice	1
BSc Physiotherapy	1*
BSc Dental Hygiene	1
DipHE Dental Hygiene & Therapy	1
BSc Healthcare Science	2
DipHE Paramedic Science	1
BSc Dietetics	1
BSc Podiatry	1
BSc Speech & Language Therapy	1
Cert HE in Assistant Radiographic Practice	1
Cert HE in Basic Audiological Practice	1

Source: During our review an additional provider was commissioned to deliver this in Wales.

Figure 7: Number of postgraduate commissioned programmes in Wales

Programme	Number of commissioned programmes
Postgraduate	
Specialist Community Public Health Nursing	4
Specialist Practice Qualifications (SPQs)	4
Return To Practice (Nursing/Midwifery & AHPs)	5
Non-Medical prescribing	5
Advanced and Extended practice MSC's & Modules	6
MSc/PG Dip Nursing	2
PG Dip/MSc Physicians Associate Studies	2
MSc Clinical Science-Medical Physics (STP)	1
PG Cert/Dip/MSc Genomic Medicine	1
PG Dip Dietetics	1
Clinical Psychology	2

We heard concerns about access to healthcare education in rural or more remote areas such as West and Mid Wales. Rural Health and Care Wales has a current research project on the education, training and continuous professional development of health and social care professionals in rural areas that will seek to recognise the gaps in current skills and identify training and action to address them²¹.

As well as the lack of access to education locally, there are difficulties in recruiting to health and care positions, leading to increased agency staff costs for the Health Boards and Trusts. Expenditure on agency staff by NHS Wales has increased markedly in recent years with a rise of 117% over seven years to £135.7 million in 2017-18 and with 82% of agency expenditure in 2018-19 providing cover for vacant positions²².

Having more local education provision may help with securing the local workforce that is required and through the stakeholder engagement, phrases such as “train local, stay local” were used. Ways in which this could be achieved include:

- **Introducing new providers:** During the review education providers in Wales that did not currently run HEIW commissioned programmes commented that they were considering the possibility of doing so, in particular in the areas of Wales where there was limited provision currently.
- **Existing providers increasing access to programmes:** Some education providers recognise the need to incorporate more geographical flexibility in their programmes and are doing this through:

²¹ Rural Health and Care Wales. Research project on the education, training and continuous professional development of health and social care professionals in rural areas. <https://ruralhealthandcare.wales/research-academic-contribution/research-projects/>. Accessed August 2018.

²² Wales Audit Office. Expenditure on agency staff by NHS Wales. 2019. https://www.audit.wales/sites/default/files/press_releases/expenditure-on-agency-staff-by-nhs-2019-eng-online.pdf. Accessed: August 2019.

- **Satellite campuses** that are set up in multiple locations to allow students to be educated closer to their home or their placement setting.
- **Distance learning** being an increased element of their programmes, incorporating digital learning within their programmes to reduce the impact on students who are based far from the main university location.

Recommendation 10: HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.

Figures 6 and 7 also show those HEIW commissioned programmes which are delivered by a single university in Wales. This provides risks if the provider decides to discontinue the programme in particular for those programmes with a high number of applications per place and number of students. It also requires the provider to take an all Wales approach to provide the health and care professionals required across Wales. This is managed in part through the placement learning allocation process but there still remains the need for students to attend the academic elements of the programme in a specific location.

Figure 8 shows further information on the undergraduate single programmes available in Wales, such as student number and application ratios. Stakeholders voiced some concern that there were only single programmes available for Speech and Language Therapy, Dietetics and Podiatry programmes in particular. However, the number of student places is relatively low at 53 for Podiatry and 102 for Speech and Language Therapy. For these programmes the applications per place is also low, with 2-4 applications per place.

Figure 8: Further information on single programmes commissioned in Wales

Commissioned Programme	Applications per place (2017/18)	Number of students (2017/18)	Attrition rate (2017/18)
BSc Podiatry	2.1	53	5.5%
BSc Dietetics	4.4	87	5.0%
BSc Therapeutic Radiography	6.4	144*	14.9% ^(a)
BSc Operational Department Practice	3.1	11	12.3%
BSc Physiotherapy	6.9	374	5.1%
BSc Speech & Language Therapy	Information not available	102	14.3%

Note: (a) Data also includes BSc Diagnostic Radiography information.

From the engagement there is an understanding that universities in Wales are considering the possibility of adding additional programmes to their portfolio in the future and in particular reference to the following undergraduate programmes were made:

- Nursing
- Physiotherapy
- Occupational therapy
- Speech & Language Therapy
- Dietetics
- Radiography.

Recommendation 11: HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.

Recommendation 12: HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their

programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.

4.2.2 Flexible education programmes

There are part-time and shortened programmes commissioned by HEIW, in particular for nursing and post-graduate programmes. Previous reviews and strategies have outlined the need for more flexible approaches to education, such as the Review of Higher Education Funding and Student Finance Arrangement in Wales (Diamond) and the draft 'Workforce Strategy for Health and Social Care'.

There was wide stakeholder support for increased flexibility for education programmes, in particular the use of part time programmes, apprenticeships and module based education. Stakeholders felt that providing education opportunities through part time programmes for those already working in healthcare, e.g. Healthcare Support Workers, should be enhanced. This allows those that are already experienced in working in healthcare to upskill and develop their education as well as potentially addressing the regional shortage of roles by educating those based locally. This would require the education to be delivered relatively local or through distance learning.

The part time programmes already available in Wales are also being utilised alongside the Health Care Apprenticeship programme in Wales that include a Foundation Apprenticeship in Health Care Support Services (Level 2), progressing to an Apprenticeship in Clinical Health Care Support (Level 3) before embarking on a part-time university education programme. Another example of a possible introduction to a nursing career is the RCN Prince of Wales Nursing Cadet Scheme which is currently being piloted, whereby cadets are supported to be educated in health and care that can result in them working as a Healthcare Support Worker and support them towards employment in nursing.

The students spoken to also welcome increased flexibility and some of those that were currently studying nursing, but previously had been Healthcare Support Workers, would have considered a part time programme instead if it had been available to them.

A key consideration for part time programmes is the impact on the healthcare service and the employer whilst the student/employee is being educated, which will require role cover and funding.

Recommendation 13: HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.

Recommendation 14: HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all healthcare part time programmes, including 'back fill' cover costs.

Recommendation 15: HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.

Another element of flexibility that stakeholders commented on was the opportunity to provide 'stepping off' points within programmes, with two main points being raised. Firstly, the need for more flexibility for students to take breaks and re-join programmes, rather than the current situation which is based on the rigidity of the academic year. Secondly, for those students that do not complete the programme that there are relevant and adequate exit award qualifications provided to allow students that do not complete the programme to be able to practice in some capacity or allow transfer to another programme of education. An example provided was the new Paramedicine degree where there will be suitable 'stepping off' points to allow students to leave the programme and take on another role such as a Technician position.

There was also support for combination degrees to be developed, where an education programme could be designed in a way to allow those that qualify to potentially lead to registration in two professions e.g. social care and nursing.

Recommendation 16: HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential

combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.

4.2.3 Types of commissioned education programmes

There was stakeholder support for the programmes currently commissioned and there were no programmes identified that are currently commissioned which were felt by stakeholders to be no longer needed or relevant. However, there was a view that HEIW should, through the education commissioning process and in line with 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care', be considering the whole career pathway of healthcare professionals and therefore spanning pre-undergraduate education, through undergraduate, post registration training and continued professional development. HEIW already do this to a certain extent through commissioning pre and post registration programmes for some professions, however, the areas specifically identified where HEIW could increase their involvement through commissioning include:

- Healthcare Support Worker education and training.
- Clinical academics and increased specialist practice qualifications.
- Four year Masters programmes, in particular for nursing, occupational therapy and diagnostic radiotherapy.

In particular, stakeholders felt that there could be a more structured and focussed approach on the commissioning and delivery of post registration programmes to allow further development of the existing workforce and support career pathways and established career frameworks.

Some universities have reviewed their portfolio of healthcare commissioned programmes to determine the viability of continuing to provide certain programmes. This includes consideration of the cost of running particular programmes compared to the funding received for them, which may impact what programmes universities deliver in the future. Other universities are keen to expand their portfolio of healthcare programmes to incorporate more students on programmes and also to add new healthcare programmes to their portfolio, as outlined in section 4.2.1.

HEIW commissions a number of student places on programmes delivered by universities outside Wales. Some are for one or two student places per programme, however for the programmes where there are larger numbers of student places commissioned, there may be the potential to explore whether the programme can be delivered in Wales.

Recommendation 17: HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.

Recommendation 18: HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.

4.2.4 Multiple intakes

Representatives from Health Boards and Trusts felt that there should be multiple intakes across the academic year, especially for programmes that have a high number of graduates that enter the profession, such as nursing. This would provide a spread of newly qualified and registered professionals into the health service across the year. This would allow the health service to better manage and support the new professionals by providing less of a peak in demand at one point in the year. However, some education providers and students that were spoken to felt that recruiting to the non-September intake group was difficult and that students in the non-September intake tend to be a smaller cohort, providing less of a 'typical' student experience and resulting in higher attrition in some cases.

This is an example of a specific area that would benefit from more collaborative and partnership working between the education provider, health service and HEIW to deliver programmes that meet the need of the health service. In particular to identify if there are other programmes that would benefit from multiple intakes, as this was unclear from the work we undertook.

Recommendation 19: HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.

4.3 Inter-professional education

The Centre for the Advancement of Interprofessional Education defines inter-professional education as “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”²³

Through the review it was noted that there are varied approaches to inter-professional education being delivered in education programmes and that this is taking place at different levels. Some education providers have core academic modules that apply across different education programmes and involve different professionals learning together. There is also inter-professional education provided during the practice learning element of the programmes, where students of different professions will learn together in the practice setting, however we found that universities had different levels of oversight and management of the practice learning setting, to ensure that this happened.

It was identified that those education providers that were running multiple healthcare education programmes provided a greater amount of inter-professional education due to having the opportunity to do this across multiple programmes in the same university college or school. Even though this happened within established university colleges or schools we found that there was limited inter-professional education between colleges or schools of the same university and even less between universities themselves. Some stakeholders were of the view that there still remains a silo approach to healthcare professional education which impacts the level of inter-professional education provided. This needs to be addressed to be able to deliver on the aims of a multi-professional workforce across health and social care and requires intra and inter collaboration of education providers.

To facilitate inter-professional education, stakeholders felt it was important to ensure that the right learner groups were together and at the same education level for the education content being delivered. Some education providers had received negative feedback from students on inter-professional modules and had discontinued them as a result. This should not be a reason to not provide inter-professional education but instead redevelop and refine the approach that draws on the specific common learning outcomes set out for education curricula across curriculums and expand on these to show how inter-professional education can further enhance the required learning outcomes.

Suggestions were made that the whole first year of some healthcare programmes could be delivered across different professional groups, whereas others were more conservative and felt that possibly this could cover a module or two at most. Areas of commonality across healthcare education programmes that could allow for inter-professional education include understanding the health and care system, leadership, management, health literacy and quality improvement.

Some stakeholders questioned whether the regulatory system for the education programmes, due to different regulators being responsible for the approval and quality assurance of different professional programmes, would allow for inter-professional education to be increased. However, on review of current regulatory standards and requirements, it was found that the professional regulators have in fact increased the requirements and emphasised the importance of inter-professional education by requiring knowledge and experience of interdisciplinary team working and a broader spectrum of placements.

²³ The Centre for the Advancement of Interprofessional Education. <https://www.caipe.org/about-us> Accessed: August 2019.

Overall, there is a consistent view that more can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.

In order to achieve these aims, consideration needs to be given to new innovative approaches to inter-professional learning to be able to achieve robust and effective multidisciplinary education and service. This will require more than continuing to provide an increased amount of what is currently being done by some education providers and would benefit from collaboration between education providers.

Recommendation 20: HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

4.4 Welsh language provision

In this section the Welsh language provision of commissioned education programmes is considered, the demand for Welsh language programmes and the future impact.

The Welsh Government has a vision that by 2050 there will be a million Welsh speakers in Wales and to increase the percentage who speak Welsh daily to 20 per cent. This includes increasing the number of Welsh speakers in post-compulsory education, the education workforce and increasing the use of Welsh in the workplace and in delivering services²⁴. The Employers Skills Survey²⁵ (2017) found that in Wales, around one in five skills gaps involved a need to improve written Welsh language skills (22 per cent) and oral Welsh language skills (20 per cent).

The 'Mwy na geiriau' or 'More than just words' follow-on strategic framework²⁶ aims to maintain momentum of the original framework and support a greater level of recognition among service providers that the use of the Welsh language is not just a matter of choice but also a matter of need. Its aims are to strengthen Welsh language provision in health, social services and social care as many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. This is especially true for the elderly, people with dementia or a stroke, or young children who may only speak Welsh. The 'Active Offer' presented means providing a service in Welsh without someone having to ask for it.

During the review consideration was given to the current Welsh language content of the education programmes commissioned by HEIW. Views were sought from stakeholders about the availability of Welsh language content and support on programmes, as well as the demand from students to study in Welsh and from patients and people to be treated and cared for through the Welsh language.

Most of the education providers offer some level of Welsh language content on their programmes and support for those wishing to be educated in Welsh is available to differing degrees through Welsh language lectures, placements, tutors and submitting assignments in Welsh. Some universities provide bilingual programmes and many spoke of aims to move to providing bilingual programmes and becoming a bilingual college or school. This is being promoted through including Welsh language skills in the recruitment and selection process, holding interviews in the Welsh language and promoting Welsh language programmes at Schools.

²⁴ Welsh Government. Cymraeg 2050: A million Welsh speakers. 2017. <https://gweddi.gov.wales/docs/dcells/publications/170711-welsh-language-strategy-eng.pdf>. Accessed: August 2019.

²⁵ Department for Education. Employers Skills Survey 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733509/Employer_Skills_Survey-report.pdf. Accessed: August 2019.

²⁶ Welsh Government. Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care. 2016. <https://gweddi.gov.wales/docs/dhss/publications/160317morethanjustwordsen.pdf>. Accessed: August 2019.

Universities have to comply with the Welsh language standards that require them to support Welsh delivery for services, policy making, operational delivery and record keeping. There are specific standards that relate to programme content and support for students through the Welsh language, where education providers are required to:

- Inform their students that any written work submitted as part of an assessment or examination may be submitted in Welsh, and will be treated no less favourably;
- Allocate a Welsh speaking personal tutor to a student if the student wishes to have one;
- Assess and publish the need for a public learning opportunity to be offered in Welsh;
- Consider what effects, if any (and whether positive or negative), that a new or revised course (or any component of the course) would have on opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language;
- Assess the Welsh language skills of their employees.

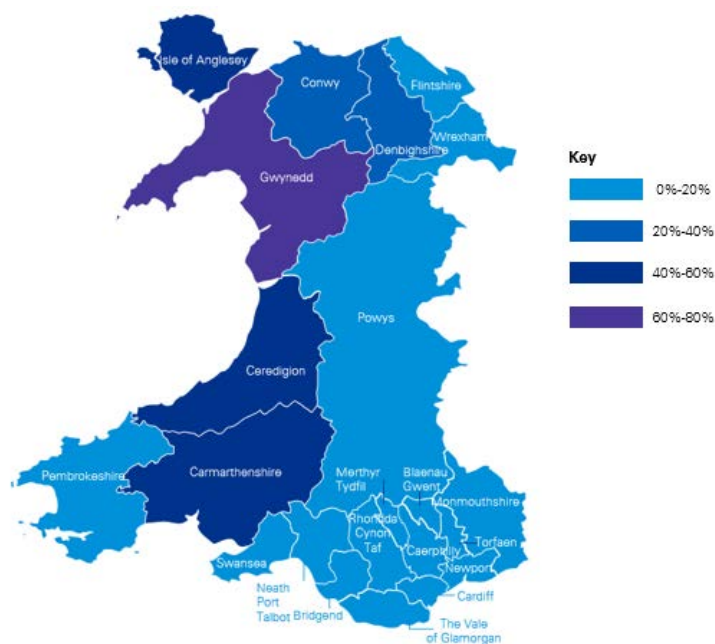
Education providers are supported by Y Coleg Cymraeg Cenedlaethol to develop Welsh language provision for their programmes such as providing initial funding for Welsh language lecturers, ongoing subject grants and providing scholarships to those studying in Welsh. Some of the commissioned education providers are a recipient of this funding. Rather than developing education programmes solely in the Welsh language, the aims are to develop bilingual programmes and the level of Welsh language content available on these programmes is measured at a 40 credit (1/3) or 80 credit (2/3) per year level. The additional support provided to develop Welsh language content and support for programmes is welcomed by education providers due to the increased cost implications for programme delivery.

Even though we heard limited demand to study healthcare professional programmes solely in the Welsh language, there is a demand for those studying to be able to learn elements of the programme through the Welsh language or develop Welsh language skills whilst on the programme. Good work is being done currently to allow for this but we are of the view that more can be done to increase the amount of Welsh language component on programmes to meet the needs of students to study through the Welsh language and increase the Welsh language skills of the future healthcare professional workforce. Given the differences across Wales in the proportion of the population that speak Welsh (see Figure 9), there needs to be better data collection and analysis of the Welsh speaking population that use healthcare services and wish to be treated through the Welsh language, as well as the existing Welsh language skills of the healthcare workforce.

Now that the Welsh language standards are in place we expect that the availability of information related to the scale of the Welsh language health care workforce will improve. In particular the specific standards that require Health Boards and Trusts to:

- Assess the Welsh language skills of their employees and keep a record of the number of employees with Welsh language skills at the end of each financial year along with the skill level of those employees.
- Assess the need for Welsh language skills in new or vacant posts, and categorise it as a post where one or more of the following apply – (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.
- Publish a plan for each 5 year period setting out – (a) the extent to which they are able to offer to carry out a clinical consultation in Welsh; (b) the actions to take to increase ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions.
- Provide opportunities during work hours for employees to receive basic Welsh language lessons and provide opportunities for those that have completed basic training to receive further training to develop their language skills.
- Provide training courses so that employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.

Figure 9: Percentage of people speaking Welsh from the 2011 census²⁷



Information that will be developed by Health Boards and Trusts through compliance with these and wider standards could inform the demand level and need for qualified students that have the necessary Welsh language skills. Therefore, workforce plans could include the required need for Welsh language professionals to deliver the services needed in a region and the education commissioning process could respond to this by providing the future workforce with the required Welsh language skills.

Recommendation 21: HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.

Recommendation 22: HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.

²⁷ Stats Wales. Welsh speakers by local authority, 2011 census. <https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>. Accessed: August 2019.

5 Conclusions

Overall, the review found that stakeholders are generally content with the quality of current healthcare education provision in Wales and that those being educated and entering the profession have the required skills and knowledge. There are considerable changes and developments in the health and education sectors in Wales, with multiple strategies and initiatives aimed at developing the way health and care services are delivered and the workforce required to support this. The recommendations are aimed at further developing health professional education to meet the service needs.

5.1 Role of HEIW

HEIW has an opportunity to further shape and lead key areas in the education of health professionals and ultimately the future healthcare workforce and deliver against their strategic aims. Greater clarity for all stakeholders on the role of HEIW would help ensure that HEIW can take a strategic role in health education provision in Wales. Areas identified where HEIW can take such a role include:

- **Collaboration and partnership working between Health Boards, Trusts and education providers:** Collaboration between the health service and education providers occurs routinely for healthcare professional programmes due to the balance of academic and practice learning delivered. However, given the expected change in service provision, there needs to be strategic and informed collaboration so that views about what is needed from the workforce in the future, such as new roles, skillsets and knowledge, inform curricula development and delivery. HEIW is in a position to be able to coordinate and increase this collaboration on a local, regional and national basis to ensure alignment between service needs and education provision.
- **Workforce planning:** There needs to be a new longer term strategic workforce planning approach, in partnership with Health Boards, Trusts and education providers to provide a clear plan that aligns with strategic initiatives for healthcare workforce and individual professions. This could consider the workforce requirements across all roles and professions in the health service and align with the education needs to support healthcare career pathways and frameworks.

5.2 Access to education

There are opportunities through the commissioning approach to further enhance access to education programmes, these include:

- **Flexible education delivery:** The review found that education providers are incorporating more flexible approaches to their programmes such as part time programmes and flexible learning approaches. However this is an area where more can be done and which students and healthcare service providers are seeking. There are opportunities to increase part time programmes for those already working in healthcare roles, but there is a need to carefully consider the financial impact of such programmes.
- **Regional education provision:** Considering the spread of education provision across Wales and how access to programmes can be increased through distance learning, satellite sites and new providers to meet a wider set of students and also meet the required workforce demands.
- **Additional providers and programmes:** The review highlighted there are potential new education providers in Wales and existing providers which are keen to expand their portfolio or increase their provision.

5.3 Education programmes

There are specific education areas that are of key strategic importance for the future of healthcare education in Wales. In order to advance and develop these, HEIW could proactively set specific requirements such as:

- **Practice learning:** The aim for placement learning to provide a much broader range of experience in the future, incorporating primary and community sectors as well as independent providers, requires a new approach. This needs to consider the incentives for organisations to provide placements, consistency in approach across placement providers from different sectors and providing the right level of supervision of students.
- **IPE:** More can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.
- **Welsh language provision:** There is a need to incorporate the Welsh language skills required for the health and care workforce across Wales within future workforce plans. This in turn could inform the education commissioning approach to capitalise on the increasing Welsh language component of programmes provided by education providers.

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationship between education providers and healthcare providers. HEIW's upcoming procurement exercise provides an ideal opportunity to put this into action and secure the education programmes required. To ensure sustained and appropriate healthcare education there is an opportunity for HEIW to commission in a flexible and collaborative way given the expected developments and changes in the healthcare workforce in the future, as the 'Workforce Strategy for Health and Social Care' is finalised and delivered.

Appendix 1 Stakeholders engaged

Education providers		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Cardiff University	— Carolyn Donoghue	— Registrar
— Cardiff University	— John Fox	— Clinical Director
— Cardiff University	— Reg Morris	— Clinical Psychology Course Director
— Cardiff University	— Petroc Sumner	— Head of Psychology
— Cardiff University	— Alastair Sloan	— Head of School of Dentistry
— Cardiff University	— David Whitaker	— Head of School Healthcare Sciences
— Cardiff University	— Sarah Woolley	— School Manager
— Swansea University	— Ceri Phillips	— Dean
— Swansea University	— Wyn Harris	— Programme Director
— Swansea University	— Julia Terry	— Associate Professor
— University of South Wales	— Martin Steggall	— Pro Vice Chancellor Research
— University of South Wales	— Linda Evans	— Dean
— University of South Wales	— Nicky Genders	— Head of School
— University of South Wales	— Mal Scofield	— Head of Administration
— University of South Wales	— Rachel Singleton	— Faculty Strategic Operations Manager
— Bangor University	— Rob Jones	— Clinical Psychology Programme Director
— Bangor University	— Chris Burton	— Head of School of Health Sciences
— Bangor University	— Huw Roberts	— Deputy College Manager for Physician Associates
— Cardiff Metropolitan University	— Leigh Robinson	— Dean/Director of Teaching
— Cardiff Metropolitan University	— Ian Mathieson	— Learning Deputy Dean of School
— Wrexham Glyndŵr University	— Simon Stewart	— Dean
— Wrexham Glyndŵr University	— Helen Carey	— Professional Lead in Occupational Therapy
— Open University	— Sally Boyle	— Head of School, Faculty of Wellbeing, Education & Language Studies
— Open University	— Judith Davies	— Head of School of Health, Wellbeing and Social Care
— Open University	— Jan Webb	— Associate Head of School, Professional Programmes
— Open University	— Linda Walker	— Associate Lecturer

Education providers		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Open University	— Julie Messenger	— Professional Lead for Nursing
— Open University	— Majella Kavanagh	— Staff Tutor for Nursing in Wales
— Open University	— Sheila Hunt	— Consultant
— University of Wales Trinity Saint David	— Roger Maidment	— Dean, Faculty of Business and Management
— University of Wales Trinity Saint David	— Tania Davies	— Health Portfolio Programme Director
— Aberystwyth University	— Elizabeth Treasure	— Vice-Chancellor
— Aberystwyth University	— Neil Glasser	— Faculty Pro Vice-Chancellor for Earth and Life Sciences
— Aberystwyth University	— Debbie Pryor	— Senior Projects Officer
— Y Coleg Cymraeg Cenedlaethol	— Dafydd Trystan	— Registrar and Senior Academic Manager

Health Boards and Trusts		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Aneurin Bevan University Health Board	— Sue Ball	— Assistant Director, Workforce & Organisational Development
— Aneurin Bevan University Health Board	— Kathryn Walters	— Joint Head of Psychology, Counselling and Arts Therapies
— Aneurin Bevan University Health Board	— Adrian Neal	— Head of Employee Wellbeing
— Aneurin Bevan University Health Board	— Rowena White	— Principal Pharmacist
— Aneurin Bevan University Health Board	— Jacqui Thornton	— Professional Development Lead
— Aneurin Bevan University Health Board	— Carolyn Middleton	— Associate Director of Nursing
— Cardiff and Vale Health University Health Board	— Fiona Jenkins	— Executive Director for Therapies and Health Science
— Cardiff and Vale Health University Health Board	— Kay Jeynes	— Director of Nursing for Primary and Intermediate Care
— Cardiff and Vale Health University Health Board	— Jayne Tottle	— Director of Nursing
— Cardiff and Vale Health University Health Board	— Darrell Baker	— Director of Pharmacy and Medicines Management

Health Boards and Trusts		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Cardiff and Vale Health — University Health Board	— Julie Cassley	— Deputy Director of Workforce & Organisation Development
— Cardiff and Vale Health — University Health Board	— Colin Gibson	— Head of Rehabilitation Engineering
— Cardiff and Vale Health — University Health Board	— Matthew King	— Head of Podiatry Services
— Cardiff and Vale Health — University Health Board	— Ceri Butler	— Head of Learning Education and Development
— Cardiff and Vale Health — University Health Board	— Susan Dinsdale	— Senior Nurse Community Child Health
— Cardiff and Vale Health — University Health Board	— Natalie Prosser	— Practice Development Nurse
— Cardiff and Vale Health — University Health Board	— Lisa Franklin	— LED Facilitator for Coaching, Communication, and Clinical Skills
— Cardiff and Vale Health — University Health Board	— Lesly Harris	— Podiatry
— Cardiff and Vale Health — University Health Board	— Robert Kidd	— Consultant Psychologist
— Cwm Taf Morgannwg University Health Board	— Janet Gilberston	— Interim AD of Organisational Development
— Cwm Taf Morgannwg University Health Board	— Gaynor Thomas	— GP
— Cwm Taf Morgannwg University Health Board	— Angela Bell	— Consultant/Therapies
— Cwm Taf Morgannwg University Health Board	— Denise Jenkins	— Head of Podiatry and Orthotics
— Cwm Taf Morgannwg University Health Board	— Julie Davies	— Education and Training Lead Pharmacist
— Cwm Taf Morgannwg University Health Board	— Greg McKenzie	— Senior Nurse Education, Research and Development
— Powys Teaching Health Board	— Katelyn Falvey	— Head of Clinical Education
— Hywel Dda University Health Board	— William Oliver	— Assistant Director, Therapies and Health Science
— Hywel Dda University Health Board	— Sally Hore	— Senior Nurse Education and Training
— Hywel Dda University Health Board	— Julia Chambers	— Primary Care Manager
— Swansea Bay University Health Board	— Alison Clarke	— Assistant Director of Therapies and Health Science

Health Boards and Trusts		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Swansea Bay University Health Board	— Lynn Jones	— Head of Nurse Education
— Swansea Bay University Health Board	— Joanne Wood	— Senior HRM – Workforce Planning
— Swansea Bay University Health Board	— Emily Davies	— Senior Nurse for Sustainability
— Swansea Bay University Health Board	— Helen Carter	— Professional Development Nurse
— Betsi Cadwaladr University Health Board	— Adrian Thomas	— Executive Director of Therapies & Health Sciences
— Betsi Cadwaladr University Health Board	— Naomi Holder	— Director of Nursing
— Betsi Cadwaladr University Health Board	— Lawrence Osgood	— Associate Director of Workforce Performance and Improvement
— Betsi Cadwaladr University Health Board	— Nia Thomas	— Head of Organisational and Leadership Development
— Betsi Cadwaladr University Health Board	— Dawn Henderson	— Clinical Psychologist
— Velindre NHS Trust	— Tracey Rees	— Head of Welsh Transplantation and Immunogenetics
— Velindre NHS Trust	— Diana Osman	— Pharmacist
— Velindre NHS Trust	— Hannah Russon	— Clinical Nurse Educator
— Welsh Ambulance Services NHS Trust	— Andrew Challenger	— Assistant Director, Professional Education and Training
— Welsh Ambulance Services NHS Trust	— Andy Swinburn	— Assistant Director of Paramedicine
— Welsh Ambulance Services NHS Trust	— Wendy Herbert	— Assistant Director of Quality and Nursing
— Public Health Wales	— Zoe Wallace	— Director of Primary Care
— Public Health Wales	— Angela Short	— Principal Public Health Practitioner
— Public Health Wales	— Philippa Basset	— Education and Training Manager

Government organisations		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Welsh Government	— Jean White	— Chief Nursing Officer
— Welsh Government	— Ruth Crowder	— Chief Therapies Adviser
— Welsh Government	— David O’Sullivan	— Chief Optometric Adviser
— Welsh Government	— Rob Orford	— Chief Scientific Adviser
— Welsh Government	— Andrew Evans	— Chief Pharmaceutical Officer
— Welsh Government	— Lisa Howells	— Deputy Dental Officer
— Welsh Government	— Helen Arthur	— Director of Workforce and Organisational Development
— Welsh Government	— Sarah O’Sullivan-Adams	— Head of Ophthalmic and Audiology Policy
— Welsh Government	— Gillian Knight	— Nursing Officer
— Welsh Language Commissioner	— Aled Roberts	— Welsh Language Commissioner
— Welsh Language Commissioner	— Lowri Williams	— Senior Advice and Communications Officer
— Social Care Wales	— Sue Evans	— Chief Executive
— Healthcare Inspectorate Wales	— Kathryn Chamberlain	— Chief Executive

Professional bodies and trade unions		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Council of Deans of Health	— Katerina Kolyva	— Executive Director
— Council of Deans of Health	— Ceri Phillips	— Chair of Council of Deans for Health Wales
— Care Forum Wales	— Melanie Minty	— Policy Officer
— Royal College of Nursing	— Helen Whyley	— Director
— Royal College of Nursing	— Diane Powles	— Education and Lifelong Advisor
— Royal College of Nursing	— Nicola Davis Job	— Acute Care & Leadership Adviser
— Royal College of Nursing	— Lisa Turnbull	— Policy & Public Affairs Adviser
— Royal College of Midwifery	— Helen Rogers	— Director for Wales
— Royal College of Midwifery	— Angharad Oyler	— Operational Lead Midwife
— British Dietetics Association	— Sandra Tyrell	— Policy Officer
— Royal College of Occupational Therapists	— David Davies	— Clinical Lecturer

Professional bodies and trade unions		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Royal College of Speech and Language Therapists	— Alison Stroud	— Wales Country Policy Officer
— Society and College of Radiographers	— Kevin Tucker	— National Officer for Wales
— Chartered Society of Physiotherapy	— Shan Aguilar-Stone	— Professional Adviser Workforce
— Chartered Society of Physiotherapy	— Philippa Ford	— Policy Officer
— College of Podiatry	— James Coughtrey	— Head of Education & Professional Development
— College of Podiatry	— Ross Barrow	— Policy and Public Affairs Officer
— Unison	— Daron Dupre	— Regional Organiser
— Unison	— Paul Summers	— Regional Manager, Head of Health

Students		
Stakeholder organisation	Stakeholder name	Stakeholder role
— Bangor University	— Amy Hughes	— Adult Nursing student
— Bangor University	— Jennifer Kerins	— Adult Nursing student
— Bangor University	— Jessica Poultney	— Postgraduate diploma, Adult Nursing student
— Bangor University	— Katie May Davies	— Adult Nursing student
— Bangor University	— Rebecca Humphreys	— Adult Nursing student
— Bangor University	— Shumail Khan	— Postgraduate Diploma Adult Nursing student
— Bangor University	— Kate Young	— Learning Disabilities student
— Cardiff University	— Codie Illidge	— Masters Occupational Therapy student
— Cardiff University	— Nick Albert	— Occupational Therapy student
— Cardiff University	— Pamela Ncube	— Adult Nursing student
— Cardiff Metropolitan University	— Clara O'Beirne	— Human Nutrition and Dietetics student
— Wrexham Glyndŵr University	— Lucy Jones	— Occupational Therapy student
— Wales Centre for Pharmacy Professional Education	— Nicole Newton	— Pharmacy Technician student
— Kings College	— Philani Dube	— STP, Clinical Engineering student
— University of South Wales	— Sam Lynch	— Mental Health Nursing student

Appendix 2 Documents reviewed

Documents
HEIW Education and Training Plan for 2019/20
HEIW Summary Annual Plan for 2019/20
NHS Wales Education Commissioning and Training Plan for 2019/20
University of South Wales performance report (September 2018)
Swansea University performance report (September 2018)
Wrexham Glyndwr University performance report (September 2018)
Cardiff University performance report (September 2018)
Cardiff Metropolitan University performance report (September 2018)
Bangor University performance report (September 2018)
Post graduate provision commissioned by HEIW
University of South Wales performance report (September 2018)
HEIW Student questionnaire results (April 2018)
HEIW Student questionnaire results (January 2018)
HEIW Student questionnaire results (July 2018)
HEIW Student questionnaire results (October 2018)
Bangor University annual quality report (2017)
Cardiff Metropolitan University annual quality report (2017)
Cardiff University annual quality report (2017)
Wrexham Glyndwr University annual quality report (2017)
Swansea University annual quality report (2017)
University of South Wales annual quality report (2017)
Annual quality summary review (2018)
Overview of the Welsh language standards
Student destination data (2016-2019)
Review of Welsh higher education institutions utilisation of fitness for practice funds
Review of Non-Medical healthcare education provision in Wales
Models of health education delivery in New Zealand
HEIW response to health, social care and sport committee enquiry into community and district nursing services (February 2019)
HEIW advice on future arrangements for student support of healthcare students in Wales
Pharmacy undergraduate and pre foundation programme work stream Terms of Reference

Documents
Pharmacy Technician work stream Terms of Reference
HEIW Pharmacy Workforce Group Terms of Reference
HEIW Pharmacy Advisory Board Terms of Reference
Pharmacy Foundation programme work stream Terms of Reference
Pharmacy Advanced Practice work stream Terms of Reference
HEIW Pharmacy now and the future presentation
Update on Investment in transformation of Pre-registration Pharmacist training for 2020 intake (2019 recruitment)
Chief Pharmacist Peer Group legacy issues document
Links to health and care regulator websites
Post Registration Career Framework for Nurses in Wales
Aligning nursing skills – Guidelines an all Wales governance framework (2014)
Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales
Developing Excellence in Healthcare: An NHS Wales skills and career framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions
Website address for RCBC Wales
Website address for Research Studies in Wales
Hard documents/leaflets provided by Y Coleg Cymraeg Cenedlaethol
Website address for Bangor University Clinical Psychology programme
Proposed Service user engagement questions for WEDS quality framework
Involvement activities and reimbursement descriptors for service users and carers
Process of service user involvement smart art (April 2019)
Swansea University College of Human and Health services volunteer handbook
A distinctive university with a distinctive health and wellbeing portfolio (University of Wales Trinity Saint David)
The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales
The Review of Higher Education Funding and Student Finance Arrangements in Wales
A Healthier Wales: Our Plan for Health and Social Care
Independent panel report to the Review of Post-18 Education and Funding
The Topol Review, Preparing the healthcare workforce to deliver the digital future
Interim NHS People Plan
The NHS Long Term Plan
A Healthier Wales - A Workforce Strategy for Health and Social Care consultation

Documents
Understanding costs of undergraduate provision in Higher Education Costing study report for the Department for Education
Nursing numbers in Wales (2018)
The Supply and Demand of Clinical Psychologists Across Wales: A Service Evaluation

Appendix 3 Evaluation criteria

Criterion		What does this criterion consider?
Strategic	Potential to align with the strategic aims of HEIW as well as wider strategic initiatives in Wales	Whether the option is likely to: <ul style="list-style-type: none"> — Address the issues raised in the review; — Assist HEIW in meeting its strategic aims; — Meet the Health and Care workforce strategy (as published in draft); — Take account of the changes in Health and Social care provision as outlined in 'A Healthier Wales'; — Take account of the Augar review; — Take account of the Topol review; — Align with the Welsh Language Act and the requirements and standards that HEIW, universities and health providers must meet.
Quality	Potential to improve the quality of health professional education	Whether this option is likely to: <ul style="list-style-type: none"> — Improve the skills and knowledge of those students qualifying from health professional education; — Increase the readiness of newly qualified health professionals to practice; — Align with the Education standards (current and planned new) set by health professional regulators.
Access	Potential to increase access to health professional education across Wales	Whether this option is likely to: <ul style="list-style-type: none"> — Increase the availability of health professional education to more people across Wales; — Improve the flexibility of available programmes to allow students from different backgrounds and personal circumstances to access programmes; — Provides diversity for students to meet their needs.
Practical	Potential to implement the option and minimise the time and resource commitment across HEIW, universities and/or health providers (where applicable)	Whether the option is likely to: <ul style="list-style-type: none"> — Be practically implemented; — Minimise the time to the commencement of benefits; — Provide assurance that education providers can deliver the option within required timescales; — Minimise the resource commitment required to implement the option.
Future focused	Potential to ensure a long term positive impact which adds value and meets strategic intent	Whether the option is likely to: <ul style="list-style-type: none"> — Be future proof, providing sustainable long term impact; — Provide flexibility to allow HEIW to tailor and amend contracts as required during the course of the contracts.
Financial	Potential to achieve the financial efficiencies required	Whether the option is likely to: <ul style="list-style-type: none"> — Provide value for money; — Maximise the potential for net efficiency savings and the achievement of current and future targets; — Create a positive business case in support.
Risk	Potential to minimise the risk to HEIW of making the change and is within legal and regulatory frameworks	Whether the option is likely to: <ul style="list-style-type: none"> — Manage the risks and any conflicts of interest associated with implementation of change; — Allow risks to be shared or transferred and the potential impact of risks on HEIW reduced; — Is likely to receive a positive response or interest from potential partners, thus ensuring input from suitability qualified partners.

Appendix 4 List of recommendations for consideration

- 1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.**
- 2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.**
- 3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.**
- 4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.**
- 5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.**
- 6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.**
- 7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.**
- 8. HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.**
- 9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.**
- 10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.**
- 11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.**
- 12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.**
- 13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.**
- 14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.**
- 15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.**
- 16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or**

other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for ‘A Healthier Wales’ and the ‘Workforce Strategy for Health and Social Care’.

- 17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals’ careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.**
- 18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.**
- 19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.**
- 20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.**
- 21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.**
- 22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.**

Appendix 5 NSS student satisfaction information

Percentage of students who agreed with the NSS statement 'Overall, I am satisfied with the quality of the course'		
University and programme/subject area	Percentage for specific university and programme (2018, 2019)	Average across the UK for programme (2018,2019)
Cardiff Metropolitan University		
Nutrition and Dietetics	84%, 91%	83%, 81%
Others in subjects allied to medicine	96%, 90%	82%, 82%
Others in Biosciences	80%, 91%	86%, 86%
Cardiff University		
Adult Nursing	Not available*	82%, 81%
Children's Nursing	Not available*	84%, 86%
Mental Health Nursing	Not available*	83%, 80%
Others in subjects allied to medicine	84%, 84%	82%, 82%
Physiotherapy	99%, 93%	86%, 86%
Midwifery	100%, 100%	87%, 89%
Counselling, Psychotherapy and Occupational therapy	94%, 92%	80%, 82%
Swansea University		
Others in subjects allied to medicine	86%, 64%	82%, 82%
Adult Nursing	86%, 90%	82%, 81%
Children's Nursing	67%, 100%	84%, 86%
Mental Health Nursing	68%, 70%	83%, 80%
Others in subjects allied to medicine	86%, 64%	82%, 82%
Midwifery	100%, 100%	87%, 89%
Wrexham Glyndwr University		
Others in subjects allied to medicine	90%, 80%	82%, 82%
Counselling, Psychotherapy and Occupational therapy	95%, 100%	80%, 80%
University of South Wales		
Children's Nursing	90%, 96%	84%, 86%
Learning disabilities Nursing	77%, 89%	87%, 85%
Mental Health Nursing	76%, 94%	83%, 80%
Midwifery	100%, 94%	87%, 89%
Bangor University		
Adult Nursing	75%, 73%	82%, 81%
Children's Nursing	91%, 93%	84%, 86%
Mental health Nursing	78%, 75%	83%, 80%
Learning disabilities Nursing	90%, 72%	87%, 85%
Others in subjects allied to medicine	86%, 91%	82%, 82%
Midwifery	80%, 100%	87%, 89%

Note

* No NSS 2018 and 2019 information available on this programme. All NSS public data conforms to NSS publication thresholds (at least 10 student responses and a 50 per cent overall response rate). If no data is available for a particular course on which students were surveyed, the data did not meet publication thresholds.

Appendix 6 NSS placement satisfaction information

University and programme	I received sufficient preparatory information prior to my placement(s) (UK average)	I was allocated placement(s) suitable for my course (UK average)	I received appropriate supervision on placement(s) (UK average)	I was given opportunities to meet my required practice learning outcomes/ competences (UK average)	My contribution during placement(s) as part of the clinical team was valued (UK average)	My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course (UK average)
Cardiff Met.						
Nutrition and Dietetics	77% (85%)	95% (95%)	82% (91%)	100% (95%)	86% (87%)	82% (90%)
Others in subjects allied to medicine	75% (77%)	96% (91%)	93% (84%)	93% (89%)	82% (85%)	89% (82%)
Others in Biosciences	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Cardiff University						
Adult Nursing	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Children's Nursing	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Mental Health Nursing	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Others in subjects allied to medicine	59% (77%)	86% (91%)	76% (84%)	83% (89%)	79% (85%)	72% (82%)
Physiotherapy	92% (85%)	99% (95%)	96% (94%)	95% (95%)	94% (95%)	88% (90%)
Midwifery	95% (78%)	100% (97%)	100% (91%)	100% (94%)	85% (91%)	100% (90%)
Counselling, Psychotherapy and Occupational therapy	92% (84%)	98% (93%)	88% (93%)	90% (94%)	84% (92%)	88% (89%)
Swansea University						
Others in subjects allied to medicine	73% (77%)	100% (91%)	64% (84%)	91% (89%)	64% (85%)	64% (82%)
Adult Nursing	69% (75%)	90% (88%)	87% (82%)	96% (90%)	90% (87%)	91% (84%)
Children's nursing	59% (77%)	94% (92%)	94% (90%)	100% (95%)	88% (93%)	100% (89%)
Mental Health Nursing	58% (70%)	82% (88%)	88% (80%)	96% (91%)	93% (88%)	98% (85%)
Others in subjects allied to medicine	73% (77%)	100% (91%)	64% (84%)	91% (89%)	64% (85%)	64% (82%)
Midwifery	95% (78%)	100% (97%)	95% (91%)	100% (94%)	95% (91%)	95% (90%)
Wrexham Glyndwr University						
Others in subjects allied to medicine	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Counselling, Psychotherapy and Occupational therapy	96% (84%)	96% (93%)	100% (93%)	100% (94%)	96% (92%)	100% (89%)
University of South Wales						
Children's Nursing	74% (77%)	89% (92%)	93% (90%)	100% (95%)	100% (93%)	93% (89%)
Learning Disabilities Nursing	68% (76%)	89% (85%)	89% (85%)	100% (86%)	100% (90%)	96% (90%)
Mental Health Nursing	64% (70%)	92% (88%)	83% (80%)	89% (91%)	92% (88%)	91% (85%)
Midwifery	56% (78%)	89% (97%)	100% (91%)	100% (94%)	94% (91%)	100% (90%)

University and programme	I received sufficient preparatory information prior to my placement(s) (UK average)	I was allocated placement(s) suitable for my course (UK average)	I received appropriate supervision on placement(s) (UK average)	I was given opportunities to meet my required practice learning outcomes/ competences (UK average)	My contribution during placement(s) as part of the clinical team was valued (UK average)	My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course (UK average)
Bangor University						
Others in subjects allied to medicine	Not available*	Not available*	Not available*	Not available*	Not available*	Not available*
Adult Nursing	76% (75%)	89% (88%)	80% (82%)	88% (90%)	87% (87%)	88% (84%)
Children's Nursing	93% (77%)	79% (92%)	71% (90%)	93% (95%)	93% (93%)	86% (89%)
Mental Health Nursing	76% (70%)	82% (88%)	76% (80%)	100% (91%)	88% (88%)	94% (85%)
Learning Disabilities Nursing	67% (76%)	89% (85%)	78% (85%)	78% (86%)	83% (90%)	78% (90%)
Midwifery	100% (78%)	100% (97%)	94% (91%)	100% (94%)	100% (91%)	100% (90%)

Note: * No NSS 2018 and 2019 information available on this programme. All public data conforms to NSS publication thresholds (at least 10 student responses and a 50 per cent overall response rate). If no data is available for a particular course on which students were surveyed, the data did not meet publication thresholds.

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

Meeting Date	16.1.2020	Agenda Item	2.3
Report Title	2020/21 Health Professional Commissioning Plan		
Report Author	Martin Riley		
Report Sponsor	Stephen Griffiths		
Presented by	Stephen Griffiths or Martin Riley		
Freedom of Information	Open		
Purpose of the Report	<p>This paper sets out proposals for HEIW's Health Professional Commissioning Plan for 2020/21.</p> <p>The paper outlines the rationale and process for the allocation of commissioned places where there is more than one provider.</p>		
Key Issues	<p>Universities have already marketed their courses and held open days for recruitment in September 2020. In order for the Universities to fully achieve the increasing commissioning numbers, make the appropriate number of offers to applicants and attract suitable students with the right values, it is imperative that notification of the numbers is communicated prior to Christmas. Any delays into January or February 2020 increases the risk of unfilled places, reliance on clearing and the quality of students recruited.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>The EC&QC asked to:</p> <ul style="list-style-type: none"> ➤ note the commissioning plan 		

2020/21 HEALTH PROFESSIONAL COMMISSIONING PLAN

1. INTRODUCTION

HEIW submitted the Education and Training Plan to the Welsh Government in August 2019. On 12th November 2019 Health Minister, Vaughan Gething formally approved the plan. This delivers an additional £16.4 million is available to support Health professional education.

2. BACKGROUND

This paper sets out the plan for the commissioning of nurses, midwives, allied health professionals and scientists to commence study in the academic year 2020/21. Universities have already marketed their courses and held open days for recruitment in September 2020. In order for the Universities to fully achieve the increasing commissioning numbers, make the appropriate number of offers to applicants and attract suitable students with the right values, it is imperative that notification of the numbers is communicated prior to Christmas. Any delays into January or February 2020 increases the risk of unfilled places, reliance on clearing and the quality of students recruited.

When allocating commissioning numbers to Universities it is important to consider a range of factors which include, where there are multiple providers, targeting education as close to the Health Board as possible. The following sections highlight the

- Allocation principles
- Outcomes
- Risks and Issues
- Financial Implications

The commissioning plan – of numbers to Universities – has been finalised. The next piece of work is to issue the “Placements Matrix” to Universities and Health Boards. This informs all parties of the numbers commissioned and where placements should be targeted to best meet the needs of the Health Boards and Trusts as highlighted in their IMTP’s.

The **Placement Matrix** will be finalised and issued to all parties in January. This is deliberately issued slightly later than the University Commissioning letters as it allows the universities a short period of time to focus on their recruitment strategy prior to engaging with the Health Boards, Trusts and HEIW in delivering the placement plan.

3. ALLOCATION PRINCIPLES

Where there is more than one provider the following principles are considered when allocation students between Universities:

- A fair and equitable distribution across Wales which is proportionate based on Health Board and Trust needs contained within the IMTPs
- Providing universities with the best opportunity to fill all commissioned places. This takes into account:
 - Feasibility of cohort size (financially viable and quality of student experience)
 - Number of potential applications – historical data and trends have been analysed

- Availability of suitable placements
- Maximum validated numbers for courses regulated by NMC or HCPC
- In determining the split of nurse numbers across Wales. In addition to the numbers identified in the IMTP the following factors have been considered,
 - Health Board total financial allocation
 - 2018/19 nurse agency costs per organisation
 - Workforce trend analysis
 - Numbers already in training yet to graduate
 - Total FTE nurses per Health Board
- Increases are proportionate to the historical intake levels – this avoids “boom and bust” and therefore affords more stability and planned growth within universities
- Where there is flexibility surrounding nurse commissions, the universities receiving slightly higher increases have been awarded these due to,
 - Universities with historically higher achievement levels of commissioned places (reduces the risk to HEIW of not filling all agreed new training places)
 - Universities with higher application rates (increases the chance of recruiting higher calibre students with the right values)
 - Universities with lower attrition rates (provides a higher return on investment for HEIW)

The following matrix is used as a starting template but final allocation can vary from this dependent upon the factors above.

ALLOCATION PRINCIPLES	CU	USW	SU	BU
Aneurin Bevan	Flexibility			
BCU				100%
Cardiff & Vale	100%			
Cwm Taf Morgannwg		100%		
Hywel Dda			100%	
Powys		Flexibility		
Swansea Bay			100%	
Velindre	100%			

Notes:

1. A 50:50 split for AB (between CU and USW) is the starting point but the final allocation is based on the other factors listed in this section
2. Powys numbers are allocated between USW, SU and BU based on best fit
3. Open University numbers are not allocated to specific areas but are targeted to students across Wales that struggle to attend a "land based" university on a regular basis

4. OUTCOMES

The **nursing allocation** is attached at appendix 1. This highlights the allocation of the four fields of nursing across all 5 nursing providers in Wales and the Health Boards for which they have been commissioned.

The table below summarises the allocation to each university. Nurse commissions across all four fields have increased by 195 from 1,792 to 1,987. This is an 11% increase. Each university receives a share of the increase resulting in all Universities having higher commissioning numbers than in 2019/20. The principles set out in the section above have been applied to the pressures identified with the Health Board's IMTPs, with modelling concentrating on service need and the ability of universities to fill commissioned places.

	2020/21		2019/20		Increase	
	Nurse Commissions	share of commissions	Nurse Commissions	share of commissions	numbers	%
Cardiff University	410	21%	376	21%	34	9%
USW	532	27%	467	26%	65	14%
Swansea University	528	27%	472	26%	56	12%
Bangor University	437	22%	416	23%	21	5%
Open University	80	4%	61	3%	19	31%
TOTAL	1,987		1,792		195	

Midwifery places are split as follows,

MIDWIFERY	2020/21		2019/20		Increase	
	Midwifery Commissions	share of commissions	Midwifery Commissions	share of commissions	numbers	%
Cardiff University	49	30%	40	30%	9	23%
USW	41	25%	32	24%	9	28%
Swansea University	36	22%	31	23%	5	16%
Bangor University	35	22%	31	23%	4	13%
TOTAL	161		134		27	

The Nursing Directorate has undertaken a review of the university provision of each of the **community nursing** courses and routes each university currently provides. This was finalised in December and the community numbers were communicated to Universities prior to the end of 2019. This review will ensure the right numbers are targeted to the right universities and affords the best opportunity to fill all commissioned places.

The port-registration commissions have been mapped across all the individual specialties into the universities both within and outside Wales. This work was completed in December 2019 and commissioning letters were issued to all universities prior to the end of the year.

All **allied health professional** and **under-graduate healthcare science** commissions have been mapped and allocated to universities to best meet the needs of the Health Boards and Trusts based on their IMTPs. The split between universities is outlined in the table below.

For Academic Intake 2020/21							TOTAL 20/21	19/20
	BU	CU	CMET	GU	SU	Other		
ALLIED HEALTH PROFESSIONALS								
B.Sc. Diagnostic Radiography	35	105					140	112
B.Sc. Therapy Radiography		22					22	20
B.Sc. Human Nutrition - Dietitian			35				35	30
PG Diploma Human Nutrition - Dietitian			17				17	12
PG Diploma Clinical Photography		5					5	5
B.Sc. Occupational Therapy		85		40			125	125
PG Diploma Occupational Therapy		23					23	23
B.Sc Occupational Therapy (Part Time)				15			15	0
B.Sc. ODP		49					49	49
B.Sc. Physiotherapy		120		25			145	147
PG Dip Physiotherapy (from Jan 2021)	19						19	
B.Sc. Podiatry			24				24	24
B.Sc Orthoptist						5	5	5
PhD Clinical Psychology Doctorate	11	18					29	27
B.Sc. Speech & Language Therapy			40				40	36
B.Sc. Speech & Language Therapy - Welsh Language			9				9	8
Ambulance Paramedics - EMT conversion					30		30	15
B.Sc Paramedicine					52		52	0
HEALTHCARE SCIENTIST								
Physiological Science - PTP								
B.Sc. (Hons) Healthcare Science - Cardiac Physiology					24		24	24
B.Sc. (Hons) Healthcare Science - Audiology					10		10	16
HE Cert in Audiological Practice					15		15	0
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science					5		5	5
B.Sc. (Hons) Healthcare Science - Neurophysiology					4		4	3
Physical and Biomedical Engineering - PTP								
B.Sc. Clinical Engineering						2	2	0
B.Sc. (Hons) Healthcare Science - Nuclear Medicine/Radiotherapy Physics					3		3	3
Life Science - PTP								
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,			11				11	
B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection			10				10	21
B.Sc. (Hons) Healthcare Science - Biomedical Science - Cellular			2				2	
B.Sc. (Hons) Healthcare Science - Biomedical Science - Genetics			1				1	
DENTAL								
Diploma in Dental Hygiene		18					18	18
Degree in Dental Hygiene & Therapy		13					13	13
RADIOGRAPHY - Assistant Practitioners								
Assistant Practitioners Radiography - Diagnostic		12					12	
Medical Ultrasound/Sonography						15	15	
OTHER PROFESSIONALS ALLIED TO MEDICINE								
Physicians Associates	18				36		54	42

5. RISKS, ISSUES AND MITIGATION

The biggest risks in terms of the achievement of commissioning targets are diagnostic radiography, adult nursing and LD nursing.

- i. **Diagnostic radiography** numbers increase from 112 to 140. This is an increase of 28 (25%) from 2019/20 levels. One of the core objectives aligned to the Wales Cancer Delivery plan has been detecting cancer earlier. This has led to an increase demand for radiotherapy services to speed up diagnosis. The single cancer pathway builds on the success of rapid diagnostic clinics. IMTPs highlight the future requirement for growth in these services. We have two providers in Wales, Bangor University (numbers have increased from 28 to 35) and Cardiff University (from 84 to 105). Whilst application rates (5.2 applicants per place in 2019/20 with 587 applicants for 112 places) suggest that there will be enough applicants of sufficient quality the increase places pressure on the universities in terms of the availability of suitable placements and the maximum validated numbers by the HCPC and the SOR. HEIW are working with the Universities and the Health Boards to try and reduce and mitigate these risks and issues.
- ii. Universities have struggled to fully recruit to the increasing commissions in **adult nursing** in the last two years. The further increase from 1,216 to 1,400 will be challenging. HEIW are working with Universities individually and collectively within the Education Partnership Group to address this issue. Issuing commissioning numbers earlier this year, introducing a degree of flexibility surrounding September and March targets together with an all Wales communication strategy (December 2020 to February 2021) co-ordinated by HEIW allowing the transfer of places (where appropriate) between universities will assist with this.
- iii. Recruitment to **LD nursing** continues to be an issue not only in Wales but across the UK. Both providers are aware of this and have developed strategies, at the request of HEIW, to increase the number of applicants. It is proposed that, within the forthcoming tendering process, a third provider will be commissioned within Wales.

6. FINANCIAL IMPLICATIONS

The commissioning allocation plan has been developed to provide the best opportunity for Universities to achieve the numbers commissioned. However, there are risks, as outlined above, that commissioning targets may not be achieved across all student groups in all Universities.

Where there are multiple providers HEIW can, via their engagement strategy and business meetings with Universities, vire commissions between providers.

However, any under-recruitment will lead to an underspend against the 2020/21 budget. The commissioning allocation plan presents no risk of overspend.

7. RECOMMENDATION

The Executive Team approved this commissioning plan in December.

The Committee is asked to,

- Note the pre-registration commissioning plan
- note the review of the shape of community nursing in Wales
- note the development of a post-registration commissioning plan
- note the development of the placement matrix to be issued before the end of January 2020

Appendix 1 Nurse Commissions

TOTAL NUMBERS - NURSING ALL FIELDS	CU	USW	SU	BU	OU	TOTAL
Aneurin Bevan	105	181				286
BCU				419		419
Cardiff & Vale	302	13				315
Cwm Taf Morgannwg		305				305
Hywel Dda		10	228			238
Powys		13	54	18		85
Swansea Bay		10	246			256
Velindre	3					3
OU					80	80
TOTAL: NURSING - ALL FIELDS	410	532	528	437	80	1,987

2019/20 COMMISSIONING ALLOCATION	376	467	472	416	61	1792
INCREASE	34	65	56	21	19	195
% INCREASE	9%	14%	12%	5%	31%	11%

Individual Field Analysis

ADULT NURSING	CU	USW	SU	BU	OU	TOTAL
Aneurin Bevan	52	149				201
BCU				294		294
Cardiff & Vale	221					221
Cwm Taf Morgannwg		214				214
Hywel Dda			167			167
Powys			45	15		60
Swansea Bay			180			180
Velindre	3					3
OU					60	60
TOTAL ADULT NURSING	276	363	392	309	60	1,400

2019/20 COMMISSIONING ALLOCATION	239	299	353	295	46	1232
INCREASE	37	64	39	14	14	168
% INCREASE	15%	21%	11%	5%	30%	14%

CHILD NURSING	CU	USW	SU	BU	TOTAL
Aneurin Bevan	18	5			23
BCU				34	34
Cardiff & Vale	25				25
Cwm Taf Morgannwg		25			25
Hywel Dda			19		19
Powys		7			7
Swansea Bay			21		21
Velindre					-
OU					-
TOTAL CHILD NURSING	43	37	40	34	154

2019/20 COMMISSIONING ALLOCATION	48	43	33	30	154
INCREASE	- 5 -	6	7	4	-
% INCREASE	-10%	-14%	21%	13%	0%

MH NURSING	CU	USW	SU	BU	OU	TOTAL
Aneurin Bevan	35	15				50
BCU				74		74
Cardiff & Vale	56					56
Cwm Taf Morgannwg		54				54
Hywel Dda			42			42
Powys		6	9			15
Swansea Bay			45			45
Velindre						-
OU					20	20
TOTAL MH NURSING	91	75	96	74	20	356

2019/20 COMMISSIONING ALLOCATION	89	73	86	71	15	334
INCREASE	2	2	10	3	5	22
% INCREASE	2%	3%	12%	4%	33%	7%

LD NURSING	USW	BU	TOTAL
Aneurin Bevan	12	-	12
BCU	-	17	17
Cardiff & Vale	13	-	13
Cwm Taf Morgannwg	12	-	12
Hywel Dda	10	-	10
Powys	-	3	3
Swansea Bay	10	-	10
Velindre	-	-	-
OU	-	-	-
TOTAL LD NURSING	57	20	77

2019/20 COMMISSIONING ALLOCATION	52	20	72
INCREASE	5	-	5
% INCREASE	10%	0%	7%

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓		✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
The delivery of high quality education is critical to patient care, the relationships with the university sector underpin this education delivery and as a result these arrangements play an essential role in improving patient care and safety.				
Financial Implications				
There are no financial consequences of establishing these forums				
Legal Implications (including equality and diversity assessment)				
There are no legal consequences of establishing these forums				
Staffing Implications				
There are no staffing consequences of establishing these forums				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Non known				
Report History	Nil			
Appendices	Nil			



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Meeting Date	16 January, 2020	Agenda Item	2.5
Report Title	Terms of Reference of the Proposed Internal and External Facing Advisory Groups on Education And Training		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	<p>To approve the proposed terms of reference for two new advisory Groups for the Education Commissioning and Quality Committee (EC&QC):</p> <ol style="list-style-type: none"> 1. Internal Multi-professional Education Group and ; 2. External integrated Education Group (Two Advisory Groups). 		
Key Issues	<p>September Board directed the EC&QC to consider the terms of reference for the establishment of the above Two Advisory Groups.</p> <p>The draft terms of reference for the Two Advisory Groups were considered at the in committee session of the EC&QC on 16 October.</p> <p>The draft terms of reference for the Two Advisory Groups are attached at Appendix 1.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to approve the draft terms of reference for the:</p> <ol style="list-style-type: none"> 1. Internal Multi-professional Education Group and; 2. External Integrated Education Group. 		

TERMS OF REFERENCE OF THE PROPOSED INTERNAL AND EXTERNAL FACING ADVISORY GROUPS ON EDUCATION AND TRAINING

1. INTRODUCTION

The purpose of the report is to ask the Education Commissioning and Quality Committee (EC&QC) to approve the proposed terms of reference for the following advisory groups:

- Internal Multi-Professional Education Group (IMPEG)
- External Integrated Education Group (EIEG) (the Two Advisory Groups).

The proposed terms of reference for the Two Advisory Groups are attached at Appendix 1.

2. BACKGROUND

The September Board Meeting of HEIW approved the recommendations of the paper on Future Ways of Working.

The purpose of the Future Ways of Working is to clarify the working relationship between the Board, the EC&QC and the Audit & Assurance Committee. To support the work of the EC&QC the Future Ways of Working recommended the establishment of the following Two Advisory Groups:

- the IMPEG which shall ensure the co-ordination and oversight of all education activity across HEIW. This will have representation from all directorates.
- the EIEG to advise on education and training priorities. This group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities.

3. GOVERNANCE AND RISK ISSUES

The establishment of the Two Advisory Groups will enable the EC&QC and the Board to undertake greater scrutiny in respect of commissioning, monitoring and quality assessing education and training. Greater scrutiny will enable HEIW to manage and mitigate risk.

4. FINANCIAL IMPLICATIONS

There will be some additional cost associated with holding the Two Advisory Group meetings. However, this is deemed to be supporting a core function of HEIW.

5. RECOMMENDATION

Members are asked to approve the draft terms of reference for the:

1. Internal Multi-professional Education Group and;
2. External Integrated Education Group.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓		
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
		✓	✓	
Quality, Safety and Patient Experience				
Ensuring greater scrutiny and assurance in respect of the HEIW's areas of responsibility in respect of the education and training is a key factor in the quality, safety and experience of patients receiving care.				
Financial Implications				
There will be some additional cost associated with holding Two Advisory Group meetings. However, supporting the Education Committee is deemed to be a core function of HEIW.				
Legal Implications (including equality and diversity assessment)				
No detrimental impact on equality and diversity.				
Staffing Implications				
There are none. The Two Advisory Groups will be supported by HEIW's core function.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
No direct impact.				
Report History	The report has been drafted in accordance with a direction from HEIW's September Board meeting. A draft of the terms of reference for the Two Advisory Groups was considered at the last meeting of the EC & QC (in committee session) on 16 October.			
Appendices	Appendix 1 – Draft Terms of reference for the Two Advisory Groups			

<p style="text-align: center;">INTERNAL MULTI-PROFESSIONAL EDUCATION GROUP (IMPEG)</p> <p style="text-align: center;">TERMS OF REFERENCE</p>
<p>Date: 16 January, 2020</p>
<p>Review Date: Annually</p>
<p>1. Introduction</p> <p>In line with Section 3 of HEIW's Standing Orders, the Board shall nominate annually an internal advisory group to ensure the co-ordination and oversight of all education activity across HEIW. This shall have representatives from all directorates and will be known as the Internal Multi-Professional Education Group (IMPEG).</p> <p>The terms of reference and operating arrangements set by the Board in respect of the IMPEG are detailed below.</p> <p>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.</p>
<p>2. Purpose</p> <p>The purpose of the IMPEG is to provide to the Education Commissioning and Quality Committee (ECQC):</p> <ul style="list-style-type: none"> • with the draft national annual education and training plan; • with information to support strategies, policies, structures and processes for the governance of education and training which shall include taking a forward looking and strategic view; • with information to 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; • with evidence to monitor compliance of education and training activities in respect of statutory, regulatory and policy requirements, including equity, equality legislation and Welsh language requirements; • with evidence for supporting HEIW's compliance with delegated responsibilities given to it by health regulators; • with support in preparing the education tender documents for review by the ECQC; • with support in highlighting any issues out of the ordinary for the ECQC.

3. Chair, Membership, Attendees Quorum and Term

3.1 Chair

Co-Chair – shall be the Director of Nursing or Medical Director, as agreed at each meeting.

3.2 Membership

According to role and as approved by the Education Commissioning and Quality Committee, comprising:

Membership:

- Director of Nursing
- Medical Director
- Sub Dean (PGES and Quality Improvement Skills training)
- Postgraduate Medical Dean
- Director of Postgraduate Dental Education
- Deputy of Postgraduate Dental Education
- Director of General Practice
- Associate Dean (Foundation)
- Director of Postgraduate Secondary Care Training
- Dean of Pharmacy
- Eye care Transformation Lead
- RSU
- Head of Professional Support Unit
- Strategic Programme Lead – Global Engagement and SAS support and development
- Associate Dean - Head of Programme Delivery and Foundation Practice (Pharmacy)
- Head of Education, Commissioning and Quality
- Head of Workforce Modernisation
- Head of Healthcare Science
- Head of Allied Health Professions
- Head of Nursing

3.3 Attendees

Individuals from within or outside HEIW, who the IMPEG considers should attend, will be invited taking account of the matters under consideration at each meeting.

3.4 Quorum

At least half of the members must be present to ensure the quorum of the IMPEG, one of whom should be the Committee Co-Chair.

3.5 Terms

Membership of the IMPEG and its terms of reference shall be subject to an annual review by the ECQC.

4 Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise, as the Co-Chair of the Committee deems necessary.

EXTERNAL EDUCATION GROUP (EEG) TERMS OF REFERENCE	
Date: 16 January, 2020	
Review Date: Annually	
1. Introduction <p>In line with Section 3 of HEIW's Standing Orders, the Board shall nominate annually an advisory group which shall advise on education and training priorities for HEIW. This group shall have representatives from both within HEIW and externally and will be known as the External Education Group (EEG).</p> <p>The terms of reference and operating arrangements set by the Board in respect of the EEG are detailed below.</p> <p>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.</p>	
2. Purpose <p>The purpose of the EEG is to provide to the Education Commissioning and Quality Committee (ECQC):</p> <ul style="list-style-type: none"> • with a multi professional, multi-disciplinary forum to advise on the discussion, development, scrutiny and commissioning of the education, training, learning and development needs of the health workforce within Wales; • with advice on promoting strategic alignment of policy development and service implementation in relation to workforce planning, education and development; • with advice in respect of the training and education implications of proposed workforce changes in the Welsh and UK context; • with support and advice on promoting collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing; • with support in identifying future education training requirements and considering future proposals and new education opportunities which would be considered by the EEG prior to submission to the EC&QC; • with any information highlighting issues outside of the ordinary to the ECQC. 	

3. Chair, Membership, Attendees Quorum and Term

3.2 Chair

Co-Chair – being the Director of Nursing or Medical Director

3.2 Membership

According to role and as approved by the Education Commissioning and Quality Committee comprising:

Membership:

From HEIW:

- Director of Nursing
- Medical Director
- Postgraduate Medical Dean
- Dean of Pharmacy
- Head of Education, Commissioning and Quality
- Director of Postgraduate Dental Education
- Head of Workforce Modernisation

University Representatives:

- Representative from Cardiff University
- Representative from Swansea University
- Representative from Bangor University
- Representative from South Wales University
- Representative from Glyndwr University
- Representative from Cardiff Met University
- Representative from the Open University

Other representatives:

- Health Board/Trust Medical Director
- Health Board/Trust Director of Nursing
- Health Board/Trust Director of Therapies and Healthcare Science
- Health Board Chief Pharmacist
- Representative from Wales Health Student Forum (WHSF) x2
- Representative from Post Graduate - Trainees x2
- Representative from Welsh Health Partnership Forum (WHPF) x4
- Social Care Wales
- Colleges Wales
- Coleg Cymraeg Cenedlaethol

3.3 Attendees

Individuals from within or outside the organisation who the EEG considers should attend, will be invited taking account of the matters under consideration at each meeting.

3.4 Quorum

At least half of the members must be present to ensure the quorum of the EEG, one of whom should be the Committee Co-Chair.

3.5 Terms

The terms of reference and membership of the EEG shall be subject to an annual review by the ECQC.

4 Frequency of Meetings

Meetings shall be held twice a year and otherwise, as the Co-Chair of the Committee deems necessary.



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Meeting Date	16 January 2020	Agenda Item	2.6
Report Title	Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role		
Report Author	Tom Lawson/Helen Baker		
Report Sponsor	Pushpinder Mangat		
Presented by	Pushpinder Mangat		
Freedom of Information	Closed		
Purpose of the Report	This briefing paper recommends the introduction of a tariff based remuneration package for all Secondary Care Training Programme Directors (TPDs) across Wales.		
Key Issues	Wales needs highly motivated and enthusiastic TPDs with protected time to innovate, and who work to attract, recruit and retain high quality trainees to our training programmes. We have a significant issue in that the current model does not provide this in Wales. Our volunteer TPDs are struggling with increasing service pressures and becoming disillusioned due to inequality across roles with a significant number wanting to resign from the role with no succession plan in place to maintain stability.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • support the recommendation to introduce a tariff-based remuneration package for all secondary care TPDs from 1st April 2020; • support the recommendation to introduce Tariff 2 as detailed in the attached business case. 		

DEVELOPMENT OF A TARIFF ARRANGEMENT FOR SECONDARY CARE TRAINING PROGRAMME DIRECTORS ACROSS WALES TO SUPPORT PROFESSIONALISATION OF THE ROLE

1. INTRODUCTION

The Training Programme Director (TPD) role is key to supporting the delivery of sustainable and innovative training programmes within Wales. The role is of central importance to the quality of training and the trainee/trainer experience and therefore to securing GMC approval of training programmes. Without TPDs, training programmes in Wales cannot be appropriately managed, risking loss of GMC approval and impacting our ability to train the future workforce. Secondary Care TPDs in Wales, unlike England, Scotland and Ireland are not consistently remunerated via HEIW.

Within the attached business case we are proposing that a funding tariff is introduced to support professionalisation of this essential role in Wales. This will signal HEIW's commitment to professionalising education and training across Wales, raising standards to support recruitment, retention and innovation and ensuring a consistent approach to the TPD role across all training programmes.

2. BACKGROUND

The attached business case details the case for implementing a new Tariff structure; reasons include:

- high quality training infrastructure delivers high quality training;
- Wales is the only nation that does not remunerate their secondary care TPDs;
- disparity across other TPD roles in Wales and
- a need to professionalise the TPD role.

Three Tariff based options are considered within the attached business case all of which would provide benefits to Wales including:

- An opportunity to attract a new cohort of TPDs likely to bring innovations and options to improve the quality of education and training available.
- Increased engagement with and support for TPDs; a crucial link between HEIW and the trainees.
- An opportunity to be clear around the TPD role, responsibilities and expectations.
- Parity across TPD roles within Wales as well as across other nations of the UK.

3. GOVERNANCE AND RISK ISSUES

By introducing a tariff-based payment system there will be additional operational activity within HEIW primarily within the Finance and Medical Deanery sections. HEIW will also need to liaise regularly with the employing Health Boards of these individuals to ensure that:

- any performance issues are appropriately addressed;
- the role is incorporated into the whole scope of practice for revalidation purposes and
- any existing SPA arrangements are amended accordingly.

With the current pension issues facing consultants we are aware that direct remuneration of consultants for the TPD role on top of their consultant salary may not be the desired model for all individuals. We are working with finance colleagues to explore alternative ways in which this remuneration package can be put together to ensure that individuals are not at a disadvantage when taking on these crucial roles.

4. FINANCIAL IMPLICATIONS

Three tariff based models have been developed, the cost implications of which are summarised below and considered in the attached paper.

	Tariff 1	Tariff 2	Tariff 3
Total amount required	£762,835	£650,285	£615,895
Current funding allocation	£218,846	£218,846	£218,846
Additional funding required	£543,989	£431,439	£397,049

It is considered that the appropriate means of funding the introduction of this mechanism is to include an element of supervision cost to the new foundation doctor expansion numbers and the GP Trainee numbers from August 2020 onwards. With the tapered expansion in numbers, the supervision value attached to each post can reduce with each cohort. A model has been produced which could consistently generate the sum required to introduce the TPD Payment mechanism. It is suggested therefore that Tariff 2 option is taken forward, on a recovery basis of the funding sought for Foundation Doctor Expansion and the GP Trainee programme.

5. RECOMMENDATION

The Committee is asked to:

- **Support** the recommendation to implement the TPD Tariff system from April 2020;
- **Support** the implementation of Tariff 2 summarised below and detailed in the attached at an additional cost of £431,439.

Tariff 2	
0.5 session is allocated to all TPDs irrespective of the number trainees on the programme due to minimum expectations of the role.	
20-50 trainees	0.5 session
51-100 trainees	1.0 session
101-200 trainees	1.5 session
201+ trainees	2.0 session

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓		
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
	✓		✓	
Quality, Safety and Patient Experience				
<p>Implementation of the tariff will ensure trainees are placed in appropriate training environments to enable them to meet their curriculum requirements and provide safe service and patient care.</p> <p>The role is of central importance to the quality of training and the trainee/trainer experience and therefore to securing GMC approval of training programmes.</p>				
Financial Implications				
The total cost of implementing Tariff 2 is £650,285 as a result an additional £431,439 is required.				
Legal Implications (including equality and diversity assessment)				
Nil				
Staffing Implications				
Introduction of this tariff model will have workload implications for individuals within the Medical Directorate and also Finance teams. Whilst additional work is anticipated for the Secondary Care team it is also anticipated that this will offset against current workload issues resulting from a lack of TPD engagement.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
N/A				
Report History				
Appendices		Appendix 1 – Developing a Tariff Business Case Appendix 2 – Detailed financial breakdown		

TEMPLATE A – SIGNIFICANT INVESTMENT PROPOSAL

Title of Business Case:	Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to Support Professionalisation of the Role
Submitted to Welsh Government by:	Dr Tom Lawson
Senior Executive Sponsor:	Professor Pushpinder Mangat
Document Author:	Dr Helen Baker
Date:	14 th May 2019

1. Executive Summary

The Training Programme Director (TPD) role is key to supporting the delivery of sustainable and innovative training programmes within Wales. They ensure trainees are placed in appropriate training environments to enable them to meet their curriculum requirements and provide safe service and patient care. They provide leadership on quality management, annual reviews of trainee progression (ARCPs), training innovation and support, engagement and training for trainees and trainers within their specialty areas. They have a responsibility to liaise with Health Boards to ensure co-ordination between training requirements of individuals and service needs across Wales. The role is of central importance to the quality of training and the trainee/trainer experience and therefore to securing GMC approval of training programmes.

Across England, Scotland and Northern Ireland tariff systems are in place to remunerate TPDs; recognising the importance of this role and supporting appropriate performance management. Within Wales remuneration packages are in place for Foundation Programme Directors and General Practice Programme Directors with Secondary Care Specialty Programme Directors being outliers. As a result of this inconsistency Secondary Care TPDs in Wales are becoming increasingly disillusioned, with a significant number wanting to resign from the role and with no succession plan in place to maintain stability.

In the current climate Wales needs to deliver high quality training or risk a detrimental impact on recruitment and retention, which are already major challenges. To achieve this and to maintain GMC approval of our training programmes we require highly motivated and enthusiastic TPDs with protected time to innovate, and who work to attract, recruit and retain high quality trainees to our training programmes. It is important that these individuals feel valued, identify with HEIW and its values and take responsibility for and are accountable for their performance. We currently have a significant issue in Wales; increasing service pressures are leading to individuals reconsidering any roles they undertake on a voluntary basis - the role of secondary care TPD falls into this category for the majority. Furthermore the highest calibre individuals are often sought after for numerous leadership roles in NHS Wales and as most others are remunerated the TPD role is often not considered attractive by comparison. Existing TPDs are becoming increasingly disillusioned with the arrangements when compared to their TPD colleagues in primary care and foundation within Wales and their secondary care counterparts across the UK. Without

TPDs, training programmes in Wales cannot be appropriately managed, risking loss of GMC approval and impacting our ability to train the future workforce.

We are proposing that funding is identified to support professionalisation of this essential role in Wales. This will signal HEIW's commitment to professionalising education and training across Wales, raising standards to support recruitment, retention and innovation and ensuring a consistent approach to the TPD role across all training programmes.

2. Background of proposal

The delivery of high-quality education and training programmes form the foundation of a sustainable workforce model for the NHS. Attracting high quality trainees who are then retained within the workforce as future consultants is critical to the future delivery of sustainable and innovative services across Wales.

Professionalising the role of the TPD to facilitate recruitment and performance management of high calibre individuals is one of a number of priority areas for HEIW over the next 3 years, which will help facilitate the delivery of high-quality training and support to our trainee doctors. Other priority areas include changes to the study leave arrangements, considering options for a single lead employer, increased wellbeing support, reviewing the commissioning and quality management framework and improving access to training and education through the use of simulation and digital technology.

In the current climate with continued challenges to recruitment and retention Wales needs inspiring and dedicated trainers and TPDs. There are a number of factors influencing trainees' recruitment and retention decisions such as location at time of application or that of family and friends which are outside of the control of HEIW or NHS Wales, however other key factors such as the quality of training or reputation of education providers can be influenced and changed. TPDs have a significant role to play in influencing trainee's future career decisions with doctors tending to feel drawn towards supportive teams and teachers who engaged with or inspired them or where a community is generated amongst the trainees making them feel valued as part of a wider team.

Secondary Care TPDs are consultants working in accordance with the policies set by the Postgraduate Dean. The TPD is responsible for supporting the professional development of trainees, managing progression and placements, providing advice and support to trainees and trainers and is often seen as the key link to HEIW for the vast majority of trainees and trainers. Within Wales there are 10 specialty training Schools each led by a Head of School employed directly by HEIW for the role. The Specialty Programmes, Training Committees and TPDs sit within one of these Schools (please see Appendix 1 for further details). There are 55 Specialty Training programmes currently delivered within Secondary Care with approximately 1700 trainees in post.

The role of the TPD predates the introduction of Modernising Medical Careers in 2007, however, with the introduction of specialty training in 2007 and various improvements to training the role has expanded considerably.

The TPD role is pivotal to the development and delivery of a high quality and sustainable training programme and includes following responsibilities:

- Supporting the Quality management framework including participation in local visits, evaluation of end of placement and GMC National Trainee survey data and contribute to the annual specialty report to HEIW
- Supporting recruitment and selection into programmes by participating in interview panels,
- participate in or provide advice to the Postgraduate Dean, School Board and HEIW as requested;
- chair/participate in local arrangements (including Specialty Training Committees (STCs) developed by the Postgraduate Dean to support and advise on the management of the specialty training programme(s) within

- leading on HEIW's response to the differential attainment agenda within the specialty
- work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and represent HEIW at national College/Faculty training or Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience;
- the trainee experience taking into account the collective needs of trainees in the programme when planning training for individual trainees;
- ensure the allocation of trainees to appropriate placements and the coordination of rotational arrangements.
- coordinate and participate in the Annual Review of Competence Progression (ARCP) process;
- provide leadership in recruiting and performance managing educational supervisors and supporting clinical supervisors within the programme;
- ensure that all trainees receive a comprehensive induction into the specialty and to ensure that any subsequent induction to placements within the programme takes place in a timely manner;
- help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required;
- provide advice on Out-of-Programme activities and how these may be accessed
- provide pastoral support for trainees and trainers
- provide careers advice for trainees both within and outside of the specialty
- Representing HEIW at trainee ARCP independent appeal hearings.
- Supporting Heads of Schools in delivering initiatives to improve the quality of training available across Wales.

Whilst the volume of work varies for some of the above duties dependent upon the number of trainees on the programme the activities themselves must be completed irrespective of the size of the programme.

Case for change

1. High quality training infrastructure delivers high quality training

The delivery of a high quality and innovative training programme is heavily reliant upon a good, proactive and innovative TPD. All training programmes are unique and each have a set of challenges which could include recruitment and retention issues, high rates of less than full time training, quality issues at various sites, curriculum changes and trainees with complex training requirements. The TPD plays a pivotal role in responding to these challenges and attracting good quality trainees to Wales, supporting trainees through their training, investigating quality concerns and managing programmes to meet the requirements and maintain trainee satisfaction. Trainees, through the 2019 GMC National Trainee Survey continue to report high levels of satisfaction with training in Wales with 87% of trainees in Wales confident that their posts will enable them to acquire the competencies they need at their current stage of training and 90.69% of trainees reporting that their posts will be useful for their future careers. The TPD role is fundamental to this.

2. Wales is the only nation that does not remunerate their secondary care TPDs

Across the UK, with the exception of Wales, tariffs are in place to remunerate the Secondary Care TPD role through the Deanery/LETBs, each of which varies in their levels slightly but does recognise and support this vital role in training programme management. Feedback from lead Deans in other UK nations is that introducing a tariff based system for the secondary care TPD role has significantly increased interest in the role, recruitment of high calibre individuals and an improvement in standards.

Table 1 – UK Sessional Tariffs for TPDs

England	Scotland	Ireland
Various models in place but the most common model detailed below	Revised tariff introduced in 2016 for 2016-2019	Revised a couple of years ago although requires review
1-2 trainees = 0.0625 PAs 3-5 trainees = 0.1250 PAs 6-10 trainees = 0.25 PAs 11-20 trainees = 0.50 PAs 21-30 trainees = 1 PAs 31-40 trainees = 1.5 PAs 41-60 trainees = 2 PAs 61+ trainees = 2.5 PAs	0 – 6 trainees = 0 PAs 7 – 12 trainees = 0.5 PAs 13 – 34 trainees = 1 PA 35 – 59 trainees = 1.5 PAs 60 – 84 trainees = 2 PAs 85 – 109 trainees = 2.5 PAs 110 – 134 trainees = 3 PAs 135 – 159 trainees = 3.5 PAs >160 trainees = 4 PAs >200 trainees = 4.5 PAs	1-4 trainees = 0.25 PAs 5-12 trainees = 0.5 PAs 13-20 trainees = 0.75 PAs 21-40 trainees = 1 PA

Of note programmes in Ireland are much smaller compared to England and Scotland hence the variation.

TPDs have become increasingly frustrated about the lack of remuneration and recognition for the role. This frustration is becoming exacerbated as TPDs are becoming aware of the discrepancy across the roles, where individuals within the other nations are receiving remuneration for doing the same job. These frustrations are impacting upon TPDs' willingness to undertake certain duties or the role and the perception they give to UK colleagues of Wales at specialty and College meetings.

3. Disparity across TPD roles in Wales

There is significant disparity in employment/contractual arrangements and remuneration for TPD roles across the Medical Deanery with all Foundation Training Programme Directors and GP Programme Directors receiving remuneration (see Table 1).

	Secondary Care Programme Directors (current allocation)	Foundation Programme Director	GP Programme Director
Employment arrangement	No formal arrangement. HEIW interview.	Health Board employed. Appraised within faculty team appraisal	HEIW employed and appraised
Total funding for TPDs	£218,846	£150,000	£732,509
TPD WTE funded	17.5	15	6.4
Number of TPDs	60	15	26
Number of Training posts	1954	678	638
Funding allocated per training post	£112	£221	£1148

Table 1 – Current disparity of funding allocations across the Medical Deanery.

Funding for Secondary Care TPDs has fallen behind that for Foundation and GP for a number of reasons.

- Prior to the introduction of MMC in 2007 a small amount of funding was available to the higher specialty programmes to support the delivery of education and training. Following 2007 specialty training programmes grew considerably in size as the SHO grade was incorporated into the Deanery's management of training. As a result, the funding allocated at the time was redistributed and apportioned across programmes according to size and complexity. Therefore, of the 55

Specialty Training Programmes now in place across Wales funding is currently allocated to the largest and more complex programmes to manage (11 programmes in all) and so 44 training programmes and associated TPDs are not remunerated.

- Historically funding was not earmarked for TPDs as individuals were able to obtain SPA (Supporting Professional Allocation) allocation within their employing Health Board to undertake this role. However, with inconsistency in approaches across and within Health Boards and increasing service and clinical demands this is becoming a challenge. A survey of TPDs asking about SPA allocation to support their TPD role has shown that over half of the respondents did not have any SPA time within their job plan to undertake their TPD role. New TPDs are experiencing significant challenges associated with SPAs whilst existing TPDs with long-established SPAs for the role have reported that this time was not sufficient to undertake the role and it has been made clear to them that the SPA allocation “remains under heavy review and could be taken away at any point in time”.

Implementing a tariff system as detailed in Appendix 1 would increase the amount allocated to TPDs across secondary care from £112 per post to £309-383 per post.

4. A need to professionalise the TPD role

It is becoming an increasing challenge to manage the issues associated with a lack of professionalisation (remuneration and performance management) of the role of the TPD.

Heads of Schools for Secondary Care and TPDs continue to report that it is becoming increasingly difficult to attract and retain good quality TPDs. Succession planning within training is becoming an increasing problem because of this lack of remuneration. We currently have 2 TPDs who have requested to resign from their TPD role having undertaken the role for in excess of 5 years however they have not yet done so as no member of the training committee is prepared to take on the role without remuneration. Where succession plans have been in place identified individuals have then chosen to take on the roles that are funded rather than the current unfunded TPD roles. For over 12 months the role of the ACCS TPD was undertaken by the Head of School for Emergency Medicine due to no applicants. Once funding was identified to support the role an excellent candidate stepped forward and has been successful in obtaining the post.

Over 10 Training Programmes have had the same TPD for 10 years or more, the role usually has a tenure of 3-5 years, because no-one else will take on the role due to the lack of funding. Whilst maintaining the same TPD has benefits in terms of corporate knowledge it does hamper innovation within training programmes. A significant number of TPDs took on the role knowing it was not remunerated expecting to be doing it as a development opportunity for a couple of years and then pass it on to a more junior colleague which has not now occurred due to the funding issue.

From feedback we know that TPDs often do not see themselves as part of the Deanery/HEIW team, however the Medical Deanery is heavily reliant on the TPD for the management of our training programmes. When considering the evidence from the 2019 GMC National Trainer Survey both primary and secondary care trainers reported strong levels of local support for their training roles. In terms of support for the training role from their Medical Deanery, 66% of secondary care reported that they received good support compared to 90% of primary care trainers. Whilst this result clearly illustrates that there is a significant variance between primary and secondary care, this is predictable given that the professionalisation of training roles for secondary care trainers is still at an early stage relative to primary care.

In considering time for the training roles, 29% of secondary care trainers reported that they didn't have time in their job plan for their training role. Of those trainers who did have time only 38% reported that they were able to use the time for the purpose it was intended.

To address some of these challenges and recognise the importance of this role we have introduced a number of initiatives and changes to provide further support to our TPDs these include:

- The introduction of a generic job description and appointments process for all TPDs.
- A quarterly TPD newsletter to improve communications between TPDs and HEIW and ensure TPDs have easy access to information around developments in education and training
- A quarterly TPD development day; however engagement has been variable across the TPDs with individuals unable to attend due to pressing clinical commitments.

Alongside the introduction of a tariff-based remuneration package we will also be:

- introducing an appraisal process which will feed into the NHS appraisal process,
- identifying development objectives for our TPDs to identify education and development needs,
- sharing best practice
- developing a network of support
- introducing a performance management framework to address of concern and to ensure individuals are appropriately undertaking the role for which they are being remunerated.

Over the years the role has grown and is becoming more challenging, trainees are requiring more flexibility which is increasingly challenging to manage and support everyone within a structured training programme. Where trainees are not progressing at the expected rate these cases are difficult to manage and often lead to tension and appeals requiring further support and input. With no remuneration it is difficult to expect TPDs to do this.

3. Strategic Priorities aligned to HEIW

The delivery of a high quality and innovative training programme is heavily reliant upon a good, proactive and innovative TPD therefore the professionalisation of the role of the Training Programme Director is integral to the delivery of HEIW's Strategic Objective 2 – *Building a sustainable and flexible health and care workforce for the future.*

TPDs are often seen as the 'face' of HEIW acting as the closest link trainees and trainers have with the organisation. A supportive and good quality TPD can make a trainee feel highly valued within their training programme impacting future recruitment and retention.

Alongside this TPDs have a fundamental role in supporting the delivery of a number of the key functions of HEIW including:

- Quality Management – The TPD is essential to the Quality Management Framework within HEIW. These individuals play a role in local programme Quality control, identifying and exploring issues and developing solutions to negate a need for formal escalation. These individuals also interrogate quality data from trainee surveys to ensure the training environments meet the required standard.
- Education delivery – These roles play a key part in delivering the education and training of Junior Doctors across Wales but also going forward can support the education and training of other roles within the multiprofessional team.
- Workforce intelligence and planning – TPDs play a key role in supporting the workforce planning process for medical training numbers providing essential detail around service challenges, developments, enabling HEIW to obtain a clear understanding of what is happening on the ground

along with acting as a conduit for obtaining information around other roles within departments, information not readily available at present.

- Supporting other roles within the team – TPDs along with supporting trainee doctors can also provide support to other multiprofessional roles within team aligned to HEIW strategic and workforce priorities i.e. Physicians Associates, Advanced Care Practitioners all of which require support, education and training.

4. Option Appraisal

Option 1 – Maintain the status quo

Wales is currently an outlier in the UK in terms of how it supports its TPDs and this option would maintain this, risking an impact on quality of training, recruitment of trainers and trainees and creating a negative perception of training in Wales.

Option 2 - Implement a Tariff based system for remuneration

Implementing a tariff-based system in Wales would address the current imbalance when compared to the other 3 nations of the UK. It would ensure that all TPDs across Wales receive a remuneration package commensurate with the role they are undertaking recognising that the demands of the TPD role have grown considerably over recent years and continue to do so.

This remuneration package could vary to offer flexibility to TPDs in that the tariff could either be paid to HB directorates to buy the individuals time and support backfill or paid directly to individuals but with either option ensuring clear job plan accountability so that there is always complete transparency

The proposed tariff-based allocation values the role of all TPDs irrespective of the size of the programme by ensuring that key functions such as recruitment and selection, ARCPs, representing Wales at UK meetings, programme management, Quality control and monitoring undertaken by all TPDs is recognised with additional funding issued to those larger programmes where increased numbers of trainees places additional demands upon TPDs.

Due to the short term nature of these roles it is anticipated that any sessional allocation for a specialty which exceeds 2 sessions would be split amongst several individuals each taking on lead portfolios.

The tariff allocation could be broken down as follows:

Tariff Arrangement			
0.5 session is allocated to all TPDs irrespective of the number trainees on the programme due to minimum expectations of the role.			
With <i>Tariff 2b</i> this has been reduced to 0.25 session for small specialties with 3 or less trainees.			
In addition to the basic sessional allocation further allocations will be distributed based upon the number of trainees on the programme:			
Tariff 1		Tariff 2	
20-50 trainees	0.5 session	20-50 trainees	0.5 session
51-100 trainees	1.5 session	51-100 trainees	1.0 session
101-200 trainees	2.5 session	101-200 trainees	1.5 session
201+ trainees	3.5 session	201+ trainees	2.0 session

5. Financial Analysis (Develop with Finance Business Partner)

A detailed financial breakdown of allocations across the programmes is available in Appendix 1.

These projections are based upon the number of training posts for each specialty as of the end of April 2019 and payment of 1 session costing £12,505.49 p.a.

The Tariff model would substantially increase the funding requirement for TPDs across Specialty Training but will provide a remuneration package that reflects the work of the TPDs now but also in the future to support HEIW's strategic priorities.

It is anticipated that if supported this revised funding allocation would be issued to all TPDs as soon as possible but projected from April 2020.

	Tariff 1	Tariff 2	Tariff 2b
Total amount required	£ 762,835	£ 650,285	£615,895
Current funding allocation	£218,846	£218,846	£218,846
Additional funding required	£543,989	£ 431,439	£397,049

Please note these costings are based upon TPDs being paid at the top of the consultant scale at the 2019/2020 rate. Reimbursement is based upon actual costs and so the above outlines the maximum amount of funding required. Once information is gathered from all TPDs actual figures can be confirmed.

6. Investment Appraisal and Value

As detailed within this business case the TPD role is essential delivering a sustainable training programme model across Wales. By remunerating TPDs and professionalising the role as detailed within section 2.3 appropriate benefits for implementation include:

- An opportunity to attract a new cohort of TPDs likely to bring innovations and options to improve the quality of education and training available which will have future impact upon the attractiveness of the programme, recruitment and retention.
- Increased engagement with and support for TPDs who are a crucial link between HEIW and the trainees thereby improving the trainee experience and impacting upon recruitment and retention.
- An opportunity to be clear around the role, responsibilities and expectations and for HEIW to introduce effective performance management.
- Parity across TPD roles within Wales as well as across other nations of the UK.

If not supported the problems currently experienced are likely to exacerbate as TPDs become increasingly concerned about the discrepancies and how the role is valued in Wales compared to elsewhere. Across Wales we are currently in a precarious position. Our TPDs are becoming increasingly disillusioned with the current arrangements. We are heavily reliant on goodwill which is rapidly running out. The worst case scenario would be that if this tariff arrangement is not supported TPDs would resign with no one wishing to take on the role without remuneration. If this occurred Wales would have to cease training in those specialties which would affect our reputation and the sustainability of our future workforce.

7. Timescale of recommended implementation

	Task Description	Deadline
1	Notify all existing TPDs and Health Boards of the change to the new tariff	January 2020
2	Implement new tariff	1 st April 2020

8. Major risks

In implementing this process within HEIW there will be additional operational activity associated with notifying, paying and processing invoices associated with these TPDs with the majority of work falling within the Secondary Care Training Section and Finance departments. Given that these individuals will remain employees of the Health Boards and not HEIW this will not impact upon the PEOPLE team however consideration may be given to developing a contract with these individuals to ensure any future performance issues can be managed appropriately.

In addition it will be important to liaise with the employing Health organisation to ensure that:

- where performance issues are identified these are fed into the primary employer
- this role is incorporated into the whole scope of practice for revalidation purposes
- any previous SPA arrangements for the TPD role are amended accordingly to ensure no double counting of time to support this function.

With the current pension issues facing consultants we are aware that direct remuneration of consultants for the TPD role on top of their consultant salary may not be the desired model for all individuals. We are working with finance colleagues to explore alternative ways in which this remuneration package can be put together to ensure that individuals are not at a disadvantage when taking on these crucial roles.

There is the risk that despite these changes we continue to encounter problems recruiting individuals to TPD roles. If this were to occur then individuals within HEIW would need to engage with the training community and employing organisations to clearly understand the barriers to implementation.

9. Recommendation

In the current climate Wales needs to deliver high quality training. To achieve this we require highly motivated and enthusiastic TPDs who lead innovations within their training programmes and work to attract, recruit and retain high quality trainees to our training programmes.

Health and wellbeing is high on the agenda for organisations across the UK. Without time in their job plan or funding to release sessions these enthusiastic educationalists are increasingly using their own time, annual and professional leave to undertake these roles; a model which is not sustainable going forward. In Wales we aim to attract and retain high quality individuals. To support this, individuals need to feel valued in the roles they play. In supporting this business case and the professionalisation of the secondary care TPD role, HEIW will be demonstrating the value it places on supporting high quality education and training across Wales.

It is recommended that a Tariff model for TPD remuneration is introduced across Wales in line with the other nations of the UK and that action is taken to adopt one of the Tariffs recommended within this paper from April 2020 onwards.

This will signal HEIW's commitment to professionalising education and training across Wales and raising standards to support recruitment, retention and innovation.

Introducing a tariff structure for Training Programme Directors in Wales.

Assumptions
Cost of 1 consultant session for 19/20 £ 12,505.49 Assuming maximum of clinical scale
If, due to the size of the programme, the sessional allocation exceed 2 sessions it is anticipated this allocated will be shared across more than one role.

Tariff Arrangement				Tariff 2		Tariff 2b	
0.5 session is allocated to all TPDs irrespective of the number trainees on the programme due to minimum expectations of the role. In addition to the 0.5 basic sessional allocation further allocations will be distributed based upon the number of trainees on the programme.				0.5 sessions 1 sessions 1.5 sessions 2 sessions		0.25 as basic sessional allocation for small programmes with 3 or fewer trainees 0.5 sessions 1 sessions 1.5 sessions 2 sessions	
20-50 trainees		0.5 session					
51-100 trainees		1.5 session					
101-200 trainees		2.5 session					
201+ trainees		3.5 session					

Specialty	Training Posts	Current sessional allocation	Current funding allocation	Tariff 1				Tariff 2			Tariff 2(b)		
				Basic payment	Additional sessional allocation	Total sessional allocation	Cost (£)	Additional sessional allocation	Total sessional allocation	Cost (£)	Additional sessional allocation	Total sessional allocation	Cost (£)
School of Anaesthetics													
Anaesthetics	238	2	£ 25,011	0.5	3.5	4	£ 50,022	2	2.5	£ 31,264	2	2.5	£31,264
Intensive Care Medicine	23		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
School of Surgery													
Core Surgical training	97	1	£ 12,505	0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
Cardiothoracic surgery	7		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
General surgery	61	1	£ 12,505	0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
Neurosurgery	8		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Ophthalmology	39		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Oral and maxillofacial surgery	8		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Otolaryngology	17		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Paediatric surgery	3		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Plastic surgery	10		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Trauma and Orthopaedic Surgery	46	0.5	£ 6,253	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Urology	17		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Vascular Surgery	8		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
School of Pathology													
Chemical pathology	4		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Histopathology	20		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Paediatric and perinatal pathology	2		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
School of Radiology													
Clinical Radiology	72	1	£ 12,505				£ -			£ -			£0
North Wales	12			0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
South Wales	60			0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
School of Obstetrics & Gynaecology													
Community sexual and Reproductive Health	2		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Obstetrics and Gynaecology	86	1	£ 12,505	0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
School of Emergency Medicine													
Acute Care Common Stem (ACCS)	92		£ -	0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
Emergency medicine	75	1	£ 12,505	0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
Pre-hospital emergency medicine	2		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
School of Medicine													
Internal Medicine (CMT)	244	4	£ 50,022				£ -		0	£ -		0	£0
IMT (SE Wales)	87			0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
IMT (S Wales)	82			0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
IMT (W Wales)	26			0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
IMT(N Wales)	49			0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
General Internal Medicine	237	2	£ 25,011	0.5	3.5	4	£ 50,022	2	2.5	£ 31,264	2	2.5	£31,264
Acute Internal Medicine	12		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Audio vestibular medicine	1		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Clinical genetics	4		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Cardiology	37		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Clinical immunology	1		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Clinical neurophysiology	1		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Clinical oncology	19		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Clinical pharmacology and therapeutics	2		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Dermatology	13		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Endocrinology and diabetes mellitus	21		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Gastroenterology	21		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Genito-urinary Medicine	4		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Geriatric medicine	51		£ -	0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
Haematology	15		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Medical oncology	6		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Neurology	7		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Occupational Medicine	1		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Palliative medicine	13		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Rehabilitation Medicine	1		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
Renal Medicine	14		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Respiratory medicine	29		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Rheumatology	9		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Stroke Medicine	2		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.25	£3,126
School of Psychiatry													
Core psychiatry training	83	1	£ 12,505	0.5	1.5	2	£ 25,011	1	1.5	£ 18,758	1	1.5	£18,758
Child and adolescent psychiatry	11		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Forensic psychiatry	6		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
General psychiatry / Old age psychiatry	26		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Psychiatry of Learning Disability	5		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
School of Paediatrics													
Paediatrics	135	3	£ 37,516				£ -		0	£ -		0	£0
Paediatrics South Wales	101			0.5	2.5	3	£ 37,516	1.5	2	£ 25,011	1.5	2	£25,011
Paediatrics North Wales	34			0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
School of Public Health Medicine & Medical Microbiology													
Public health medicine	22		£ -	0.5	0.5	1	£ 12,505	0.5	1	£ 12,505	0.5	1	£12,505
Combined Infection Training	10		£ -	0.5	0	0.5	£ 6,253	0	0.5	£ 6,253	0	0.5	£6,253
Total	1990	17.5	£218,846			61	£ 762,835	22	52	£ 650,285	£ 22	£ 49	£615,895

Additional Cost incurred by implementing new Tariff structure	£543,989	£ 431,439	£397,049
Cost per trainee	£ 383.33	£ 326.78	£309.50



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NHS
WALES

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

Meeting Date	16 January 2020	Agenda Item	3.1
Report Title	Summary of the 2019 Health Professional Commissioning Contract Performance		
Report Author	Martin Riley		
Report Sponsor	Stephen Griffiths		
Presented by	Stephen Griffiths		
Freedom of Information	Open		
Purpose of the Report	To inform the EC&QC of the current Key Performance Indicators being collected as part of the Health Professional Contract Management system. The reporting of key results and actions.		
Key Issues	<p>Student groups covered include nursing, midwifery, community nursing, all allied health professions and health science. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked.</p> <p>The key performance indicators include,</p> <ul style="list-style-type: none"> ➤ Achievement of commissioning targets (training fill rates) ➤ Application rates ➤ Attrition ➤ Value for money ➤ Timeliness of information ➤ Post-graduate education ➤ Non-medical prescribing ➤ Return to practice 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>The EC&QC is asked to:</p> <ul style="list-style-type: none"> ➤ Note the contract performance across Wales 		

SUMMARY OF THE 2019 HEALTH PROFESSIONAL COMMISSIONING PERFORMANCE

1. INTRODUCTION

The 2018/19 academic year was the first whole academic year since the establishment of HEIW. Student data is collected at the beginning of each cohort with monthly monitoring returns and a return for each graduating cohort. The August monthly returns – which picked up the last of the 2018/19 graduating cohorts - was submitted to HEIW before the end of September. Since this date HEIW have compiled all the data, tested it and benchmarked where appropriate. These results have been used to create a Performance Report for each University.

Each university's performance report highlights not only their own performance but identifies the Welsh average, Commissioner targets and provides a scoring system on each area tested. Where performance is below the expected level an action is raised in the report for the university to address. Responses to these actions must be submitted to the Commissioner by a specified date with measurable activity and targeted improvements. These are discussed in future contract business meetings as a part of the continuous improvement agenda.

This report summarises the All Wales position. The full All Wales Performance Report is attached.

2. STUDENT GROUPS INCLUDED AND KEY PERFORMANCE INDICATORS

Student groups covered include nursing, midwifery, community nursing, all allied health professions and health science. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked.

The key performance indicators include,

- Achievement of commissioning targets (training fill rates)
- Application rates
- Attrition
- Value for money
- Timeliness of information
- Post-graduate education
- Non-medical prescribing
- Return to practice

For the future plans are being developed to collect data and benchmark,

- Management of placements
- Managing Interruption of Studies (IoS)

3. OUR STUDENT POPULATION: ABOUT OUR 2018/19 INTAKE

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

79% of all students were **domiciled in Wales** prior to course commencement. For nursing and midwifery students this rose to 87%. The highest percentages were in Swansea University and the University of South Wales where 98% and 97% respectively were Welsh domiciled students. The lowest percentages were in the AHP courses run by Cardiff Metropolitan University and Cardiff University.

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

Only 23% of students declared that they **spoke Welsh** or had a basic understanding of the Welsh language on entry to their course. Considering the percentage of Welsh domiciled students is 79% it was anticipated this figure would be higher. The reasons below the low declaration rate will be explored with the universities.

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

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

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

4. OUTCOMES: PERFORMANCE SUMMARY

The 2019 report again reflects areas of good performance but also raises a few areas for review and action.

The table overleaf summarises performance.

Key:

Unsatisfactory 1	Below Expected Level 2	Satisfactory 3	Good 4	Excellent 5
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Commissioning Achievement 2019/20

	Target	Actual	CU	CMU	USW	SU	BU	GU
Pre-Registration Courses	100%	94%	91%	100%	95%	95%	95%	100%
Community - Full-time & Part-time	93%	99%	103%	n/a	96%	98%	n/a	100%
Community - Modules	90%	88%	74%	n/a	100%	74%	100%	100%
* % of commissioned places filled								

Return to Practice

	Target	Actual	CU	CMU	USW	SU	BU	GU
Return to Practice	120	96	27	n/a	10	30	17	12
* target varies dependant upon geographical area covered								

Non-Medical Prescribing

	Target	Actual	CU	CMU	USW	SU	BU	GU
	95%	92%	98%	n/a	93%	83%	100%	91%
* % of commissioned places filled								

Attrition 2018/19

Wales benchmarked with England

	Wales	England
Pre-Registration Nursing	11.9%	20%
Midwifery	12.4%	21%
Allied Health Professionals	9.2%	13%

To generate same output England would need to...
train 412 more nurses at an additional cost of £7.6m
train 32 more midwives at an additional cost of £869k
train 66 more AHPs at an additional cost of £1.99m

Attrition

Wales internal benchmarking

	Target	Actual	CU	CMU	USW	SU	BU	GU
Pre-Registration Nursing	12%	11.9%	14.5%	n/a	10.7%	8.9%	14.4%	n/a
Midwifery	10%	12.4%	12.0%	n/a	12.1%	8.3%	17.2%	n/a
Allied Health Professionals	10%	9.2%	10.7%	6.2%	n/a	n/a	8.1%	4.4%

Timeliness & Quality of Information

	Target	Actual	CU	CMU	USW	SU	BU	GU
	5	4	5	4	5	5	3	5

Advanced Practice

	Target	Actual	CU	CMU	USW	SU	BU	GU	England
Staff utilising funding	700	726	268	26	98	99	72	42	117
% split between organisations			37%	4%	14%	14%	10%	6%	16%
* target varies dependant upon courses provided									

Communication, information flow and the timeliness of information between the Universities and NWSSP / HEIW had been benchmarked for the second time. The Universities generally excelled in this area however there is room for improvement in Bangor University and Cardiff Metropolitan University. Whilst this appears a “softer” measure / KPI than perhaps, application rates, achieving commissioning targets, attrition, value for money etc. it is a vital component of being responsive and undertaking business efficiently and effectively at all levels of staff. Therefore, from both the provider and commissioner perspectives this is an important KPI to achieve and underpins a successful relationship.

There are many factors affecting **application rates** for places on NHS funded courses in Welsh Universities including,

- Economic climate
- The change in fee structure in England
- Student support (including bursary, loan, allowances, childcare)
- Employability on completion of course
- University reputation – gained by students via NSS and League Tables

It is important to note that in some cases the application rates may be minimum positions. Universities can “close” the application process and therefore appear to have fewer candidates to choose from.

Application rates are generally buoyant which is important in the current climate of increasing commissions. However, there are areas for concern as highlighted in the table below and the application rate section within this report.

Application Rates Summary 2019/20

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

Overall, in 2018/19, Welsh Universities achieved a **94%** achievement rate against **pre-registration commissioning** numbers (down by 2% from 96% the previous year). This covers nursing, midwifery and allied health professionals. Out of the **2,597** pre-registration places commissioned (over the student groups tested) 153 were not recruited by Universities. This compares with just 13 commissioned places that were not filled in 2016/17 and 110 commissioned places that were not filled in 2017/18. **HEIW expects 100% of pre-registration places to be filled.** The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

Currently the pre-registration fill rate for 2019/20 is 95%. This is based on the September 2019 position and the forecast March 2020 nursing intakes. It is certain that a minimum of 2,704 out of 2,834 pre-registration commissions. That's 130 down on commissioning numbers however it is anticipated that this could rise

to 98% (2,766 out of 2,834). The increase relates to anticipated fill rates for the march 2020 Adult nursing and MH nursing intakes. Therefore, our 2019/20 pre-registration commissioning will be in the range 95%-98%. The commissioning target has been missed nursing LD, ODP and Dental Hygiene.

The average achievement of successfully filling commissioned places for **full time and part time community nursing** across Wales has increased in 2018/19 to **99%**. HEIW set the target at 93% and, on an all Wales basis this has been achieved.

The average achievement of successfully filling commissioned places for **community modules** across Wales is **88%**. This is slightly below the target of 90% but up significantly from the 81% achievement rate in 2017/18.

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

92% of all **non-medical prescribing commissions** were filled. The highest utilisation was in Bangor University (100%) and Cardiff University (98%). Swansea University (83%) was the lowest percentage fill rate.

The Universities in Wales delivered **96 Return to practice** numbers for Wales in 2018/19. Performance in universities ranged from 10 returners in the University of South Wales to 30 returners in Swansea University. With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. Funding has been supplied by the Commissioner to assist with marketing R2P courses. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

The 2018/19 **pre-registration nursing attrition rate** is **11.9%**. The attrition target is 12% and Wales has achieved this for each of the last 10 years. The English comparator is 20%. There is a risk that the attrition rate will rise above the threshold set by the commissioners. This will be raised as a risk in each University's performance meeting and steps will need to be taken to reverse this trend. This will also be discussed at the All Wales Partnership Board meeting chaired by HEIW.

The Welsh average **Midwifery attrition rate** has historically been consistently low however over the last 4 years it has been increasing. The 2018/19 rate is **12.4%**. The English comparator is 21%. This is the first time the rate has been higher than 10%. Due to the low numbers being trained in Wales (357 in training in 2018/19) small variations can have a large impact on the overall attrition rate. Later in this report university performance is analysed on an individual basis with actions to assist in reversing this trend.

The Welsh average **Allied Health Profession attrition rate** is **9.2%**. The English average is 13% and Wales is consistently below this. There are only two courses,

of the 9 main AHP courses, in Wales above the English average, both are in Cardiff University (ODP and Radiography). Podiatry in Cardiff Metropolitan University has “negative attrition”. This is due to more students returning from Interruption of Studies than students leaving the course. Occupational Therapy in both Glyndwr University and Cardiff University, Physiotherapy (Cardiff), Dietetics (Cardiff Met) and Diagnostic Radiography (Bangor) are all below the Welsh average.

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

5. RISKS, ISSUES AND MITIGATION

Where performance is below the expected level actions are identified within each University’s performance report. The All Wales report captures the all Wales position and identifies where there is variation in performance between universities. Appendix 1 is a summary of actions identified within this report and the individual University Performance Reports.

6. FINANCIAL IMPLICATIONS

There are no direct financial implications. A **value for money** model has been developed. Contracts are agreed and funded based on an “input fee per student”. This does not take into account in year attrition and the cost of students that drop out of the course for which the Commissioner gains no return.

The “output fee per student” provides a comprehensive and more accurate measure of performance. Therefore a model has been developed to ascertain the cost and impact for students that does not graduate. This cost is in effect an “oncost” or “premium” on graduating student costs. On average the cost per student to be absorbed over graduating students is £847 per annum. The report benchmarks Universities and courses across this area. In 2018/19 Swansea University provided the best value for money in terms of pre-registration nursing.

The courses offering the best value for money are,

- Podiatry (Cardiff Metropolitan University)
- Physiotherapy (Cardiff University)

- Dietetics (Cardiff Metropolitan University)
- OT (Cardiff University and Glyndwr University)

However, ODP and Diagnostic Radiography (both Cardiff University) are significantly above the All Wales average. The Cardiff University performance report reflects actions for them to address these issues. The value for money section later in this report explains the methodology and results in more detail.

In addition there are further opportunities to explore ways to measure the impact of the investment in education and training covering,

- Improvements as a result of increased decision making powers on the multi-disciplinary team
- The patient pathway
- Quality of patient experience
- Safety of patients
- More efficient use of resources
- Cost avoidance
- Cost savings

7. RECOMMENDATION

The EC&QC is asked to

- note the contents of the performance report and the actions for universities
- note the improvements planned for future years
- note the key performance indicators to be included in the HEIW corporate performance framework

Appendix 1: SUMMARY OF ACTIONS

1. UPDATE ON THE STRATEGIC REVIEW OF EDUCATION

Universities will be updated by the HEIW on key developments both within formal contract meetings and by regular written communication on a timely basis.

2. UPDATE ON UTILISATION ON SPEND OF ADDITIONAL GRANT FUNDING

The universities are required to update HEIW regarding the utilisation of the agreed funding.

3. INCREASING POST GRADUATE EDUCATION IN WALES

HEIW would like as much education as possible delivered within Wales. Universities were encouraged to review the list of provision currently procured outside Wales and, if these courses are available within the University, engage with Health Board partners to discuss Welsh provision of these courses / modules.

4. MANAGING PLACEMENTS

The placement matrix is an important tool to assist with ensuring the students graduate into jobs in the right parts of Wales, as identified by Health Boards and Trusts within their IMTP's.

The Commissioner will be monitoring the progress of this and can intervene if there are any specific issues with,

- The Health Boards / Trusts not releasing enough placements to meet the new training demands that they requested in their IMTPs
- Universities are not placing the number of students in accordance with the numbers set out in the placement matrix below

5. ALL UNIVERSITIES: UNDER-RECRUITMENT OF ADULT NURSING COMMISSIONS

The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

6. BANGOR UNIVERSITY: UNDER-RECRUITMENT OF MENTAL HEALTH NURSING FIELD COMMISSIONS

It is important to understand the reasons for the under-recruitment on the mental health nursing field as it is probable that commissioning numbers will continue to increase. An update is required from the University highlighting the reasons for the under-recruitment together with a plan on how these issues can be addressed **by December 2019**.

7. UNIVERSITY OF SOUTH WALES & BANGOR UNIVERSITY: UNDER-RECRUITMENT OF LD NURSING COMMISSIONS

The recruitment of LD nurses is a long-standing issue which is Wales and UK wide. Both Universities have developed enhanced marketing campaigns to address this issue.

8. CARDIFF UNIVERSITY: UNDER-RECRUITMENT OF ODP COMMISSIONS

The University has recognised the difficulty in recruiting to the increasing ODP commissioned places. With 35% of commissioned places unfilled there is a Service demand that is not being met. The Commissioner requires an action plan of enhanced measures outlining how Cardiff University can reduce this gap by the end of December 2019.

9. BANGOR UNIVERSITY: ACTION PLAN TO INCREASE APPLICATIONS

An update is required from the University highlighting way in which increasing the number of applicants in nursing can be achieved **by December 2019**.

10. ALL UNIVERSITIES: INCREASING APPLICATIONS

To meet the increasing workforce needs and pressures identified by the Health Boards and Trusts covered by the Universities in their three year Integrated Medium Term Plans (IMTP) it is imperative that high levels of applicants continue to apply for courses. It is essential that universities continue to explore ways of maintaining / increasing applications to their courses to ensure there are applicants of sufficient quality, with the right values, to fill commissioned places.

11. UNIVERSITY OF SOUTH WALES: INCREASING RETURN TO PRACTICE PLACES

With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

Therefore, USW are asked to develop a marketing plan to increase the R2P numbers. If there are costs associated with the plan the Commissioner will consider funding these.

An outline plan is required by the end of November 2019.

12. BANGOR UNIVERSITY: PRE-REGISTRATION NURSING ATTRITION: SPRING 2017, SPRING 2018 and AUTUMN 2018 COHORTS

Attrition on these three cohorts is 28%, 17% and 10% respectively with most attrition occurring during 2018/19. The commissioner requires a brief report outlining the reasons behind this level of attrition in these cohorts, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

13. USW: PRE-REGISTRATION NURSING ATTRITION AUTUMN 2017 COHORT

The September 2016/17 cohort has high attrition levels, 22% at the end of year two of the course. The Commissioner requires a brief report outlining the reasons behind this level of attrition in this cohort, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

14. USW and BANGOR UNIVERSITY: GENERAL RISE IN PRE-REGISTRATION NURSING ATTRITION RATES

The University has consistently produced the lowest pre-registration nursing attrition rates in Wales. However, the last two years has seen this position change. A brief report is required on the underlying reasons behind this, lessons learned and any additional processes that the University has introduced to ensure this is managed in future. **Paper required by the end of November 2019 in time for the quality review meeting.**

15. BANGOR UNIVERSITY: MIDWIFERY ATTRITION

There has been a significant increase in midwifery attrition between 2017/18 and 2018/19. A brief report is required outlining the reasons for the increase and actions that will be implanted to mitigate this in the future.

16. USW: MIDWIFERY ATTRITION / INTERRUPTIONS OF STUDY (IoS)

A brief report is required surround the 7 students that left midwifery education in 2018/19. If the students are on IoS then their expected course return date is required or confirmation that they have permanently left the course.

17. CARDIFF UNIVERSITY: ATTRITION ACTION PLAN FOR DIAGNOSTIC RADIOTHERAPY AND ODP

As reported these are the two highest attrition rates of any course in Wales. ODP, particularly when coupled with the under-recruitment against commissioning numbers is a major concern.

An action plan on the contributory factors and Cardiff University plans to address these areas is required by the end of December 2019.

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓		✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
The delivery of high quality education is critical to patient care, the relationships with the university sector underpin this education delivery and as a result these arrangements play an essential role in improving patient care and safety.				
Financial Implications				
There are no financial consequences of establishing these forums				
Legal Implications (including equality and diversity assessment)				
There are no legal consequences of establishing these forums				
Staffing Implications				
There are no staffing consequences of establishing these forums				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Non known				
Report History	Nil			
Appendices	Nil			



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

HEALTH EDUCATION AND IMPROVEMENT WALES

ALL WALES HEALTH PROFESSIONAL EDUCATION & TRAINING PERFORMANCE REPORT 2019



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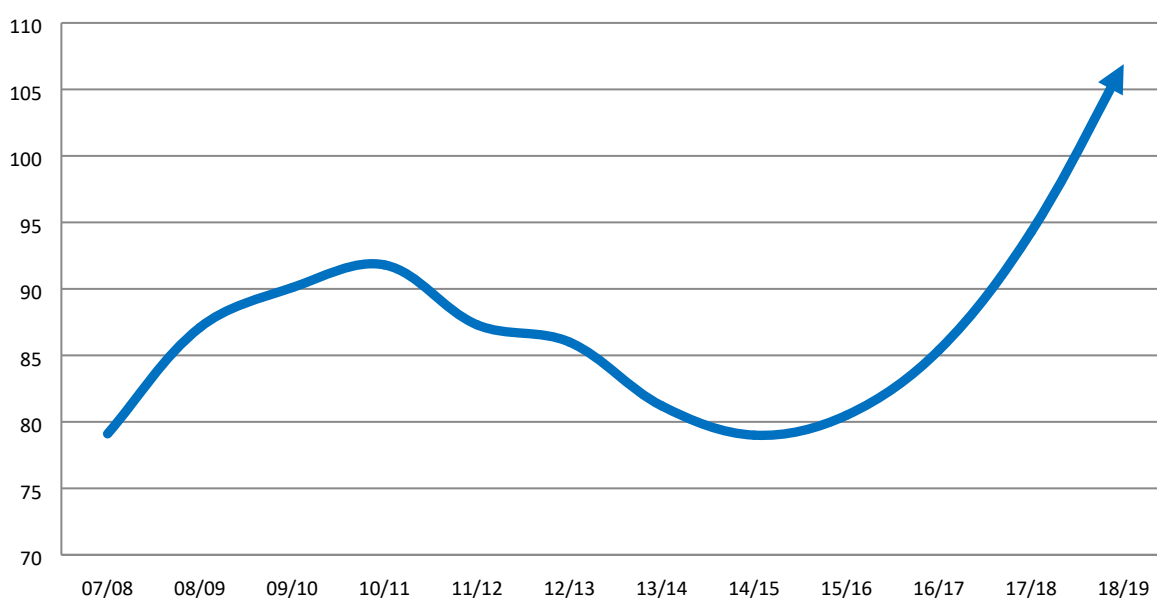
STRATEGIC CONTEXT

Health Education and Improvement Wales (HEIW) was established in October 2018 as a Special Health Authority and provides the strategic leadership for NHS Wales on a wide range of education and workforce issues.

The 2018/19 academic year, on which this report is based, straddled both NWSSP and HEIW with responsibility for the first quarter performance within NWSSP and the remainder of the academic year within HEIW. However, there is a high level of continuity in this area as all functions and most of the staff transferred between organisations. The establishment of HEIW will provide a higher profile for health education and there will be more opportunity to influence, innovate and improve systems.

Investment in education and training is a Welsh Government priority and investment over the past four years has seen the budget increase from £76m in 2014/15 to £106m in 2018/19.

The 18/19 NMET budget reached a historical high at **£106.9m**



The £106.9m investment package negotiated with the Welsh Government provided funding for the next generation of healthcare professionals. This represents a further investment in education budgets of in excess of £11m over 2017/18 levels.

The package of funding enabled **3,300 new students** to commence education and training programmes in 2018/19 compared to 2,498 in 2015/16.

Including those continuing their education increases the total number of students and training places for 2018-19 was **9,000** compared to 6,881 in 2015/16. Professions will have the highest level of training places in Wales since devolution.

It is vital to ensure that the benefits to NHS Wales are maximised as a result of this investment. This performance report therefore assists in assessing value for money and return on investment. The HEIW performance management framework is being developed to provide key performance and benchmarking data across a range of areas. The dashboard measures performance across 4 key areas: -

1. Recruitment and Selection
2. VfM and Contract Performance
3. Employability
4. Quality and Partnership

This report covers recruitment, selection, contract performance and value for money. The employability and quality sections are currently being assessed and evaluated and will be discussed and reviewed in the Autumn/Winter contract meetings.

PERFORMANCE SUMMARY

Commissioning Achievement 2019/20

Pre-Registration Courses

Community - Full-time & Part-time

Community - Modules

Target Actual

100%	94%
93%	99%
90%	88%

CU CMU USW SU BU GU

91%	100%	95%	95%	95%	100%
103%	n/a	96%	98%	n/a	100%
74%	n/a	100%	74%	100%	100%
* % of commissioned places filled					

Return to Practice

Return to Practice

Target Actual

120	96
-----	----

CU CMU USW SU BU GU

27	n/a	10	30	17	12
* target varies dependant upon geographical area covered					

Non-Medical Prescribing

Target Actual

95%	92%
-----	-----

CU CMU USW SU BU GU

98%	n/a	93%	83%	100%	91%
* % of commissioned places filled					

Attrition 2018/19

Wales benchmarked with England

Pre-Registration Nursing

Midwifery

Allied Health Professionals

Wales

11.9%

12.4%

9.2%

To generate same output England would need to...

train 412 more nurses at an additional cost of £7.6m

train 32 more midwives at an additional cost of £869k

train 66 more AHPs at an additional cost of £1.99m

England

20%

21%

13%

Attrition

Wales internal benchmarking

Pre-Registration Nursing

Midwifery

Allied Health Professionals

Target Actual

12%	11.9%
10%	12.4%
10%	9.2%

CU CMU USW SU BU GU

14.5%	n/a	10.7%	8.9%	14.4%	n/a
12.0%	n/a	12.1%	8.3%	17.2%	n/a
10.7%	6.2%	n/a	n/a	8.1%	4.4%

Timeliness & Quality of Information

Target Actual

5	4
---	---

CU CMU USW SU BU GU

5	4	5	5	3	5
---	---	---	---	---	---

Advanced Practice

Staff utilising funding

% split between organisations

Target Actual

700	726
-----	-----

CU CMU USW SU BU GU

268	26	98	99	72	42
37%	4%	14%	14%	10%	6%
* target varies dependant upon courses provided					

England

117

16%

Key:

Unsatisfactory 1	Below Expected Level 2	Satisfactory 3	Good 4	Excellent 5
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The 2019 report again reflects areas of good performance but also raises a few areas for review and action.

Communication, information flow and the timeliness of information between the Universities and NWSSP / HEIW had been benchmarked for the second time. The Universities generally excelled in this area however there is room for improvement in Bangor University and Cardiff Metropolitan University. Whilst this appears a “softer” measure / KPI than perhaps, application rates, achieving commissioning targets, attrition, value for money etc. it is a vital component of being responsive and undertaking business efficiently and effectively at all levels of staff. Therefore, from both the provider and commissioner perspectives this is an important KPI to achieve and underpins a successful relationship.

There are many factors affecting **application rates** for places on NHS funded courses in Welsh Universities including,

- Economic climate
- The change in fee structure in England
- Student support (including bursary, loan, allowances, childcare)
- Employability on completion of course
- University reputation – gained by students via NSS and League Tables

It is important to note that in some cases the application rates may be minimum positions. Universities can “close” the application process and therefore appear to have fewer candidates to choose from.

Application rates are generally buoyant which is important in the current climate of increasing commissions. However, there are areas for concern as highlighted in the table below and the application rate section within this report.

Application Rates Summary 2019/20

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

Overall, in 2018/19, Welsh Universities achieved a **94%** fill rate against **pre-registration commissioning** numbers (down by 2% from 96% the previous year). This covers nursing, midwifery and allied health professionals. Out of the **2,597** pre-registration places commissioned (over the student groups tested) 153 were not recruited by Universities. This compares with just 13 commissioned places that were not filled in 2016/17 and 110 commissioned places that were not filled in 2017/18. **HEIW expects 100% of pre-registration places to be filled.** The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

The average achievement of successfully filling commissioned places for **full time and part time community nursing** across Wales has increased in 2018/19 to **99%**. HEIW set the target at 93% and, on an all Wales basis, this has been achieved.

The average achievement of successfully filling commissioned places for **community modules** across Wales is **88%**. This is slightly below the target of 90% but up significantly from the 81% achievement rate in 2017/18.

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

92% of all **non-medical prescribing commissions** were filled. The highest utilisation was in Bangor University (100%) and Cardiff University (98%). Swansea University (83%) was the lowest percentage fill rate.

The Universities in Wales delivered **96 Return to practice** numbers in 2018/19. Performance in universities ranged from 10 returners in the University of South Wales to 30 returners in Swansea University. With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. Funding has been supplied by the Commissioner to assist with marketing R2P courses. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

The 2018/19 **pre-registration nursing attrition rate** is **11.9%**. The attrition target is 12% and Wales has achieved this for each of the last 10 years. The English comparator is 20%. There is a risk that the attrition rate will rise above the threshold set by the commissioners. This will be raised as a risk in each University's performance meeting and steps will need to be taken to reverse this trend. This will also be discussed at the All Wales Partnership Board meeting chaired by HEIW.

The Welsh average **Midwifery attrition rate** has historically been consistently low, however, over the last 4 years it has been increasing. The 2018/19 rate is **12.4%**. The English comparator is 21%. This is the first time the rate has been higher than 10%. Due to the low numbers being trained in Wales (357 in training

in 2018/19) small variations can have a large impact on the overall attrition rate. University performance is analysed later in this report on an individual student basis with actions to assist in reversing this trend.

The Welsh average **Allied Health Profession attrition rate** is **9.2%**. The English comparator is 13% and Wales is consistently below this. There are only two courses, of the 9 main AHP courses, in Wales above the English average, both are in Cardiff University (ODP and Radiography). Podiatry in Cardiff Metropolitan University has “negative attrition”. This is due to more students returning from Interruption of Studies than students leaving the course. Occupational Therapy in both Glyndwr University and Cardiff University, Physiotherapy (Cardiff), Dietetics (Cardiff Met) and Diagnostic Radiography (Bangor) are all below the Welsh average.

A **value for money** model has been developed. Contracts are agreed and funded based on an “input fee per student”. This analyses the cost of students that drop out of the course for which the Commissioner gains no return.

The “output fee per student” provides a comprehensive and more accurate measure of performance. Therefore a model has been developed to ascertain the cost and impact for students that does not graduate. This cost is in effect an “oncost” or “premium” on graduating student costs. On average the cost per student to be absorbed over graduating students is **£847 per annum**. The report benchmarks Universities and courses across this area. In 2018/19 Swansea University provided the best value for money in terms of pre-registration nursing.

The courses offering the best value for money are,

- Podiatry (Cardiff Metropolitan University)
- Physiotherapy (Cardiff University)
- Dietetics (Cardiff Metropolitan University)
- OT (Cardiff University and Glyndwr University)

However, ODP and Diagnostic Radiography (both Cardiff University) are significantly above the All Wales average. The Cardiff University performance report reflects actions for them to address these issues. The value for money section later in this report explains the methodology and results in more detail.

The **management of students on interruption of studies (IoS)** will be tested in future years.

In addition to the areas tested the **management of placements** will be benchmarked in 2020.

The Commissioner has also received satisfactory responses to the issues raised in the 2018 individual university reports.

About our 2018/19 Student Intake

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

79% of all students recruited were **domiciled in Wales** prior to course commencement. For nursing and midwifery students this rose to 87%. The highest percentages were in Swansea University and the University of South Wales where 98% and 97% respectively were Welsh domiciled students. The lowest percentages were in the AHP courses run by Cardiff Metropolitan University and Cardiff University.

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

Only 23% of students declared that they **spoke Welsh** or had a basic understanding of the Welsh language on entry to their course. Considering the percentage of Welsh domiciled students is 79% it was anticipated this figure would be higher. The reasons below the low declaration rate will be explored with the universities.

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

12% of all students declared a **disability**. HEIW hold a budget to support students with disabilities. Enhanced reporting mechanisms are being developed to track students with disabilities through the system to ensure that all students have an equal opportunity to graduate.

36% of students entered with 'A' levels as their **highest qualification**. This demonstrates that students from a diverse educational background are gaining places on health professional courses in Wales.

90% of students that graduated in 2018/19 achieved a 2:2 or higher. **41%** graduated with a first class honours degree.

At least 74% of students graduating in 2018/19 secured **employment** in NHS Wales. Another 7% secured employment within their profession in either local authorities or the private sector in Wales. 9% of students secured employment in the NHS outside Wales. At the time of data collection 1% of students reported they were yet to secure employment and 9% of students did not respond to the University data collection exercise. Of these 9% it is likely that some are working within the NHS but failed to respond to the university correspondence. Students are not obliged to inform universities of their job destinations. Universities have worked to increase the intelligence in this area as 3 years ago over 40% of students were "unknowns". This graduating cohort were (apart from a few 2 year

courses) not subject to the two year tie-in. The tie-in a mechanism being developed to track graduates will assist with both increasing the number of graduates working within Wales and the intelligence surrounding job destinations.

Summary of Actions

Where performance is below the expected level actions are identified within each University's performance report. This All Wales report captures the all Wales position and identifies where there is variation in performance between universities. Below is a summary of actions identified within each section of this report and the individual University Performance Reports.

1. UPDATE ON THE STRATEGIC REVIEW OF EDUCATION

Universities will be updated by the HEIW on key developments both within formal contract meetings and by regular written communication on a timely basis.

2. UPDATE ON UTILISATION ON SPEND OF ADDITIONAL GRANT FUNDING

The universities are required to update HEIW regarding the utilisation of the agreed funding.

3. INCREASING POST GRADUATE EDUCATION IN WALES

HEIW would like as much education as possible delivered within Wales. Universities were encouraged to review the list of provision currently procured outside Wales and, if these courses are available within the University, engage with Health Board partners to discuss Welsh provision of these courses / modules.

4. MANAGING PLACEMENTS

The placement matrix is an important tool to assist with ensuring the students graduate into jobs in the right parts of Wales, as identified by Health Boards and Trusts within their IMTP's.

The Commissioner will be monitoring the progress of this and can intervene if there are any specific issues with,

- The Health Boards / Trusts not releasing enough placements to meet the new training demands that they requested in their IMTPs
- Universities are not placing the number of students in accordance with the numbers set out in the placement matrix

5. ALL UNIVERSITIES: UNDER-RECRUITMENT OF ADULT NURSING COMMISSIONS

The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

6. BANGOR UNIVERSITY: UNDER-RECRUITMENT OF MENTAL HEALTH NURSING FIELD COMMISSIONS

It is important to understand the reasons for the under-recruitment on the mental health nursing field as it is probable that commissioning numbers will continue to increase. An update is required from the University highlighting the reasons for the under-recruitment together with a plan on how these issues can be addressed **by December 2019**.

7. UNIVERSITY OF SOUTH WALES & BANGOR UNIVERSITY: UNDER-RECRUITMENT OF LD NURSING COMMISSIONS

The recruitment of LD nurses is a long-standing issue which is Wales and UK wide. Both Universities have developed enhanced marketing campaigns to address this issue.

8. CARDIFF UNIVERSITY: UNDER-RECRUITMENT OF ODP COMMISSIONS

The University has recognised the difficulty in recruiting to the increasing ODP commissioned places. With 35% of commissioned places unfilled there is a Service demand that is not being met. The Commissioner requires an action plan of enhanced measures outlining how Cardiff University can reduce this gap by the end of December 2019.

9. BANGOR UNIVERSITY: ACTION PLAN TO INCREASE APPLICATIONS

An update is required from the University highlighting way in which increasing the number of applicants in nursing can be achieved **by December 2019**.

10. ALL UNIVERSITIES: INCREASING APPLICATIONS

To meet the increasing workforce needs and pressures identified by the Health Boards and Trusts covered by the Universities in their three year Integrated Medium Term Plans (IMTP) it is imperative that high levels of applicants continue to apply for courses. It is essential that universities continue to explore ways of maintaining / increasing applications to their courses to ensure there are applicants of sufficient quality, with the right values, to fill commissioned places.

11. UNIVERSITY OF SOUTH WALES: INCREASING RETURN TO PRACTICE PLACES

With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

Therefore, USW are asked to develop a marketing plan to increase the R2P numbers. If there are costs associated with the plan the Commissioner will consider funding these.

An outline plan is required by the end of November 2019.

12. BANGOR UNIVERSITY: PRE-REGISTRATION NURSING ATTRITION: SPRING 2017, SPRING 2018 and AUTUMN 2018 COHORTS

Attrition on these three cohorts is 28%, 17% and 10% respectively with most attrition occurring during 2018/19. The commissioner requires a brief report outlining the reasons behind this level of attrition in these cohorts, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

13. USW: PRE-REGISTRATION NURSING ATTRITION AUTUMN 2017 COHORT

The September 2016/17 cohort has high attrition levels, 22% at the end of year two of the course. The Commissioner requires a brief report outlining the reasons behind this level of attrition in this cohort, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting**

14. USW and BANGOR UNIVERSITY: GENERAL RISE IN PRE-REGISTRATION NURSING ATTRITION RATES

The University has consistently produced the lowest pre-registration nursing attrition rates in Wales. However, the last two years has seen this position change. A brief report is required on the underlying reasons behind this, lessons learned and any additional processes that the University has introduced to ensure this is managed in future. **Paper required by the end of November 2019 in time for the quality review meeting.**

15. BANGOR UNIVERSITY: MIDWIFERY ATTRITION

There has been a significant increase in midwifery attrition between 2017/18 and 2018/19. A brief report is required outlining the reasons for the increase and actions that will be implanted to mitigate this in the future.

16. USW: MIDWIFERY ATTRITION / INTERRUPTIONS OF STUDY (IoS)

A brief report is required surround the 7 students that left midwifery education in 2018/19. If the students are on IoS then their expected course return date is required or confirmation that they have permanently left the course.

17. CARDIFF UNIVERSITY: ATTRITION ACTION PLAN FOR DIAGNOSTIC RADIOTHERAPY AND ODP

As reported these are the two highest attrition rates of any course in Wales. ODP, particularly when coupled with the under-recruitment against commissioning numbers is a major concern.

An action plan on the contributory factors and Cardiff University plans to address these areas is required by the end of December 2019.

INTEGRATED MEDIUM-TERM PLANS

The NHS Wales Planning Framework 2019/22 sets the tone and direction for the next three years and focuses on the delivery of *A Healthier Wales*. Organisations were required to ensure their IMTP's continue to demonstrate a truly integrated planning approach with the overarching strategic priority being to improve population health, focussing on prevention and reducing health inequalities based on the prudent health and care philosophy.

The integrated plans for seven organisations have been approved following a robust assessment process. At the time of preparing this report, three organisations were unable to submit Board approved three-year plans, however they have provided their workforce information which has been taken into consideration in developing this plan.

Education commissioning numbers have been collated and reviewed using centrally available data. HEIW has worked closely with NHS organisations in developing this plan.

The IMTPs identified a number of areas of significant workforce risk and challenge including:

- Recruitment challenges in a range of areas including:
- Nursing across all fields of practice,
- Medical specialties including Psychiatry, GPs (including out of hours), Radiologists, Acute Physicians, Emergency Medicine and Occupational Health. PH Consultants, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties, Ortho-geriatrics, Dermatology, Care of the Elderly Anaesthetics, Neurophysiology, Palliative, Haematology, Paediatrics, Histopathology, Microbiology, Urology, Geneticist, Sexual Health, Endoscopy and ENT,
- Allied health professionals,
- Pharmacy,
- Biomedical scientists in some organisations,
- Others including, Bio-informaticians IT technicians and Information Analysts, Estates staff, Cyber security, Business Intelligence, Clinical coders and experienced senior and executive level managers, CBT therapists.

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

- Redesign: The majority of the plans emphasise the need to redesign their workforce to mitigate against recruitment challenges and ensure the workforce sustains fragile services, especially for the medical workforce. The emphasis seems to be on skill mix particularly the development of extended roles, advanced practitioners and prescribing rights with most focusing their target on primary care.
- Growing the multi-disciplinary team particularly in primary care:
- Pharmacists including Pharmacy Technicians
- Paramedics – Pilots of advanced paramedics planned in a number of areas supporting GP sustainability and admissions avoidance
- Advanced practitioner roles across nursing and AHP professions

- Physicians Associates
- Independent prescribing for Nurses/Pharmacists/Dietetics
- Extended roles for example within Cardiac Physiology
- Non-medical consultant roles – Consultant Midwife, Clinical Biochemist, CAMHS and Microbiology
- New emerging roles including
- Care Navigators
- Social care co-ordinators
- Non-medical social prescribing
- Delivering a cluster model

DEVELOPMENT OF AN EDUCATION AND TRAINING PLAN

This is the first year HEIW has developed a national education and training plan for the health workforce. This plan is for one year as HEIW develops a new approach to the planning of education and training for future years, as such this is a transitional plan albeit with an increasing focus on service challenges as well as individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors. Key elements of the plan are identified below.

The report makes recommendations on the level of education and training required for 2020/21, across the following areas:

- Centrally funded Healthcare Support Worker development
- Undergraduate health professional education and training (nurses, midwives, allied health professionals and health care science)
- Non-medical prescribing
- Post-registration education programmes/modules
- Post graduate medical education training places
- Pre-Registration Pharmacy and Pharmacy Technicians

In developing the plan, HEIW has agreed with Welsh Government:

- The recommendations are to be based on **workforce need** having taken into account:
 - a. Information from NHS organisations IMTP's (previous three years),
 - b. Workforce modelling and wider available workforce intelligence
 - c. Welsh Government strategic direction (*A Healthier Wales*) and wider policy requirements,
 - d. Capacity within the system to support training/student/trainees,
 - e. Opportunities to transform the workforce through innovation/new roles and new ways of working.

The Minister for Health and Social Services will sign off the final education and training numbers and investment required. This will require investment in education and training for 2020/21 to be agreed in the autumn. **At this point in time the recommendations have not been approved and the proposals below are indicative subject to approval.** They are included here to assist

the universities in planning future recruitment initiatives and to show the “direction of travel”.

Education commissions should continue to:

- Expand the number of education programmes delivered through part time and shortened programmes
- Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
- Expand the provision of part time nursing places available to the care home sector.
- Maintain current level of investment in advanced practice and health care support worker development

Increases are proposed in the following areas,

	FROM	TO	% change
Adult Nursing places	1,216	1,400	15.13%
Mental Health Nursing places	324	356	9.88%
Midwifery places	134	161	20.15%
Diagnostic Radiography places	112	140	25.00%
Therapeutic Radiography places	20	22	10.00%
Dietetic places	42	52	23.81%
Physiotherapy places	147	164	11.56%
S< places including Welsh Language Provision	44	49	11.36%
Doctorate in Clinical Psychology places	27	29	7.41%
Healthcare Science:			
▪ STP's places	24	30	25.00%
▪ PTP BMS places	21	24	14.29%
Physicians Associates	42	54	28.57%
Increase post registration modules for community staff	472	560	18.64%
To increase the Non-Medical Prescribing budget	£300k	£500k	66.67%

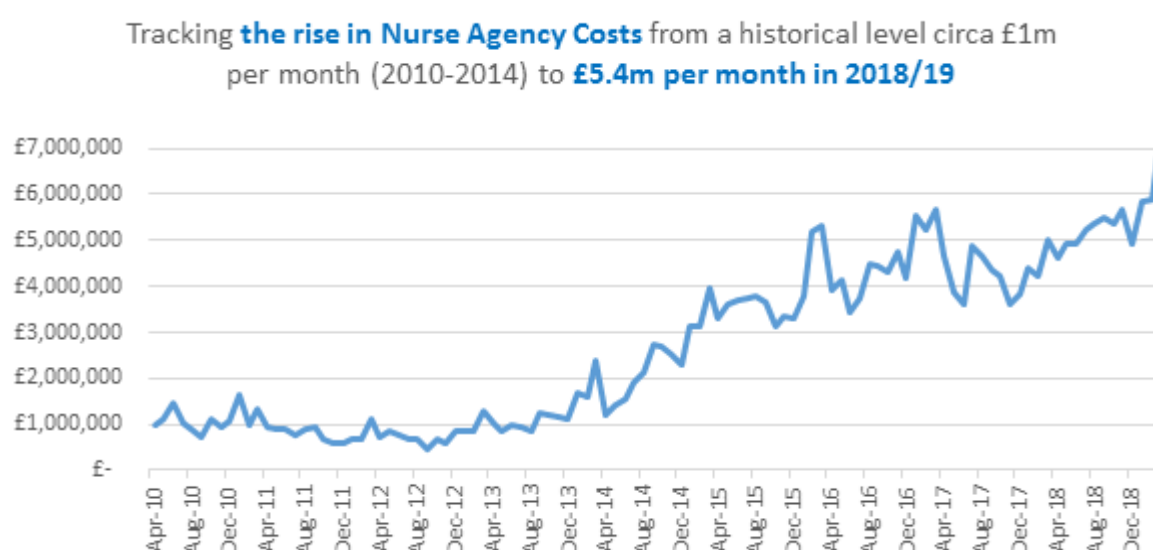
New areas for investment include,

- i. To commission education to enable existing radiographers to extend their practice and undertake radiography 'reporting' this will support the cancer/diagnostic workforce challenges by optimising their contribution to the MDT in line with the prudent healthcare principles. It is proposed to fund this at £40,000 recurring annually for 2 years initially
- ii. The HCPC have announced that from 2021 paramedic science education must be at degree level. In order to maintain high calibre application for this programme it is recommended that the degree programme is introduced in Wales from 2020. This will also support the service demands for this critical workforce. This has no financial implication in year 1 and 2 of this programme.

RETURN ON INVESTMENT - THE IMPORTANCE OF PRE-REGISTRATION TRAINING

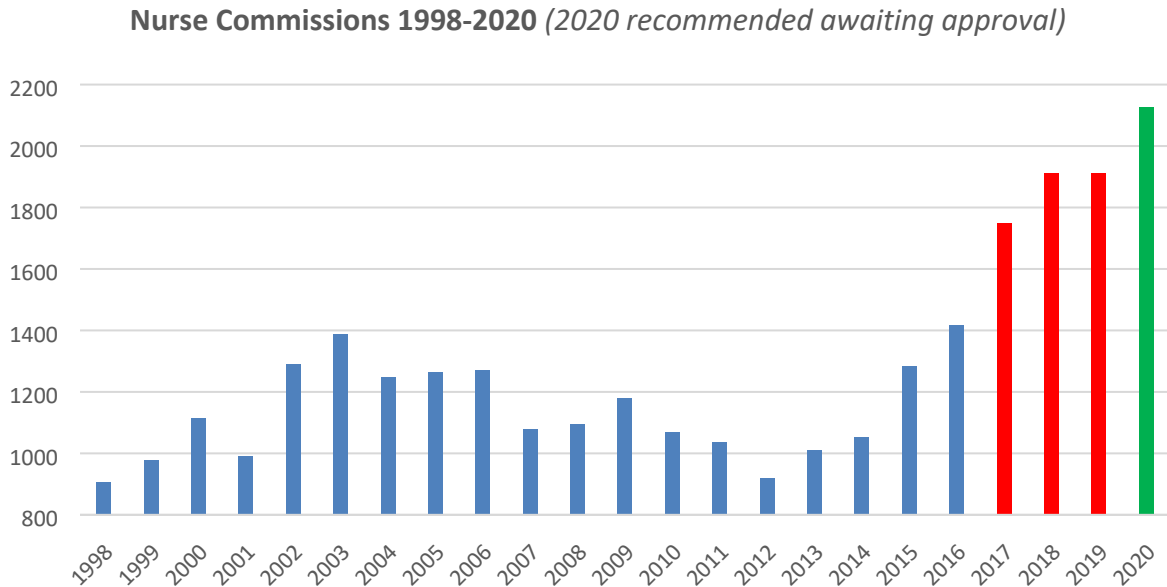
Nursing & Midwifery agency cost across NHS Wales increased in 2018/19 by 27.2% from 2017/18 levels. The nurse agency bill for NHS Wales was £51.4m in 2017/18 but rose by £14m to £65.4m in 2018/19. This level of nurse agency expenditure is a historical high. For the first time Nursing and Midwifery agency costs exceeded Medical & Dental agency costs, with Nursing and Midwifery agency cost being £10.8m higher than Medical and Dental costs.

The graph below shows that the total nurse agency bill to NHS Wales has risen from £9.2m in 2012/13 to its current levels which is a 609% increase in nurse agency costs.



Other professions such as AHPs have also seen significant increases in AHP agency costs. To highlight the potential financial impact that increases to commissioned placement could have, this paper focuses on nursing although the principles are transferable to other health professions.

The need for increased training places has been reflected in IMTP's and in response to this, the numbers commissioned have increased significantly from 2015, as highlighted in the graph below. Nurse commissions are now at a record high level. However, the graph below shows the "lag" between increasing the commissioning placements and graduates being available for employment within NHS Wales.



The blue bars show nursing cohorts that have graduated. Commissioned numbers between 2007 and 2014 were generally between 900 and 1,100.

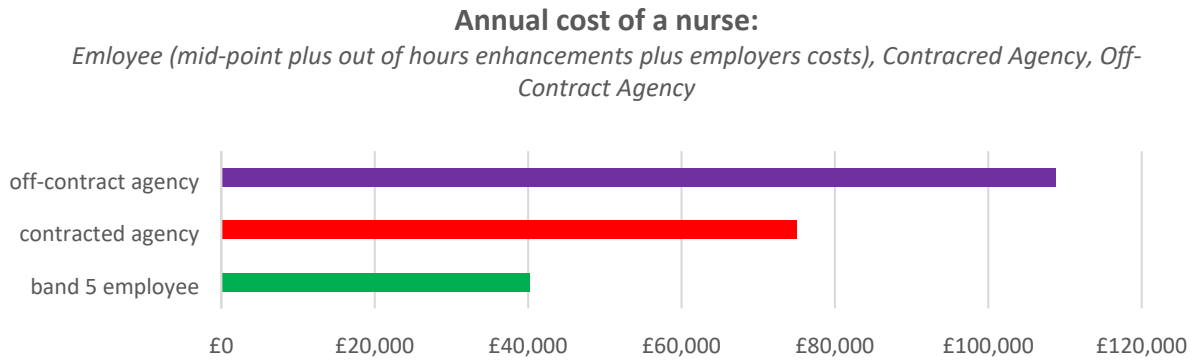
The red 2017-19 bars which, at the time they were commissioned, were the highest numbers since data has been collected in this area (over 20 years). However, these numbers are still in training and will not be available to work as qualified nurses until summers 2020-22. The 2017 cohort were the first cohort subject to the two-year tie-in to Wales. Over 96% of the students signed up to this initiative and HEIW, in partnership with NWSSP, are working with the Universities and the Service to ensure that the right students work in the right areas of Wales in the right roles.

The green bar denotes the proposed 2020 recruitment cohort of 2,127 nursing students. This comprises of 1,987 commissioned students plus 140 return to practice places. This cohort will commence training in autumn 2020 and spring 2021. The majority of these students will not graduate until the summer of 2023 and spring 2024.

Increased investment in cohort numbers, whilst not providing a benefit to the service during their training, builds the infrastructure, capacity and resilience in both the higher education sector and the service (in terms of placements) and provides a robust base for nurturing, providing and developing the workforce to meet the needs of an increasingly complex Health and Social Care Wales.

Investment in the workforce will also assist in the delivery of the vision set out in the 10 key recommendations in the Parliamentary Review of Health and Social Care in Wales and also in the plan to address these addressed in "A Healthier Wales" which was published earlier this year by the Welsh Government.

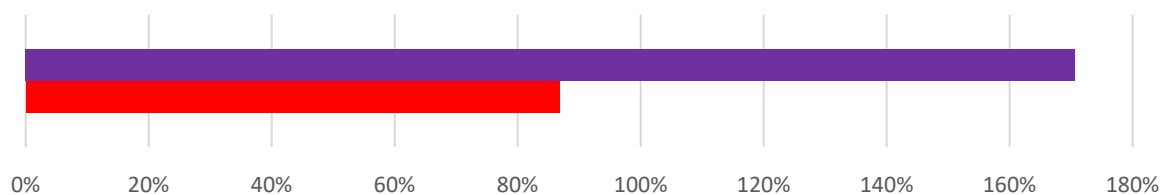
The table below presents the costs of employing a band 5 nurse on A4C terms and conditions (mid-point plus enhancements plus employers' costs) with the cost of a contracted agency nurse and an "off-contract" agency nurse.



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

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

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



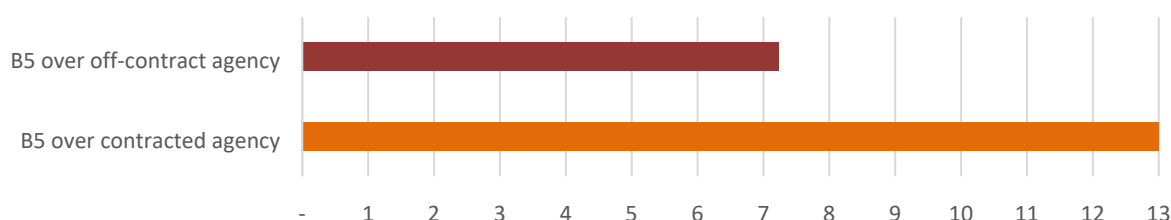
1. The cost of training a student nurse.

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

2. Return on Investment

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

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



Analysing these savings over a 10-year period reveals that in excess of £200k will be saved comparing an employed nurse to a contract agency nurse. The table below shows this in summary form and the table at annex 2 highlights in detail how this is calculated, and the assumptions used.

	Cost per annum	Number of years	Total Cost
cost of contracted agency	£75,077	10	£750,774
cost of contracted agency	£75,077	3	£225,232
cost of b5	£40,198	7	£281,388
cost of training	£13,782	3	£41,346
			£547,967
Saving over 10 years			£202,807

The above savings analysis is based on analysing a vacant post whereby a contract nurse is employed whilst a student nurse is trained for three years, and then the student nurse takes up the post for the remaining seven years of the 10-year period. These costs are measured against a nurse secured via a contracted agency supplier. If an off-contract agency is used for the 10-year period, the savings would increase to £439k over 10 years.

In the 2020 plan, it is proposed to increase nurse training numbers by 216 places. It is proposed that Child and LD nurse numbers are to remain constant at 154 and 77 respectively. However, it is proposed that adult nurse numbers would increase by 184 (from 1,216 to 1,400) and mental health nurses would increase by 32 (from 324 to 356). The combined numbers equate to the increase of 216.

If the proposal to commission an additional 216 student nurses is accepted, it is expected that based on the current attrition rates, that 193 students will graduate. With student streamlining and the "two-year tie-in" it is anticipated that all these students will work in Wales on graduation.

The savings over 10 years, relating to the additional 216 proposed nursing commissions in 2020, will be circa £38m based on the contract nurse agency rates. The table below shows the high-level costings and the table at annex 3 highlights the more detailed analysis and assumptions.

	Cost per annum	Number of years	Number of staff / students	Total Cost
cost of contracted agency	£75,077	10	193	£144,899,362
cost of contracted agency	£75,077	3	193	£43,469,809
cost of b5	£40,198	7	193	£54,307,930
cost of training	£13,782	3	216	£8,930,812
				£106,708,551
Saving over 10 years				£38,190,811

The above costs are measured against a contracted agency company. If the graduates replace posts where off-contract agency is used, then the savings increase to £84m over a 10-year period.

Summary

Investment in education and training is a vital component in ensuring that NHS Wales has the nursing capacity to meet its service commitments and in assisting NHS Wales reduce agency costs. The proposed investment would make a significant contribution to relieving the financial pressure on the Service in addition to providing a quality and safer environment for patient care.

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

Commissioning the proposed increase of 216 nurses as set out in the Education and Training Plan would save the NHS in Wales upwards of £38m over a 10-year period.

UPDATE ON THE STRATEGIC REVIEW OF HEALTH EDUCATION

The high-level plan is outlined below –

Key Action	Date
Place OJEU Notice to trigger procurement	May 2020
Clarification with bidders	August 2020
Evaluation of bids	September – October 2020
Clarifications / Award procedures / sign-off	November – December 2020
Award of Contracts	December 2020
Contract Commencement	August 2021
New education programmes commence	September 2022

A Workforce Strategy for Health and Social Care

HEIW are working in partnership with Social Care Wales in developing a new long-term workforce strategy. This will be published in the autumn. It is important that the new Education Contract reflects the key themes, developments and timescales to be an enabler for the long-term Workforce Strategy. The timescale provides an opportunity to align the new Education Contract with the Workforce Strategy to ensure health education provision is “future-proofed”.

The Augur Review

The UK Government are expected to announce their response to the Augur Review in the autumn. This may provide more opportunity to consider the implications for Wales and potentially adjust the new Contract being developed.

How HEIW will achieve the extension

HEIW intends to issue either a VEAT (voluntary ex-ante transparency notice) or a modification notice to extend all current contracts, due to expire on 31st July 2021, by a further year to 31st July 2022. HEIW are working closely with Legal and Procurement colleagues in NWSSP to finalise a plan for extension.

How this will work in practice

The new contracts will commence in August 2021 but there will be no expectation that students will start on the new contract until September 2022.

For existing providers that are awarded new contracts there will be two contracts in place in 2021/22.

- a) The first will be the current contract, supporting students in the system and this will be subject to the current contract performance and quality scrutiny.

- b) The second will be the new contract which will be in its set up phase. HEIW, through formal contract meetings, will monitor the progress against the delivery plan and assist in ensuring that all commitments for the new contract are delivered on time and in line with the contract specification.

If, on award of the new contract it is feasible, and all conditions of the new contract is met then students could start in September 2021 on the new contract.

For any new providers the contract will start in August 2021 and HEIW will commence contract meetings to monitor the progress against the delivery plan and assist in ensuring that all commitments for the new contract are delivered on time and in line with the contract specification for student commencement in September 2022.

High Level Engagement Plan

Date	Engagement
11th October 2019	Event in Cardiff for all interested bidders. The morning will be a series of presentations delivered by HEIW on the emerging themes, draft lotting strategy and key procurement information. The afternoon will be available for interested parties to book 30-minute individual sessions with key HEIW staff. A formal invite will follow.
November 2019	HEIW to visit each Health Board and Trust to share emerging themes, draft lotting strategy and key procurement information. The focus of these visits will be to ensure that, as far as possible, the new contract addresses the needs of individual regions to act as an enabler in providing the right workforce at the right time with the necessary skills to support quality and safe patient care.
November 2019 - January 2020	HEIW, will visit all Universities: a) For currently contracted Universities a "Part B" will be added to the scheduled Contract Quality visit b) For other interested parties a separate visit will be arranged This will provide the Universities the opportunity to seek further clarification and provide more feedback on the draft contract and strategy. HEIW to meet students from all Universities in Wales to ascertain student voice on the proposed new contract
February 2020	Final stakeholder events where final contract and strategy are presented to all interested parties. There will be 3 events: North, West and South Wales.

Summary of Benefits

In summary the benefits of the timescales ensure that –

1. The recommendations of the KPMG Report can be fully evaluated
2. Pre-tender engagement with the Universities interested in bidding can be more extensive
3. More time to develop the terms of the contract to ensure the maximum

- benefits materialise
4. Enhanced engagement with the Service
 5. Universities will be afforded more time to consider and prepare their bids
 6. Further clarity around the implications of the Augur Review.
 7. Key themes and service priorities arising from the long-term workforce strategy can be incorporated into the development of the new Education Contract
 8. HEIW can work with Universities during the first year of the contract (the “set-up year”) to assist and ensure that the new contract is in place, accredited and in line with the tender submission for students to commence in September 2022.

UPDATE ON THE STRATEGIC REVIEW OF EDUCATION

Universities will be updated by the HEIW on key developments both within formal contract meetings and by regular written communication on a timely basis.

FURTHER HEIW DEVELOPMENTS

HEIW are developing a **Health Professional Education Performance Dashboard**, based on the key performance indicators (KPI's) and metrics. This will be updated quarterly and will be made available to Universities. A prototype is shown below. There will be drill down abilities in each area.

This interactive tool will provide more up to date and detailed performance information which should allow the individual universities, HEIW and the Health Boards to analyse trends on a timelier basis and to develop plans to address any issues earlier in the process.

The Health Professional Education Performance Dashboard will be compatible to link with the wider HEIW performance framework and the key metrics will be reported to the HEIW Executive Team. Education Commissioning Committee and the HEIW Board.

HEIW are also reviewing the current **student monitoring information system** received from Universities. The current system was developed in NLIAH over 10 years ago and information that is collected has not been reviewed for a number of years. The methodology is time-consuming, and paper driven. The review will explore,

- If information is collected but not used
- If information received is fit for purpose
- Whether the right information is being received but may be required in a different format
- If any information that is available is not collected and how this can be collated for submission

HEIW will pursue a digital solution, cognisant of GDPR requirements and compatible with NHS and University systems.

Education Commissioning and Quality, Health Education and Improvement Wales (HEIW) Performance Dashboard 2018/19

Value for Money

(compared to England)

Overall (per annum) £10.5m

Nursing £7.6m
Midwifery £0.9m
AHPs £2.0m

Payback period (nurse training) 14 mths
Savings to service to train extra nurs £203k over 10 years

Attrition

(compared to England)

Wales England



Nursing	11.9%	20%
Midwifery	13.1%	21%
AHPs	9.2%	13%

Application Rates

(Applicants per place)

adult nursing	3.4	Clin. Psy.	17
child nursing	9.8	Physiol.	6
Id nursing	1.9	Dietetics	4.2
mh nursing	4	Diag Rad.	5.2
Physio	6.1	BMS	2.6
midwifery	15.7		
OT	3.6		
S<	3.5		
Rad. Therapy	6.1		
Podiatry	1.6		
Paramedic	5.9		

Commissioning Targets

By University By Profession



Uni A	95%	Nursing	95%
Uni B	91%	Midwifery	99%
CMU	100%	AHPs	95%
Uni C	100%	Nursing	100%
Uni D	95%	Midwifery	95%
Uni F	95%	AHPs	89%

Advanced Practice

(take-up of allocation by organisation)

Total Usage Allocation Usage

94%



ABM UHB	£220.5k	97%
Aneurin Bevan UHB	£183.75k	92%
Betsi Cadwaladr UHB	£251.125k	100%
Cardiff & Vale UHB	£196k	98%
Cwm Taf UHB	£110.25k	80%
Hywel Dda UHB	£134.75k	95%
Trusts/Other	£128.625k	87%

Return to Practice

(number in year)

Overall (number) 96

Uni A	17
Uni B	27
Uni C	12
Uni D	30
Uni F	10

Supplementary Financial Allocations to Welsh Universities 18/19

During 2018-19 the full utilisation of the Non-Medical budget was not realised due primarily to the under-recruitment to commissioned places and the implications of "self-funders". HEIW requested proposals from Universities to help strengthen and supplement healthcare professional education and training in Wales. This was to assist the Universities in the development of education programmes and ensure that students in Wales are taught within a learning environment which has modern facilities and provides and prepares the students for a career in the NHS in Wales on graduation.

These proposals were reviewed by the HEIW Commissioning Team and measured against the following criteria;

No	Core Criteria – All must be achieved
1.	Funding will only be supplied non-recurrently
2.	The commissioner will not agree to any recurrent costs as part of the proposal. Any recurrent costs incurred pertaining to a non-recurrent funding award must be borne by the University
3.	State whether proposal is divisible – i.e. elements of the proposal can be awarded as well as full funding
4.	The proposal must be submitted on the HEIW template supplied and signed by the Head of School
5.	Funding must be utilised in the financial year in which it was awarded
6.	Detailed cost schedules must be provided with the proposal

No	Student benefits Criteria – 1 or more must be achieved
1.	Priority will be given to proposal that benefit more than one student group – references to multi-disciplinary education delivery must be included
2.	Priority will be given to proposals that cross-cut with Primary Care and develops links / relationships / placement opportunities with Primary and Social Care
3.	Priority will be given to proposals that widen access, and provide flexible delivery approaches
4.	Benefit to the student must be measurable. Where appropriate value must be demonstrated across: <ul style="list-style-type: none"> ○ Student pathways ○ Shared learning ○ Collaboration with Service ○ Financial efficiencies ○ Business efficiencies ○ Student experience ○ Links with Primary Care

The below proposals were reviewed and agreed by the HEIW Executive team.

	Funding awarded to the University
--	--

Bangor University <ul style="list-style-type: none"> • Expansion of clinical skills facilities, which enable students to gain confidence in fundamentals in clinical practice before, and after exposure to clinical practice. • A remote and virtual campus to increase the reach of the School's healthcare education programmes into rural and remote areas of North Wales • Simulation centre management solution suitable for use within all commissioned health programs 	£124,340
Cardiff University <ul style="list-style-type: none"> • Interactive Simulation Equipment • Clinical Skills Equipment • Replacement Equipment 	£200,330
Cardiff Metropolitan University <ul style="list-style-type: none"> • Simulation Suite Development and Resources • Technology to Support Clinical Education link between university and placement across programmes • Specialist resources to support teaching 	£37,138
Glyndwr University <ul style="list-style-type: none"> • Skills and Simulation Equipment • Light refurbishment and refit of Health Centre of Excellence Simulation suites with observation area 	£259,127
Swansea University <ul style="list-style-type: none"> • Simulation centre management solution suitable for use within all commissioned health programs 	£226,645
University of South Wales <ul style="list-style-type: none"> • TTE Base Unit Transducer - Cardiac Simulator Base Unit • Interactive Simulation Equipment • Clinical Skills Equipment • Replacement Equipment 	£132,016

UPDATE ON UTILISATION ON SPEND OF ADDITIONAL GRANT FUNDING

The universities are required to update HEIW regarding the utilisation of the agreed funding.

POST GRADUATE EDUCATION

Introduction

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

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

Post registration education that supports the training of clinicians to undertake a new role or that advances or extends their scope of practice is integral in supporting health organisations with the transformation and redesign of clinical services. It also promotes and supports the diversification within teams and a healthy balance of skill mix.

Supporting clinicians to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

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

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

HEIW commissions' education from HEI's across Wales that supports the training of clinicians to undertake new roles or that advances or extends their scope of practice which is integral in supporting health organisations with the transformation and redesign of their clinical services. The University is integral in the delivery of this education to meet the needs of the NHS in Wales.

HEIW commissions a variety of programs at post graduate level from the university and this section within this report will focus on advanced and extended practice education and non-medical prescribing education.

Advanced and Extended Practice Education

There has been significant investment in advanced/extended practice education and since 2016 the budget has grown from 500k to 1.25m in 2018/19. With a further increase for 2019/20 to £1.5m. This investment has supported a wide range of clinicians to develop additional skills and knowledge to extend their scope

of practice and has also supported health services to gain advanced clinical practitioners. All NHS health boards, and trusts have been able to take advantage of this increased investment.

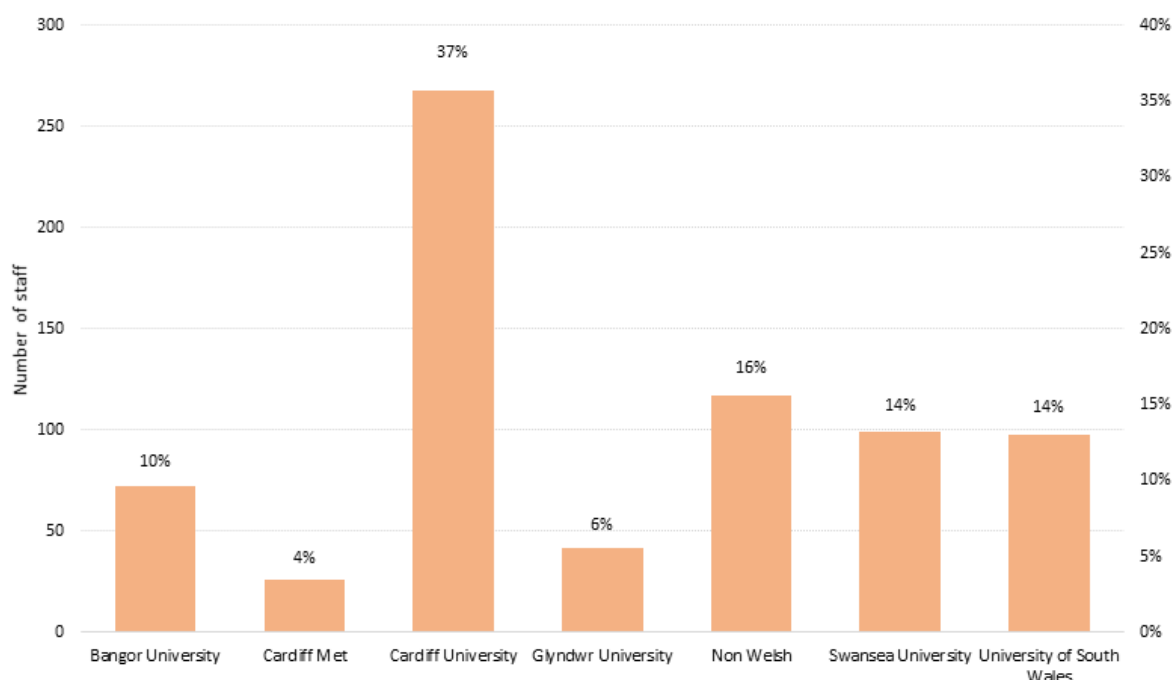
HEIW has worked collaboratively throughout the year with all NHS Health organisations and Higher Education Institutes within Wales to maintain the robust monitoring process for this budget. This monitoring process continues to provide greater transparency and continues to support NHS organisations in ensuring that the education funded is appropriate and meets service need. The allocation of the funding should be reflective of the requests that are submitted on the education commissioning template via the IMTP process and meet key priority areas of healthcare.

During 2018/19 the budget of **£1.25m** funded **726 individuals** across Wales to undertake advanced/extended practice education, which equates to an investment on average of £1,721 per head. Use across the larger professions is fairly balanced which is encouraging with 50% of the budget utilised by therapy roles, 37% by nursing, 9% by Pharmacists and 4% by healthcare scientists.

16% of education was accessed from non-Welsh universities which is a 2% increase on last year's usage. **Appendix 1** outlines all the courses HEIW currently fund in non-Welsh universities.

INCREASING POST GRADUATE EDUCATION IN WALES

HEIW would like as much education as possible delivered within Wales. Universities were encouraged to review the list of provision currently procured outside Wales and, if these courses are available within the University, engage with Health Board partners to discuss Welsh provision of these courses / modules.



All Wales NON MEDICAL PRESCRIBING

HEIW currently supports the funding of a number of prescribing courses:

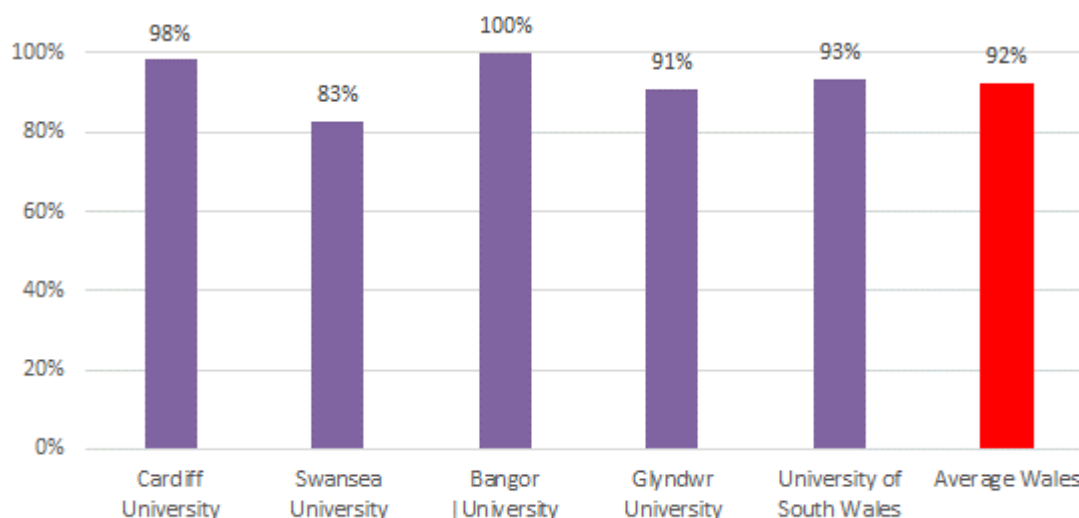
- Independent prescribing.
- Supplementary prescribing
- Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners
- Non-Authorisation of blood transfusion

Funding for prescribing programmes provide education for eligible professional groups to undertake a valuable role as a prescriber, to support the workforce modernisation and redesign agenda across NHS Wales. For 2018/19, the first paramedics were funded to train as independent prescribers, leading the way to further increase prescribing paramedics for the future. Although nurses remain the dominant professional group accessing this training, it is increasingly being utilised by pharmacists who used 23% of the allocations in 2018/19.

Investment in this education has remained at £300k for a number of years. There is an increasing demand to train prescribers especially with the development of community services. The establishment of a National Endoscopy Training Programme for non-medical endoscopists will also require health professionals on this programme to train as prescribers, which will increase the demand.

The graph below identifies that **92%** of all commissioned places in Wales were utilised by the Health Boards and Trusts which is an increase of **3%** compared to academic year 17/18 where **89%** was achieved. It must however be recognised that the under use is often beyond the control of the university, as it is the responsibility of the Health Boards to manage the allocation of places to staff who are appropriate, eligible, and committed to the programme.

NMP summary of usage for 2018/19



MANAGING PLACEMENTS – PLANNING FOR 2019/20

To assist the University in managing placements and to ensure that placements are directed to the Health Boards and Trusts in line with their 3-year Integrated Medium Term Plans (IMTP's) the following table has been issued which splits the 2019 commissions between Health Boards.

Therefore, when placing students from the new cohort the closer the University can get to this split means that the Health Board and Trust will be afforded the greatest opportunity to recruit the numbers upon graduation in line with their IMTP planning needs.

HEIW have met with all Health Boards and Trusts (Directors of Nursing and Directors of Therapies) informing them of the number of placement opportunities they should be offering up to each University for each field / student group.

The Health Organisations identifying the need for new graduates in their IMTPs should make available the appropriate number of placements to support students during their education. This builds on the principles set out in the "Local Level Agreement" which has been circulated.

This is more transparent and assists collaborative working between Health Boards and Universities.

MANAGING PLACEMENTS

The placement matrix is an important tool to assist with ensuring the students graduate into jobs in the right parts of Wales, as identified by Health Boards and Trusts within their IMTP's.

The Commissioner will be monitoring the progress of this and can intervene if there are any specific issues with,

- The Health Boards / Trusts not releasing enough placements to meet the new training demands that they requested in their IMTPs
- Universities are not placing the number of students in accordance with the numbers set out in the placement matrix below

2019/20 ALL WALES PLACEMENT PLAN

COMMISSIONED COURSE	UNIVERSITY	Commissioned	Aneurin Bevan	Cardiff & Vale	Velindre	Swansea Bay	BCU	Cwm Taf	Hywel Dda	Powys	PHW
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	BANGOR	295					295				
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	CARDIFF	239	84	151	4						
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	SWANSEA	353				119		44	170	20	
Bachelor of Nursing (B.N.) Adult (incl. p/t numbers)	USW	299	94	8		20		132		45	
Bachelor of Nursing (B.N.) Child	BANGOR	30					30				
Bachelor of Nursing (B.N.) Child	CARDIFF	48	17	31							
Bachelor of Nursing (B.N.) Child	SWANSEA	33				13		5	15		
Bachelor of Nursing (B.N.) Child	USW	43	17			5		17		4	
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	BANGOR	71					71				
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	CARDIFF	89	29	60							
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	SWANSEA	86				28		10	40	8	
Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers)	USW	73	24			9		32		8	
Bachelor of Nursing (B.N.) LD	BANGOR	22					22				
Bachelor of Nursing (B.N.) LD	USW	55	11	11		11		8	11	3	
MIDWIFERY	BANGOR	31					30			1	
MIDWIFERY	CARDIFF	40	11	29							
MIDWIFERY	SWANSEA	31				13		5	11	2	
MIDWIFERY	USW	32	10					21		1	
PHYSIOTHERAPY	CARDIFF	117	29	22		26		11	21	8	
PG Dip PHYSIOTHERAPY	BANGOR	12					10			2	
PHYSIOTHERAPY	GLYNDWR	18					16			2	
OCCUPATIONAL THERAPY	GLYNDWR	34					28			6	
OCCUPATIONAL THERAPY	CARDIFF	79	17	11		20		10	13	8	
OCCUPATIONAL THERAPY (Accelerated)	CARDIFF	20	3	4		5		3	5		

COMMISSIONED COURSE	UNIVERSITY	Commissioned	Aneurin Bevan	Cardiff & Vale	Velindre	Swansea Bay	BCU	Cwm Taf	Hywel Dda	Powys	PHW
DIAGNOSTIC RADIOGRAPHY	BANGOR	28					25			3	
DIAGNOSTIC RADIOGRAPHY	CARDIFF	84	22	15	1	15		15	15	1	
THERAPEUTIC RADIOGRAPHY	CARDIFF	20			11	3	6				
RADIOGRAPHY ASSISTANT PRACTITIONER	CARDIFF	12	2	2		2	2	1	1		2
ODP	CARDIFF	49	9	5		9	8	9	8	1	
B.Sc. Human Nutrition - Dietician	CARDIFF MET	30	8	7	1	2	2	4	5	1	
PG Dip Human Nutrition - Dietician	CARDIFF MET	12	2	2		2	2	1	2	1	
B.Sc. Podiatry	CARDIFF MET	24	4	6		2	3	2	4	3	
Speech and Language Therapy	CARDIFF	44	9	10		4	6	3	6	6	
Clinical Photography	CARDIFF	5	1	1		1		2			
Clinical Psychology	BANGOR	10					9			1	
Clinical Psychology	CARDIFF	17	4	3		6			4		
Healthcare Scientists - Cardiac Physiology	SWANSEA	24	4	4		5	4	3	4		
Healthcare Scientists - Audiology	SWANSEA	16	2			3	2	3	4	2	
Healthcare Scientists - Respiratory and Sleep	SWANSEA	5		1		1		1	2		
Healthcare Scientists - Neurophysiology	SWANSEA	3		1		1	1				
Healthcare Scientists - Nuclear Medicine & Radiotherapy Physics	SWANSEA	3		1	1	1					
Healthcare Science - Biomedical Science - Blood	CARDIFF MET	12	2	2	2	1	2	1	2		
Healthcare Science - Biomedical Science - Infection	CARDIFF MET	4		1		1		1			1
Healthcare Science - Biomed Science - Cellular	CARDIFF MET	5	1	1		1	1	1			

2019/20 ALL WALES PLACEMENT PLAN - PART TIME NURSING ROUTE

COMMISSIONED COURSE	UNIVERSITY	Commissioned	Aneurin Bevan	Cardiff & Vale	Velindre	Swansea Bay	BCU	Cwm Taf	Hywel Dda	Powys	PHW
Nursing - Adult/MH	BANGOR	15					15				
Nursing - Adult/MH	SWANSEA	30				10		3	13	4	
Nursing - Adult/MH	UOSW	30	8	8	2			9		3	
Nursing - Adult/MH (10)	OU	40	5	5	1	5	7	5	8	4	

TIMELINESS OF INFORMATION, COMMUNICATION AND INFORMATION FLOW

All Wales Timeliness of Information

Below is the schedule of dates for the various returns for 2019/20. *(Sampled from Cardiff University's schedule as each University's plan varies slightly depending on the specific courses they run)*

Return:	To be submitted by:
Monthly Student Monitoring Returns	
• August 2019	Friday 20 th September 2019
• September 2019	Friday 25 th October 2019
• October 2019	Friday 22 nd November 2019
• November 2019	Friday 20 th December 2019
• December 2019	Friday 24 th January 2020
• January 2020	Friday 21 st February 2020
• February 2020	Friday 20 th March 2020
• March 2020	Friday 24 th April 2020
• April 2020	Friday 22 nd May 2020
• May 2020	Friday 26 th June 2020
• June 2020	Friday 24 th July 2020
• July 2020	Friday 21 st August 2020
Intake Forms	
• September 2019 Cohort Intake Form • February – April 2020 Intake Form	Friday 13 th November 2019 Friday 8 th May 2020
Exit Forms	
• June-August 2019 Graduating Cohort Exit Form	Friday 16 th October 2019
• Feb-March 2020 Graduating Cohort Exit Form	Friday 24 th April 2020
Application Rates	End Feb 2020
Recruitment Numbers	Oct 2019

Salaried Student Names and Start Dates (Including Return to Practice)	On Enrolment
Invoices	
<ul style="list-style-type: none"> Community <ul style="list-style-type: none"> FT/PT Modules 	<p>September Intake by the end of December 2019</p> <p>April Intake by the end of July 2020</p> <p>Interim invoice by December 2019 with any further invoices ASAP (before 31 March 2020)</p>
<ul style="list-style-type: none"> Advanced Practice 	<p>September Intake by the end of December 2019</p> <p>Any further invoices by the end of Feb 2020. (we will accept invoices in March but please ensure HEIW are aware that they are due)</p>
<ul style="list-style-type: none"> Non Medical Prescribing 	<p>September Intake by the end of December 2019</p> <p>Any further invoices by the end of Feb 2020. (we will accept invoices in March but please ensure HEIW are aware that they are due)</p>
<ul style="list-style-type: none"> Return to Practice <ul style="list-style-type: none"> Fees Bursary 	<p>Within one month of course commencement</p> <p>Within one month of bursary instalment being paid</p>
<ul style="list-style-type: none"> Bursary Invoices/Backing 	25 th of every month

The schedule of when documentation was due, introduced by the Commissioner In 2015/16 has proved very useful and assisted both the Commissioner and Universities in the transfer of information.

A portal was established to ensure sensitive information could be shared securely. Whilst this is a little more time-consuming than e-mail correspondence

it is necessary from an information governance perspective and has been accepted and utilised by both the Commissioner and the Universities. In the 2016 report it was stated that the timeliness of information would be analysed and integrated as a performance measure although this has not been actioned due to issues with the performance of the portal, changes in University admin staff responsibilities and in some cases returns requiring several amendments due to methods of capturing and recording self-funding students.

Operational Meetings

Operational meetings have been established and held over the past 5 years. The meetings provide assurances to the Commissioner and the University that the information relating to student finance, activity, interruptions of study, support costs and support systems is robust.

The meetings focus on the importance of the accuracy of the information provided as it is a vital foundation for the performance report. The following items have been considered:

- Reviewing timeliness and accuracy of student monitoring information
- Review achievement of commissioning targets
- Analyse the effectiveness and governance surrounding the flow of student information
- Review of students on "Interruption of Study" breaks
- Analyse any issues in terms of the processes of student bursaries, childcare and DSA
- Review Income schedules and timetables
- Investigate invoice reconciliation issues
- Review of Advanced Practice funding and monitoring process
- Review of Non-Medical Prescribing funding and monitoring process

The Groups are chaired by the Commissioners Finance Manager and the University has a lead liaison officer. Membership of the Group is flexible, dependent upon the agenda. The group will always consist of Commissioner Finance staff, Student Awards Service representative and the relevant University staff. Administrative support is provided by the Commissioner.

Meetings are held annually, as a minimum, or at a time which most benefits the larger Commissioner / University Contract meeting agendas. The University lead should brief their School Manager and/or the Head of School. The Commissioner lead briefed the Head of Finance and/or the Director of WEDS. The meetings were an excellent opportunity to meet face to face and address individual University issues.

As HEIW is now established it is an appropriate time to re-visit the terms of reference and the membership of the group as there have been new appointments/roles developed within HEIW and the postholders would benefit from attending the meetings.

Due to time constraints a Spring meeting has not been held this year. However an All Wales operational meeting has been arranged for September at the HEIW office, where we will take the opportunity to share any new developments, planned

changes, sharing of good working practices etc. we are sure that the Universities welcome this meeting and it will be useful to receive feedback to ascertain whether it would be useful to hold an annual All Wales Operational meeting as well as the individual meetings in future years.

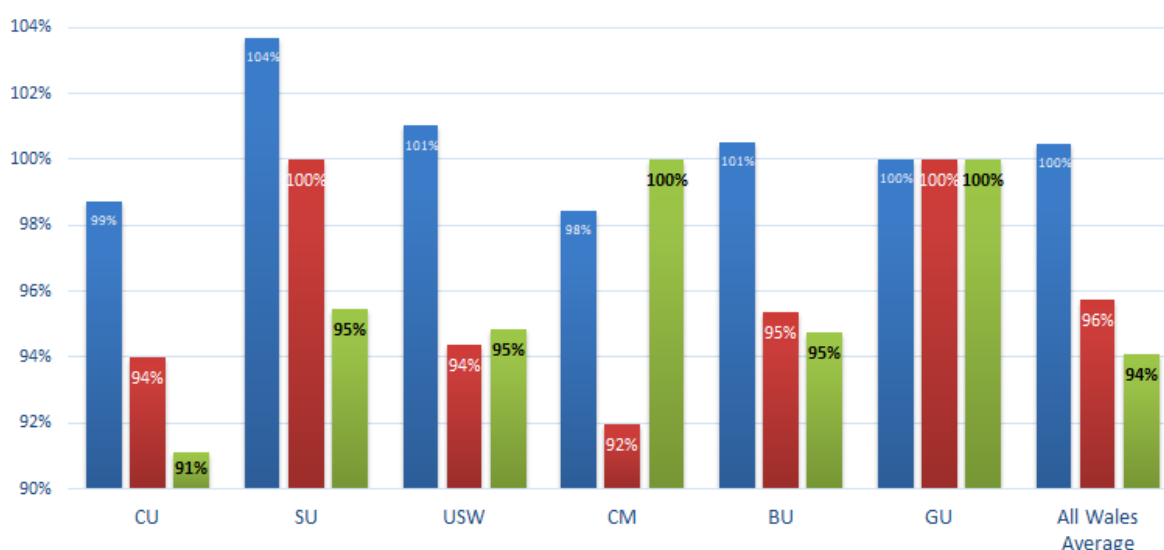
RECRUITMENT & SELECTION

ACHIEVEMENT OF COMMISSIONING NUMBERS 2018/19

PRE-REGISTRATION All Wales Achievement v Commissioning Numbers

Overall, in 2018/19, Welsh Universities achieved a **94%** achievement rate against pre-registration commissioning numbers (down by 2% from 96% the previous year). This covers nursing, midwifery and allied health professionals. Out of the **2,597** pre-registration places commissioned (over the student groups tested) **153 were not recruited** by Universities. This compares with just 13 commissioned places that were not filled in 2016/17 and 110 commissioned places that were not filled in 2017/18.

Achievement against Pre-registration Commissioning Targets 2016/17 - 2018/19



HEIW expects 100% of pre-registration places to be filled.

This is the second year that the achievement of commissioning targets has fallen below 99%. Four of the six Universities dropped to 95% or below.

Under-recruitment on AHP's was 28 in total. The ODP course in Cardiff University under-recruited by 17. Only 32 places out of 49 commissions were filled. This has been raised as an issue in the Cardiff University Performance Report. Cardiff University also under-recruited 5 diagnostic radiography places. All other AHP courses were either filled or the commissions were missed by 1 place. All 4 midwifery providers achieved full recruitment of commissioned numbers.

1,724 nurses were commissioned but only 1,599 places were filled. This is a commissioning fill rate (CFR) of 93%. For the autumn intake the CFR was 98% (1,199 of 1,220) and for the spring intake the CFR was 79% (400 of 504).

Analysing by field the CFR's were,

Field	CFR
<i>Adult</i>	93%
<i>Mental Health</i>	96%
<i>Child</i>	98%
<i>Learning Disability</i>	70%
ALL FIELDS	93%

All under-recruitment is highlighted in the individual University performance reports and discussed in the University Performance meetings. The following specific actions are identified.

ALL UNIVERSITIES: UNDER-RECRUITMENT OF ADULT NURSING COMMISSIONS

The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

BANGOR UNIVERSITY: UNDER-RECRUITMENT OF MENTAL HEALTH NURSING FIELD COMMISSIONS

It is important to understand the reasons for the under-recruitment on the mental health nursing field as it is probable that commissioning numbers will continue to increase. An update is required from the University highlighting the reasons for the under-recruitment together with a plan on how these issues can be addressed **by December 2019**.

UNIVERSITY OF SOUTH WALES & BANGOR UNIVERSITY: UNDER-RECRUITMENT OF LD NURSING COMMISSIONS

The recruitment of LD nurses is a long-standing issue which is Wales and UK wide. Both Universities have developed enhanced marketing campaigns to address this issue.

CARDIFF UNIVERSITY: UNDER-RECRUITMENT OF ODP COMMISSIONS

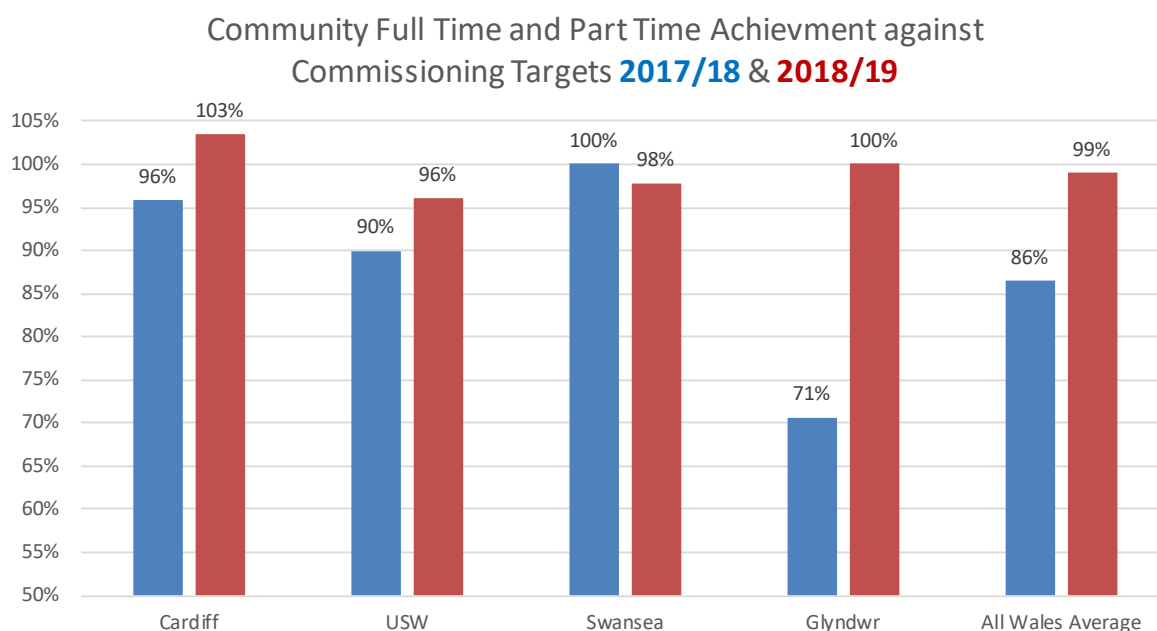
The University has recognised the difficulty in recruiting to the increasing ODP commissioned places. With 35% of commissioned places unfilled there is a Service demand that is not being met. The Commissioner requires an action plan of enhanced measures outlining how Cardiff University can reduce this gap by the end of December 2019.

FULL TIME / PART TIME COMMUNITY All Wales Achievement v Commissioning Target

This was monitored for the first time in 2016/17. The average achievement of successfully filling commissioned places for full time and part time community nursing across Wales has increased in 2018/19 to **99%**. HEIW set the target at 93% and, on an all Wales basis this has been achieved.

All universities achieved this target.

The 2019/20 target will increase to 97%.



COMMUNITY MODULES

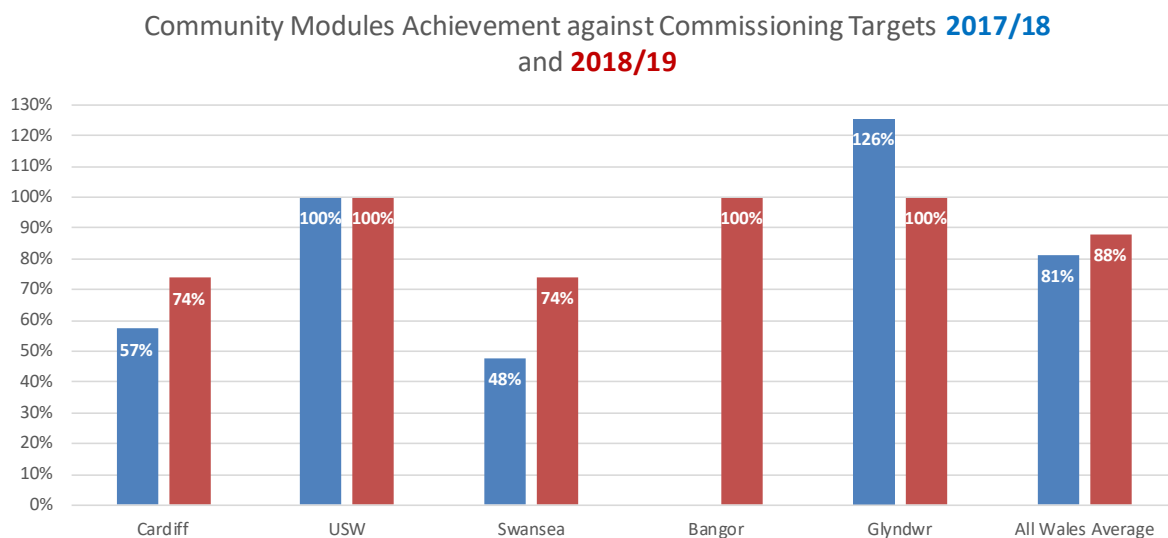
All Wales Achievement v Commissioning Target

The average achievement of successfully filling commissioned places for community modules across Wales is **88%**. This is slightly below the target of **90%** but up significantly from the 81% achievement rate in 2017/18.

Two Universities failed to meet the 90% target, but both these Universities have improved since 2017/18 with Swansea University increasing from 48% to 74% and Cardiff University improving from 57% to 77%. This represents significant improvement but it is still below the Welsh average.

This has been raised as an issue to address in both universities.

Three of the five universities achieved 100%.



APPLICATION RATES 2018/19

There are many factors affecting application rates for places on NHS funded courses in Welsh Universities including,

- Economic climate
- The change in fee structure
- Student support (including bursary, loan, allowances, childcare)
- Employability on completion of course
- University reputation – gained by students via NSS and League Tables

In addition, as covered in the introduction to this report, England removed the bursary system. Wales has kept the bursary system which provides students with non-repayable benefits including a grant of £1,000, access to a means tested bursary and full payment of all tuition fees. However, as outlined earlier some courses have seen a reduction in applications and application rates but these are minimal compared to the reductions reported in England. With the announcement of the continuation of the bursary scheme for 2020 it is anticipated that applications will increase again. This will be closely monitored by the Commissioner.

2019 again saw an increase in commissioning places across a number of student groups. These increases again affect application rates.

It is important to note that in some cases the application rates may be minimum positions. Universities can “close” the application process and therefore appear to have fewer candidates to choose from.

Any change in application rates therefore cannot be solely be attributed to a change in student support in isolation as the other factors listed above will influence student options.

Health education courses in Wales remain extremely popular. The table below identifies the total applicants per course and the average applications per place. The table below highlights application rates on individual student groups. The key to the colour coding is application rates of,

above 5 applicants per place

between 3 and 5 applicants per place

below 3 applicants per place

All Wales Application Rate Position

	2018/19 Apps per Place	2019/20		
		Applicants	Apps per place	
Pre-Registration Nursing - All Fields	4.2	6,925	4.0	↓
Pre-Registration Nursing - Adult	3.4	4,004	3.4	↓
Pre-Registration Nursing - Child	10.5	1,507	9.8	↓
Pre-Registration Nursing - Mental Health	4.6	1,271	4.0	↓
Pre-Registration Nursing - LD	1.4	143	1.9	↑
Midwifery	14.6	2,109	15.7	↑
Physiotherapy	6.2	713	6.1	↓
Occupational Therapy	3.3	475	3.6	↓
Diagnostic Radiography	6.3	587	5.2	↓
Therapeutic Radiography	6.4	122	6.1	↓
Speech & Language Therapy	3.6	156	3.5	↓
Dietetics	5.7	178	4.2	↓
Podiatry	2.0	38	1.6	↓
Biomedical Sciences	2.5	54	2.6	↑
Paramedic	3.7	410	5.9	↑
ODP	2.2	106	2.2	↓
Clinical Physiology:	5.3	307	6.0	↑
Respiratory and Sleep Science	3.2	18	3.6	↑
Cardiac Physiology	3.8	119	5.0	↑
Radiotherapy Physics & Nuclear Physics	11.3	46	15.3	↑
Audiology	5.4	74	4.6	↓
Neurophysiology	13.7	50	16.7	↑

All Wales courses with an application rate of 5:1 and above are,

- Pre-registration nursing Child field
- Midwifery
- Physiotherapy
- Diagnostic Radiography
- Therapeutic Radiography
- Paramedics
- Healthcare Science: Neurophysiology
- Healthcare Science: Cardiac Physiology
- Healthcare Science: Radiotherapy Physics & Nuclear Physics

All Wales courses with an application rate of 3:1 and below, and therefore in need of monitoring are,

- Pre-registration nursing LD field
- Podiatry
- Biomedical Sciences
- ODP

The list of courses with a ratio of less than 3:1 contain the same 4 student groups as last year. Whilst LD Nursing, which was the lowest ratio in 2018, is still in this category it has however increased from 1.4 applications per place to 1.9. Biomedical science and ODP application rates remain largely unchanged but podiatry rates continue to deteriorate and it is now the lowest application rate in Wales at 1.6.

For Healthcare courses, Cardiff remains the most popular university of choice within Wales. Of the courses commissioned with Cardiff University that are also commissioned in other Universities all Cardiff courses, with the exception of diagnostic radiography, the application rates are significantly above the Welsh average.

Of the courses commissioned with Bangor University that are also commissioned in other Universities only radiography is above the All Wales average with adult. MH and LD nursing equal to or below 3:1. In 2018/19 Bangor failed to recruit all of the Adult, MH and LD commissions and with application rates in 2019/20 below 3:1 in all these areas the university may struggle again. The following action is contained within the Bangor University performance report.

BANGOR UNIVERSITY: ACTION PLAN TO INCREASE APPLICATIONS

An update is required from the University highlighting way in which increasing the number of applicants in nursing can be achieved **by December 2019.**

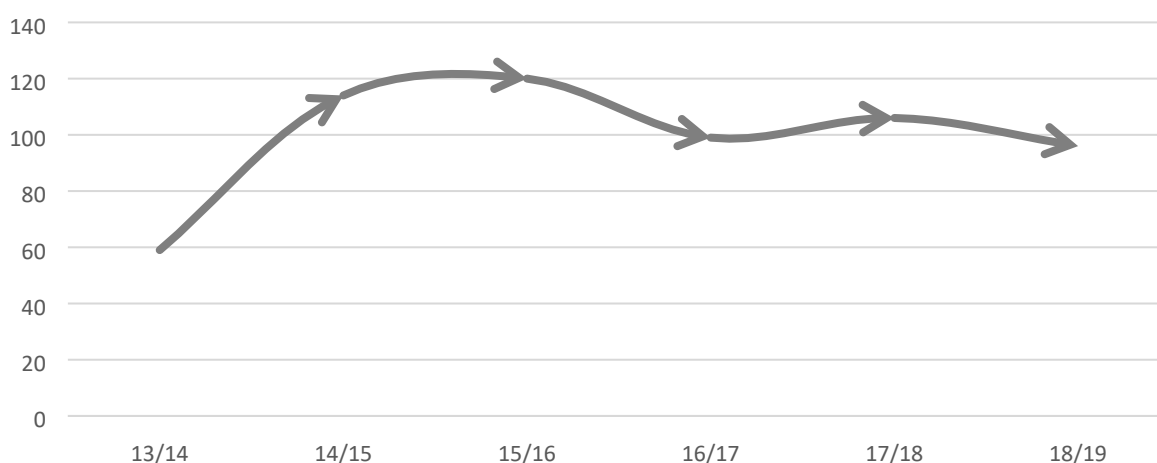
To meet the increasing workforce needs and pressures identified by the Health Boards and Trusts covered by the Universities in their three year Integrated Medium Term Plans (IMTP) it is imperative that high levels of applicants continue to apply for courses. It is essential that universities continue to explore ways of maintaining / increasing applications to their courses to ensure there are applicants of sufficient quality, with the right values, to fill commissioned places.

RETURN TO PRACTICE

All Wales Return to Practice

There had been an increase in the recruitment of Return to Practice (R2P) students' year-on-year up to 2015/16 but in 2016/17 the total number of returners fell by 17.5% from 120 to 99 and whilst 2017/18 returned a slight increase, 2018/19 numbers reduced to **96**, the lowest level since 2013/14.

Return to Practice numbers across Wales 2013-2019



With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. Funding has been supplied by the Commissioner to assist with marketing R2P courses. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

Change in Return to Practice Numbers 13/14 to 18/19
by University



Both Cardiff and Swansea Universities have a trend of attracting increasing numbers onto return to practice programmes and between Bangor and Glyndwr North Wales have a proportionate number of returners.

However, the number of returners in the University of South Wales have been decreasing over the last five years and the following action is highlighted in their individual performance report.

UNIVERSITY OF SOUTH WALES: INCREASING RETURN TO PRACTICE PLACES

With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

Therefore, USW are asked to develop a marketing plan to increase the R2P numbers. If there are costs associated with the plan the Commissioner will consider funding these.

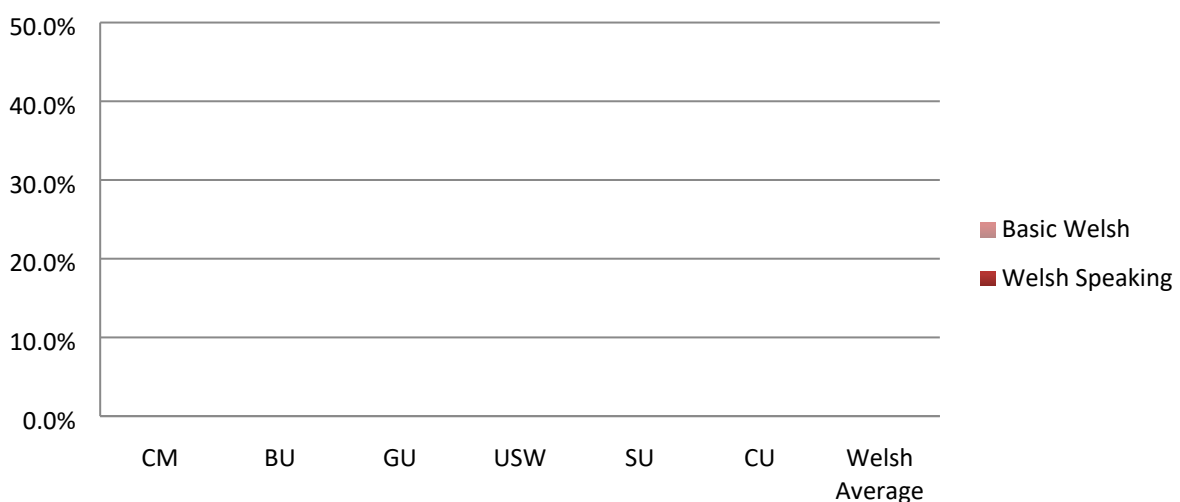
An outline plan is required by the end of November 2019.

The areas below do not score as no targets are set in these areas. Information included show comparisons with Welsh averages and other Universities.

Student's ability to speak Welsh

The following information has been collated from the intake forms supplied to HEIW by Universities. 14.4% of students reported they are fluent in Welsh with another 8.7% of students confirming a basic level of Welsh language skills. This data will be checked with the Universities as part of the ongoing data validation exercise.

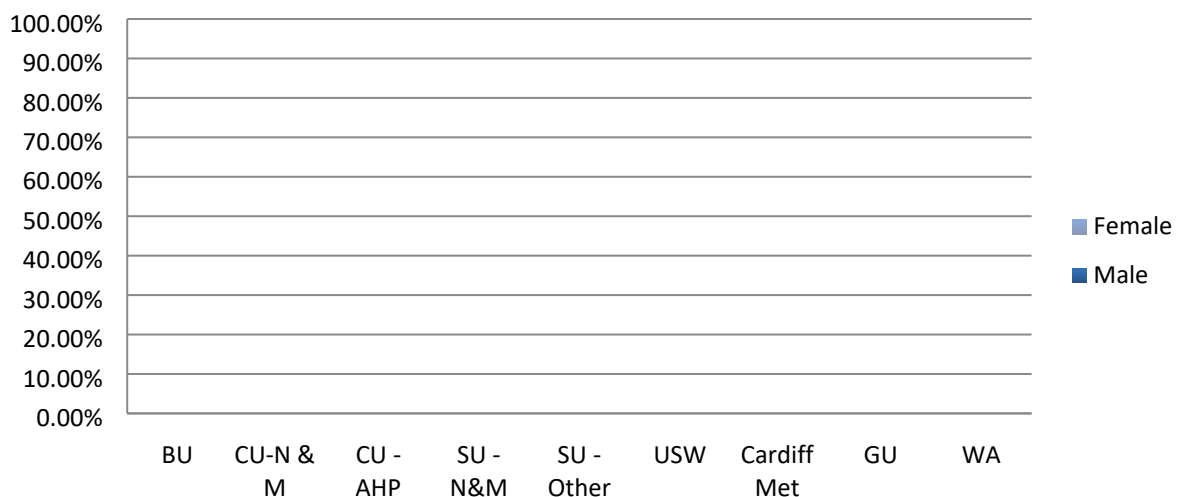
Welsh Speakers - Autumn 2018 and Spring 2019 Intakes



Gender

There has been a slight drop on last year in the number of male students across all Welsh Heath Funded courses - from 15% down to 13.7%.

Gender: New Welsh Health Students 2018/19



Age range

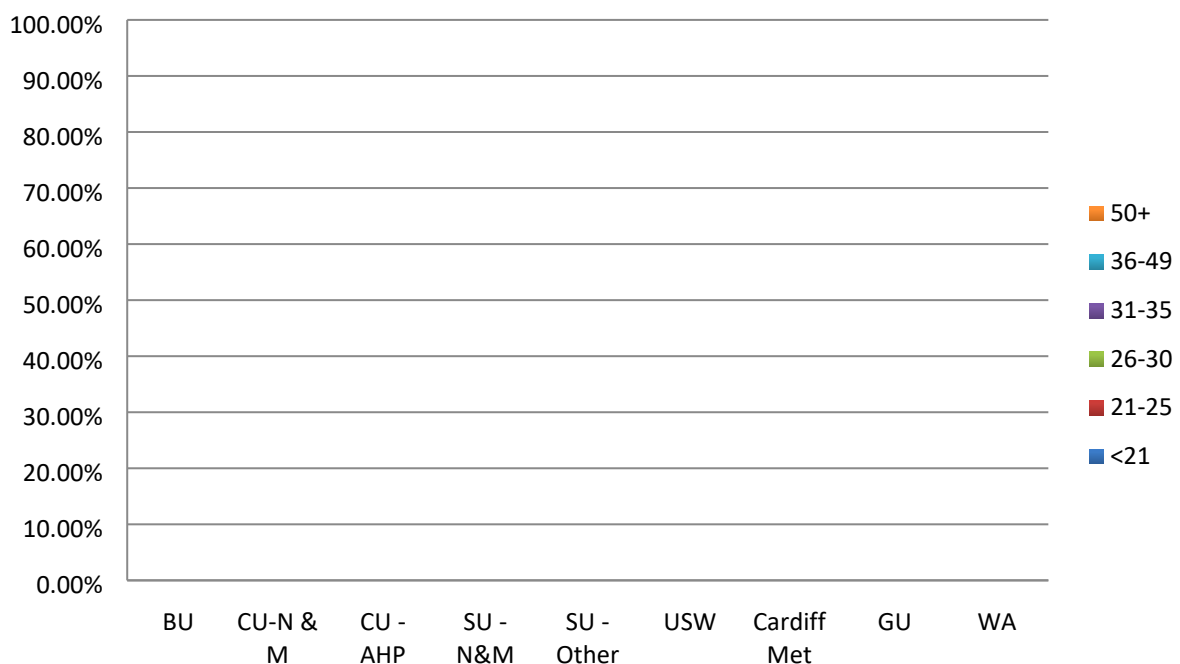
The below graph outlines the range of ages of students accepted onto HEIW funded Health courses across all universities in 2018/19.

The percentage of acceptances for students under the age of 21 across all health courses averaged 36.8% although there were significant differences between universities. 59.3% of students on Cardiff University's AHP courses were under 21 compared to 22.1% of students under 21 commencing health funded courses in the University of South Wales.

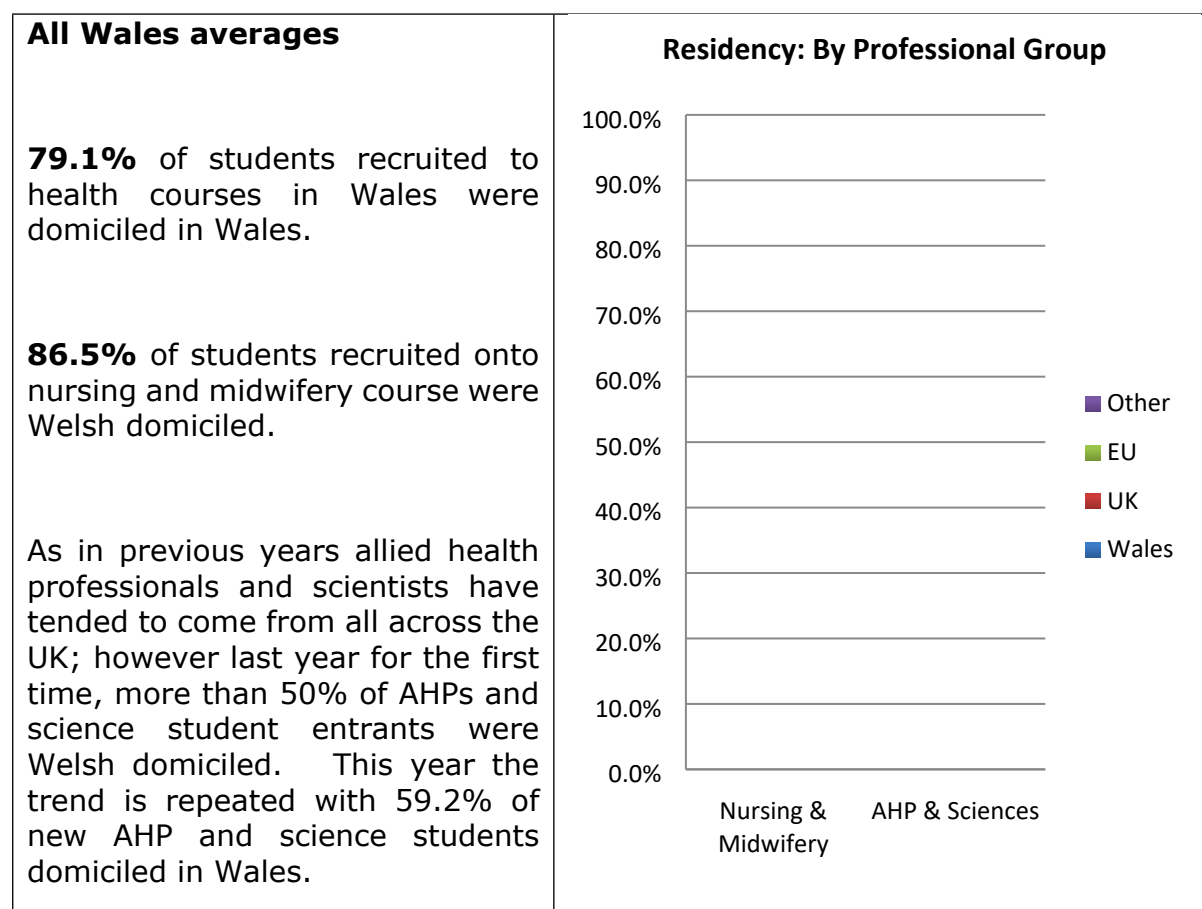
41.1% of students recruited were over 26. These 'mature' students tend to be domiciled in Wales; HEIW's experience indicates that 'mature' Welsh domiciled students are more likely to have 'roots' in Wales, be embedded into the local community and will therefore work locally on graduation. Wales' Health Education application rate as a whole for over 26s remains buoyant, this can be contrasted with the situation in England.

Since the withdrawal of the bursary across the border applications have fallen sharply. UCAS figures from September 2018 evidenced that applications to study nursing in England fell for the second year following the withdrawal; the greatest reduction was amongst mature students.

Age: New Welsh Health Students 2018/19



Student residency

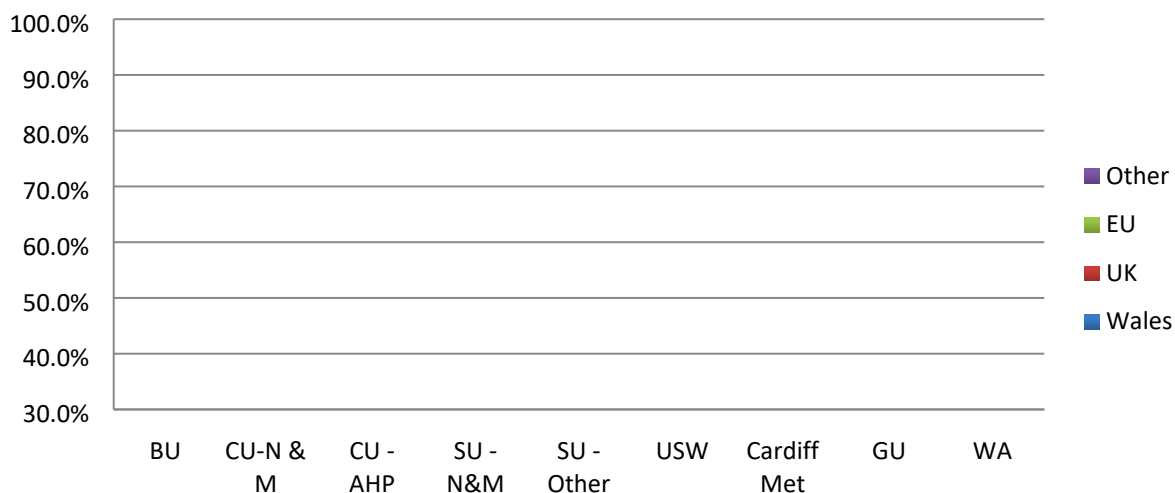


Residency: New Welsh Health Students 2017/18

There is considerable deviation in universities between students domiciled in Wales prior to course entry. For example 98% of nursing and midwifery students recruited by Swansea University were Welsh domiciled. The University of South Wales recruited 97% Welsh domiciled nursing and midwifery students, Bangor University 80% and Cardiff University 68%.

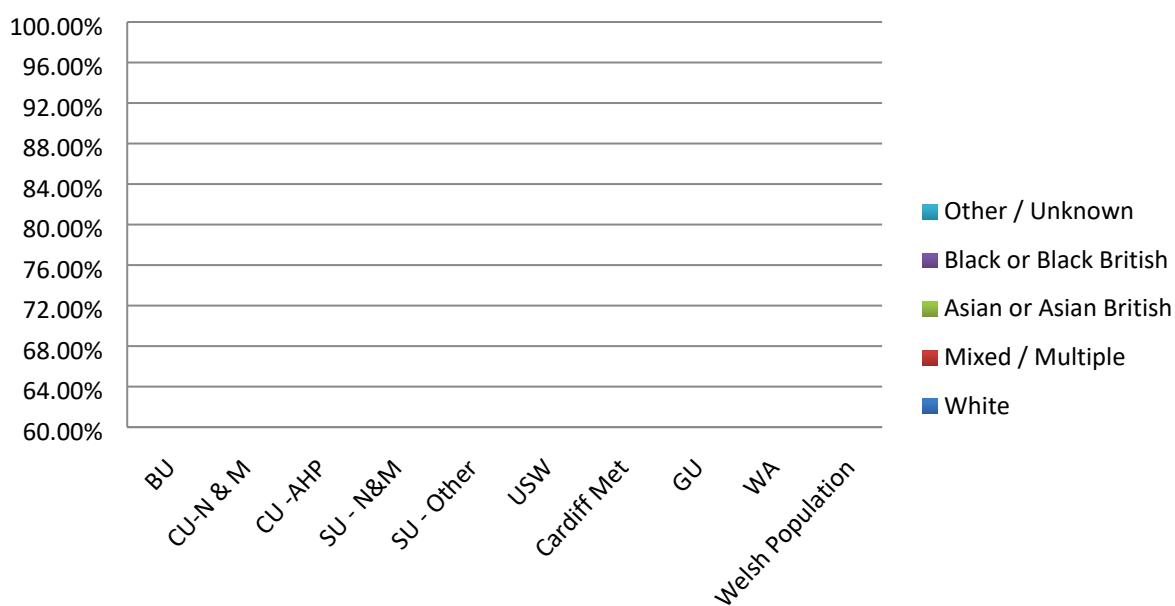
In terms of new AHP students Cardiff University recruited 53% of students from outside of Wales and Cardiff Metropolitan University recruited 45% of students from over the border.

Residency: New Welsh Health Students 2018/19



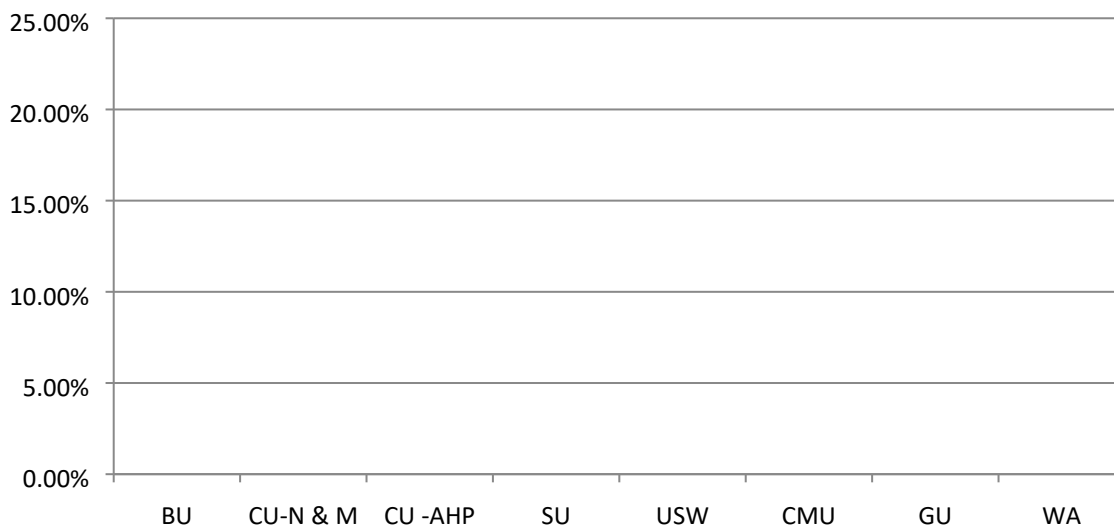
Ethnicity is shown on the graph below. The Welsh population figures are taken from Welsh government figures. The figures reflect that Welsh Universities are drawing from ethnic groups wider than the Welsh population as a whole.

Ethnicity: New Welsh Health Students 2018/19



The below table identifies that 11.7% of students recruited in 2018/19 onto healthcare funded courses have declared a disability. Work is currently underway to revise student monitoring information and tracking these students through the system will be a requirement. This will provide HEIW with assurances that students with disabilities are being adequately supported and provided with the best experience to assist them in graduating.

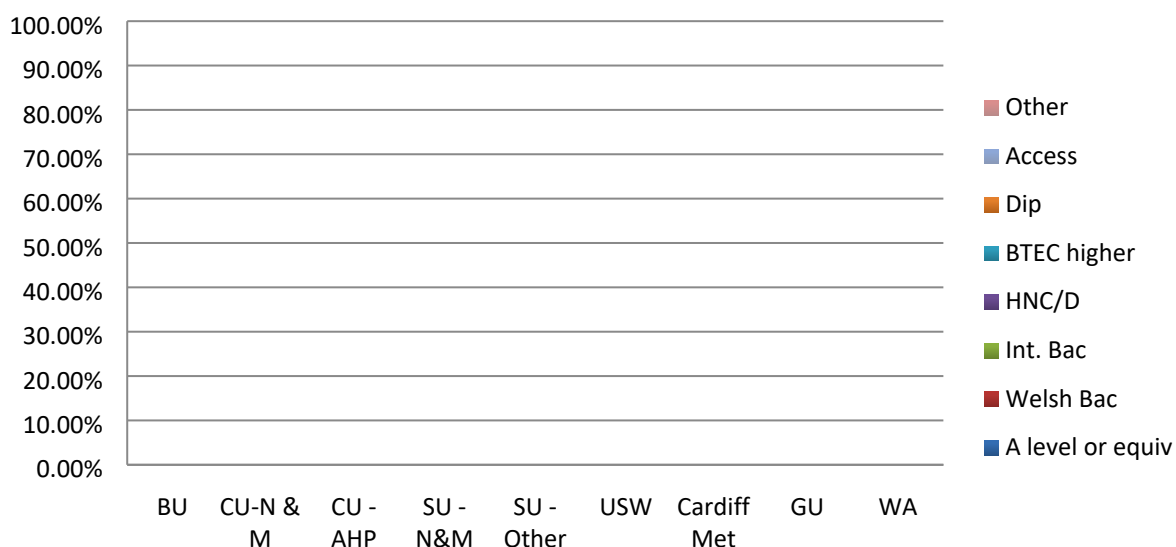
**% students declaring a disability upon entry to healthcare professional training:
Autumn 2018 and Spring 2019**



Entry and Graduating Qualifications

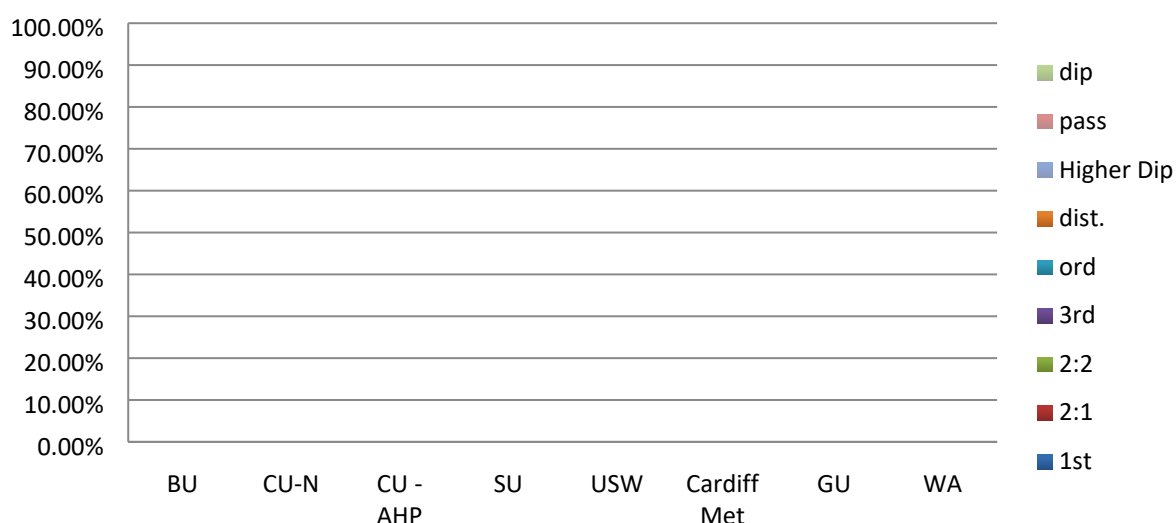
The below graph demonstrates that across Wales an average of 35.9% of students enter healthcare courses with 'A' levels as their highest qualification. The "other" category is too high and work will be undertaken to examine and report this in more detail in the future.

Qualification on Entry: New Welsh Health Students 2018/19



41% of Welsh health students graduated with First class honours degrees, an increase on the previous year's figure of 37%.

Exit Qualifications: Graduating students 2018/19 academic year



Student Destination

Collecting data on student destination continues to be difficult. There is no obligation for students to keep in touch with universities after graduation or inform the universities of their career choice / job outcomes.

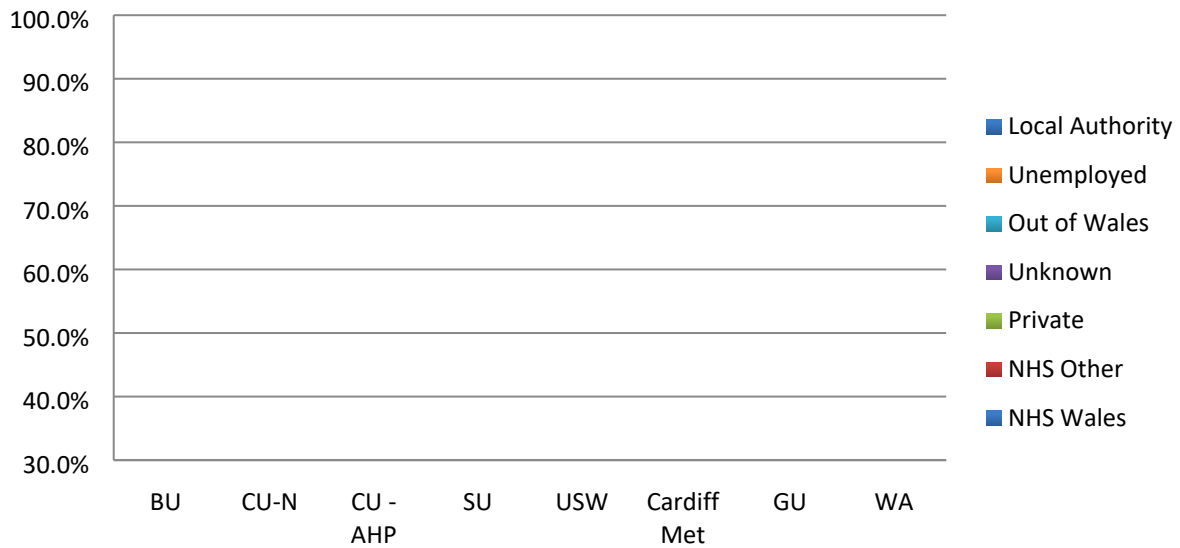
This will change with student streamlining and the maturity of the "tie-in" system.

The data collected highlights that across Wales **at least 73.7%** of students that graduated in 2018 and 2019 cohorts commenced employment in NHS Wales, a 12% increase on the previous year.

Just 8.6% are working in the NHS in other parts of the UK, a 30% reduction on the previous year and 3.2% are working in the private sector, a 25% reduction on the previous year.

Universities have not been able to provide evidence of where the remaining 9.3% of students are working. Some of these students may still be in the system, either undertaking resits, completing placements or have an agreed extension (of up to one year) due to illness or maternity. Others may actually be working within Wales but have not informed the relevant university therefore this has not been recorded.

Destination Information for 2018/19 graduating cohorts @ June 2019



Overall the increase in Students choosing to work in Wales is reassuring. Demonstrating the success of the bursary, the high standard of education provided by Welsh universities and the attractiveness of Welsh health boards and trusts in which to train and work. The two year tie-in is producing real benefits to Wales with an increase in Welsh Health Board staff positively impacting NHS finances by reducing agency costs as well as improving patient care.

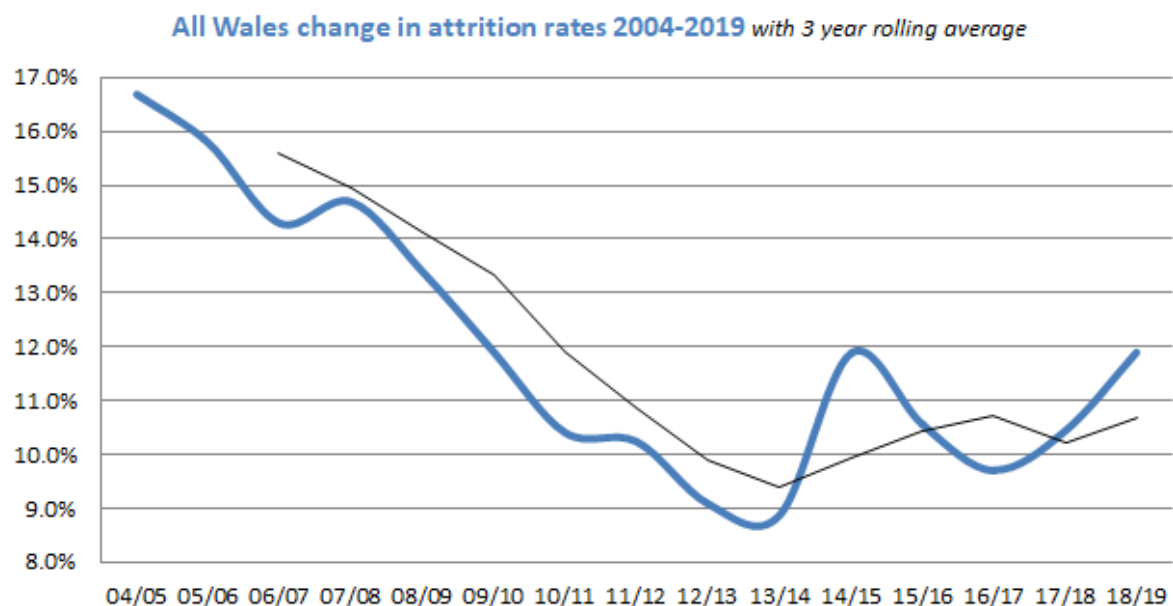
VALUE FOR MONEY AND CONTRACT PERFORMANCE

Nursing Attrition – All Wales

The graph below identifies a continual downward trend on student attrition for pre-registration nursing across Wales until 13/14 academic year. Attrition in 2014/15 increased significantly to 11.8%. This was discussed with each University in the Performance meetings and there has been a subsequent reduction.

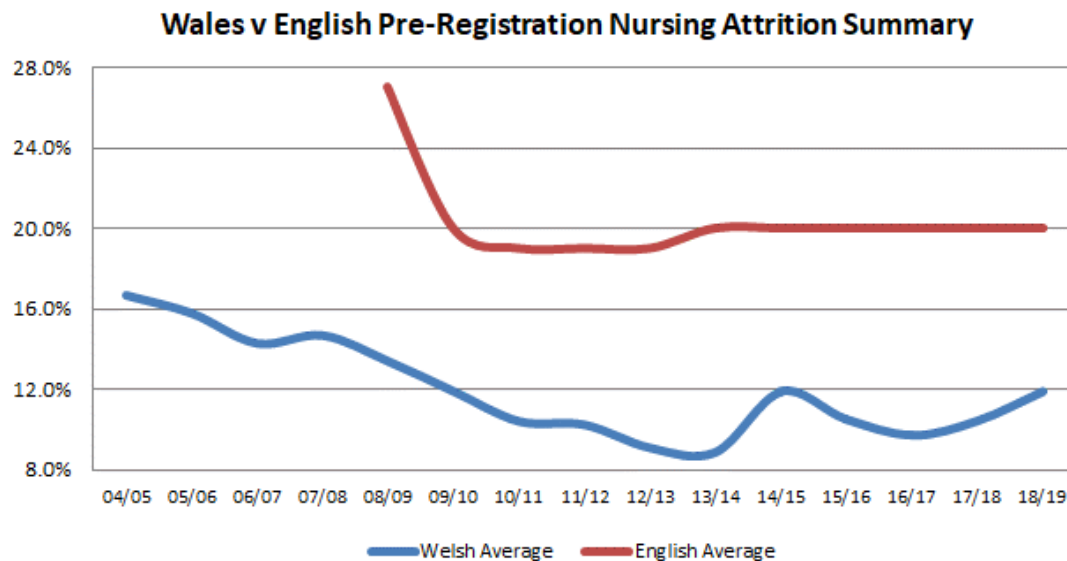
The 2018/19 pre-registration nursing attrition rate is **11.9%**. The attrition target is 12% and Wales has achieved this for each of the last 10 years. However, the 2018/19 position is only marginally below the target and the trend since 2013/14 (as highlighted by the 3-year rolling average line on the graph below) is upwards. **There is therefore a distinct possibility that the attrition rate will rise above the threshold set by the commissioners. This will be raised as a risk in each University's performance meeting and steps will need to be taken to reverse this trend. This will also be discussed at the All Wales Partnership Board meeting.**

The information for September 2017 onwards is based on the actual number of students that sign up to the 2-year tie-in. i.e. all self-funders are ignored for attrition analysis.



Nursing Attrition Wales compared to England

When compared to England pre-registration nursing attrition in Wales is significantly lower. The gap has however narrowed in the last two years. England are still reporting (see note below) attrition at a minimum of 20%. It is important that Wales reverses the trend of the last two years and reduces attrition to below 10% again.



Note:

"Raising the Bar" the Lord Willis Review The Shape of Caring released by Health Education England March 2015. Theme 8: Funding and commissioning levers to support future education and training (page 61),

"Non-completion rates within pre-registration nursing programmes have been raised as a longstanding issue for many decades. While there is some variation in recorded rates of attrition, HEE projects that the overall attrition rate for nursing undergraduates is, on average, in excess of 20 per cent."

The House of Commons Health Committee report entitled "The Nursing Workforce: Second Report of Session 2017-19 (HC 353)" published in January 2018, contains the following narrative in relation to student nurse attrition in England.

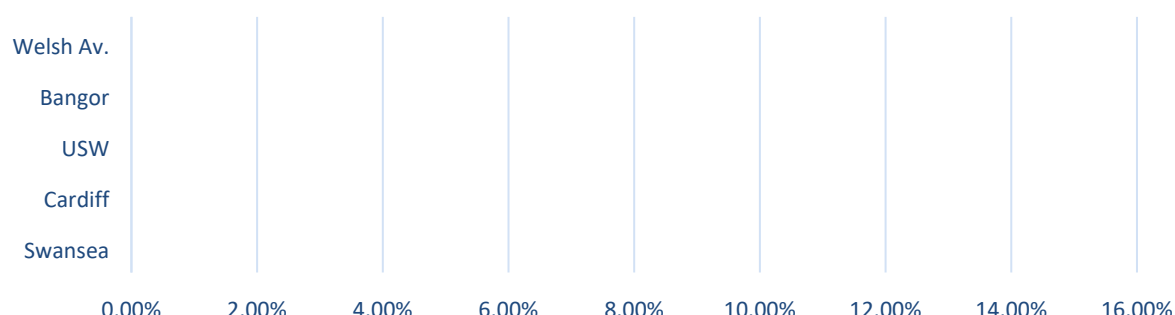
"Historically a large percentage of student nurses have failed to complete their training, with the rate of attrition varying widely between universities. Health Education England's Reducing Pre-Registration Attrition and Improving Retention (RePAIR) project aimed to reduce unnecessary attrition and identify areas of best practice in retaining student nurses. Initial results from RePAIR show that 30% of students who were due to complete in either 2015/16 or 2016/17 failed to complete within the standard time period."

Some of the 30% attrition quoted are still in the system and will qualify – but at a later date, generally between one month and a year later. This is no different to Wales with students taking longer than the 3 years to qualify due to ill health, maternity, resits or placements. It therefore seems more appropriate to us the 20% attrition rate for England identified in the Lord Willis report.

Individual University pre-registration nursing attrition rates

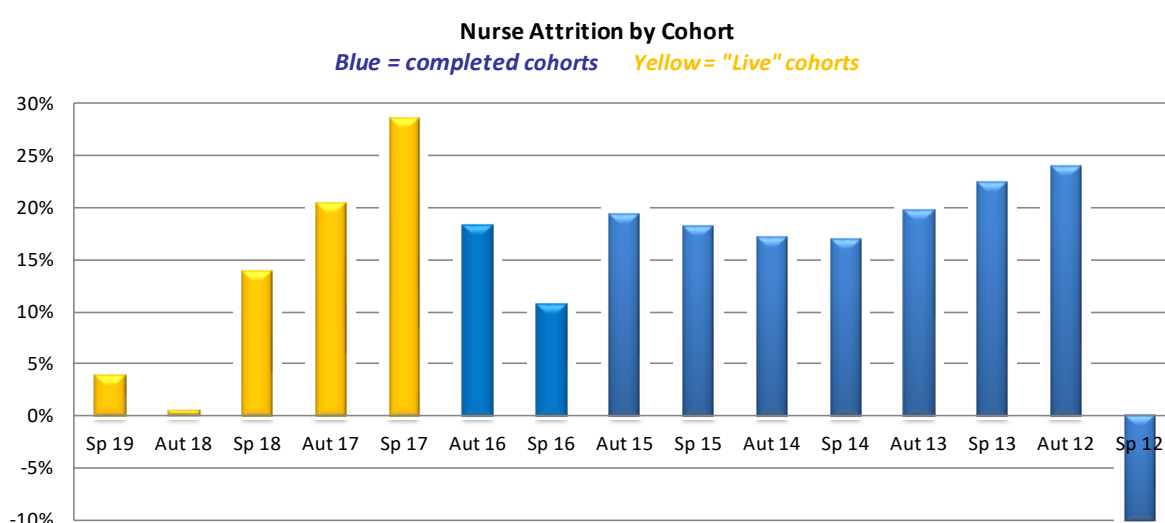
The Welsh average pre-registration nursing attrition rate is **11.9%**. However, attrition rates within the four large providers¹ range from **8.9% in Swansea** to **14.5% in Cardiff**.

Pre-registration Nursing Attrition Rates 2018/19



The graph below analyses Cardiff University's pre-registration nursing attrition by cohort. The blue bars identify cohorts of students that have completed. The yellow bar represents current cohorts. The graph identifies low attrition in the most recent 3 cohorts and very high attrition from the 2017 cohorts.

Therefore, there should, with careful student support and management, be a significant reduction in the Cardiff University nursing attrition rate next year as the two cohorts with the highest level of attrition graduate the programme.



¹ The Open University also delivers Nurse Education. However, the course is relatively new and will be included for benchmarking purposes next year

The following actions are identified in individual university performance reports;

BANGOR UNIVERSITY: PRE-REGISTRATION NURSING ATTRITION: SPRING 2017, SPRING 2018 and AUTUMN 2018 COHORTS

Attrition on these three cohorts is 28%, 17% and 10% respectively with most attrition occurring during 2018/19. The commissioner requires a brief report outlining the reasons behind this level of attrition in these cohorts, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

USW: PRE-REGISTRATION NURSING ATTRITION AUTUMN 2017 COHORT

The September 2016/17 cohort has high attrition levels, 22% at the end of year two of the course. The Commissioner requires a brief report outlining the reasons behind this level of attrition in this cohort, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

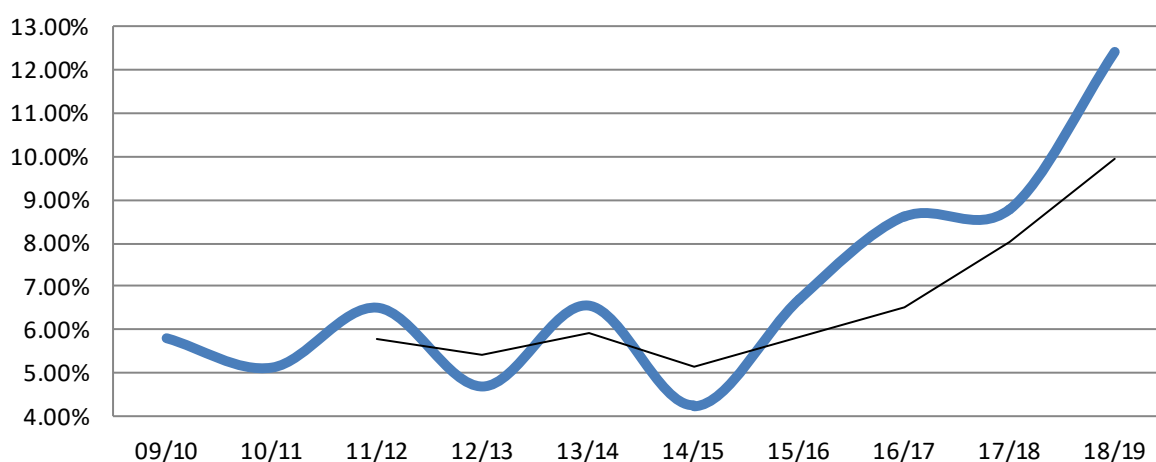
USW and BANGOR UNIVERSITY: GENERAL RISE IN PRE-REGISTRATION NURSING ATTRITION RATES

The University has consistently produced the lowest pre-registration nursing attrition rates in Wales. However, the last two years has seen this position change. A brief report is required on the underlying reasons behind this, lessons learned and any additional processes that the University has introduced to ensure this is managed in future. **Paper required by the end of November 2019 in time for the quality review meeting.**

All Wales Midwifery Attrition

The Welsh average midwifery rate has historically been consistently low. However, the graph below shows that over the last 4 years midwifery attrition has been increasing. The 2018/19 rate is **12.4%**. **This is the first time the rate has been higher than 10%.** Due to the low numbers being trained in Wales (357 in training in 2018/19) small variations can have a large impact on the overall attrition rate. The 3-year rolling average therefore represents a more accurate view of attrition. This also indicates that the trend is upwards. Later in this section university performance is analysed on an individual basis with actions to assist in reversing this trend.

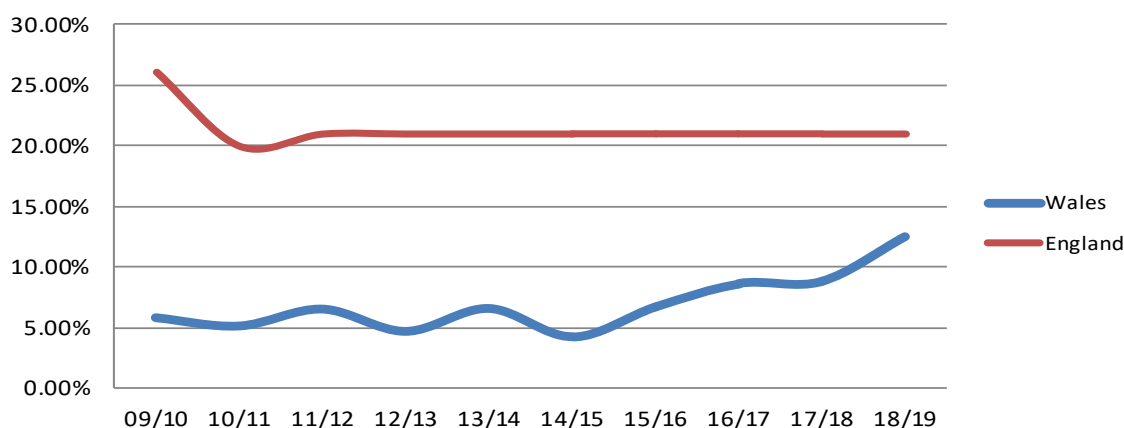
Welsh Average Midwifery attrition rate - 2009-2019 (with 3 year rolling average)



All Wales Midwifery Attrition: Wales v England

Midwifery attrition in England is quoted at 21%. Attrition in Wales has been consistently below this level although the gap is reducing.

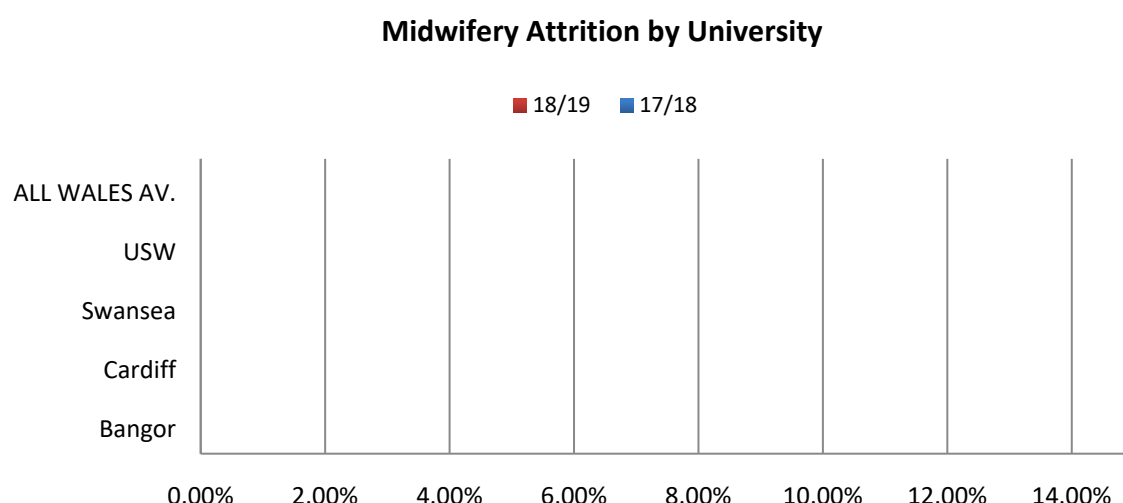
Midwifery Attrition 2009-2019
Wales v England Comparison



Individual University pre-registration midwifery attrition rates

The Welsh average pre-registration midwifery attrition rate is **12.4%**. However, attrition rates within the four large providers range from **8.3% in Swansea** to **17.2% in Bangor**.

The graph below shows Cardiff were the only University in Wales where midwifery attrition reduced from the previous year.



The following actions are identified in individual university performance reports;

BANGOR UNIVERSITY: MIDWIFERY ATTRITION

There has been a significant increase in midwifery attrition between 2017/18 and 2018/19. A brief report is required outlining the reasons for the increase and actions that will be implanted to mitigate this in the future.

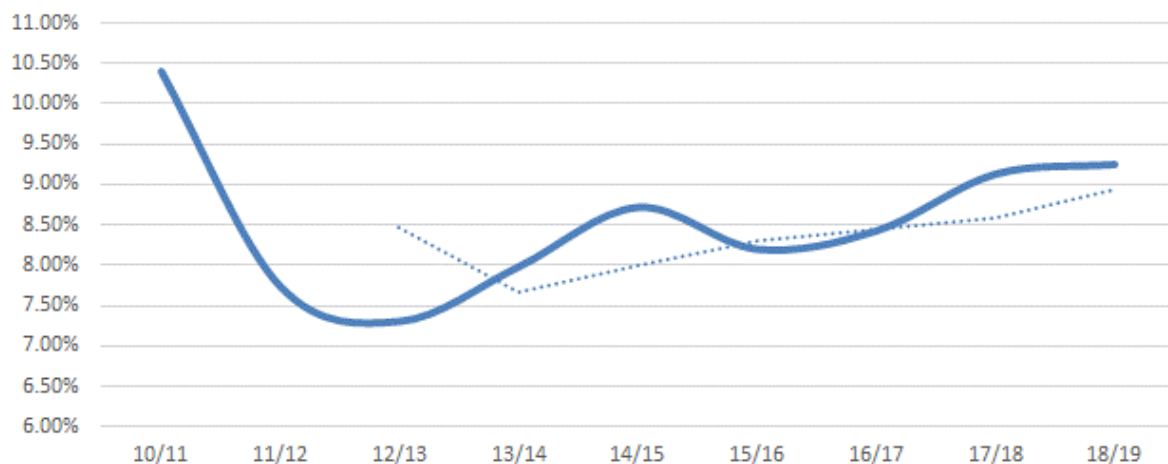
USW: MIDWIFERY ATTRITION / INTERRUPTIONS OF STUDY (IoS)

A brief report is required surround the 7 students that left midwifery education in 2018/19. If the students are on IoS then their expected course return date is required or confirmation that they have permanently left the course.

All Wales Allied Health Profession Attrition

The Welsh average Allied Health Profession rate is consistently low. The graph below shows that over the last 8 years the attrition rate has always been below 10%. The 2018/19 rate is **9.2%**. Rates on individual courses range from 0%-26%. The 3-year rolling average therefore represents a more accurate view of attrition. This indicates that the trend is upwards and although this is at a slow rate this will be explored in detail with the Universities providing AHP courses.

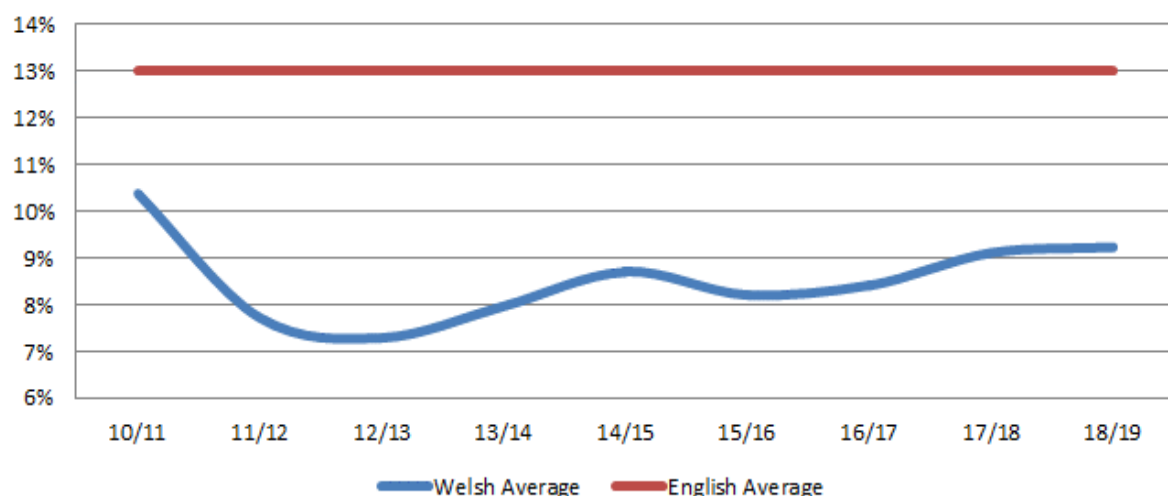
Welsh Average Allied Health Professional Attrition Rate - 2009-2019 (with 3 year rolling average)



All Wales AHP Attrition: Wales v England

AHP attrition in England is quoted at 13%. Attrition in Wales has been consistently below this level.

Average AHP attrition: Wales v England 2010-19



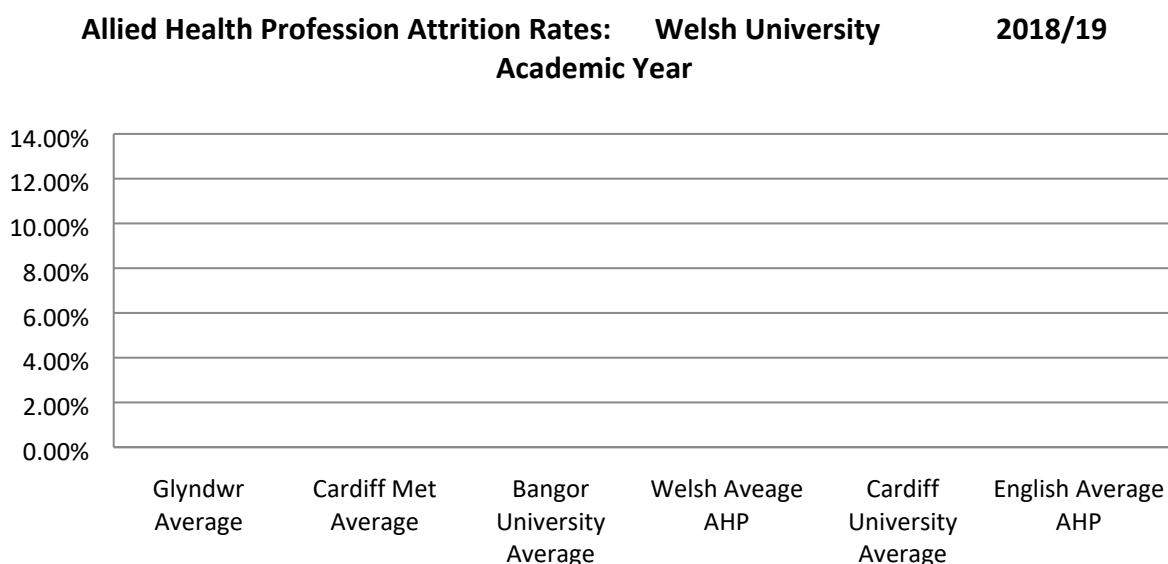
Comparing AHP Attrition in Wales

AHP Attrition by provider

The Welsh average pre-registration midwifery attrition rate is **9.2%**. However, attrition rates within the four main AHP providers² range from **4.2% in Glyndwr** to **10.7% in Cardiff**.

The graph below identifies that three of the four main AHP providers in Wales are below the average Welsh AHP attrition rate and that all Welsh providers are lower than the average English AHP attrition rate.

As highlighted in the previous section the Welsh and English AHP averages are 9.2% and 13% respectively.



AHP Attrition by course

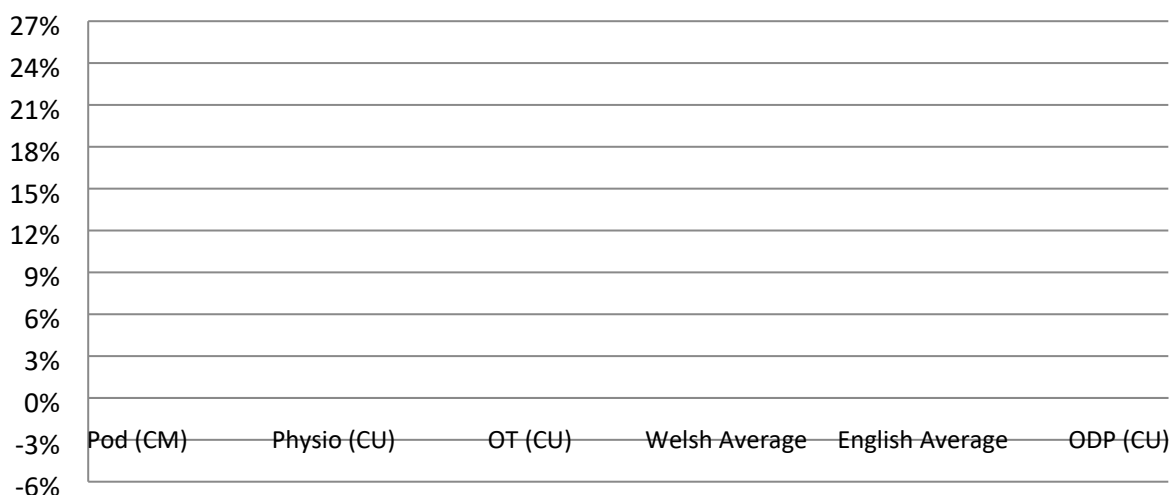
The graph below shows individual AHP attrition rates from the courses throughout Wales. There are only two courses, of the 9 main AHP courses, in Wales above the English average, both are in Cardiff University.

Podiatry in Cardiff Metropolitan University has “negative attrition”. This is due to more students returning from Interruption of Studies than students leaving the course.

Occupational Therapy in both Glyndwr University and Cardiff University, Physiotherapy (Cardiff), Dietetics (Cardiff Met) and Diagnostic Radiography (Bangor) are all below the Welsh average.

² Swansea University delivers an AHP course: Paramedics. However, the course is two years and the numbers are high enough to effectively benchmark

AHP attrition rates 2018/19 academic year by Welsh Course



However, Radiography at 16.1% and ODP at 26.1% are the two highest attrition rates in Wales of any course commissioned and are the only courses above the English average. The following actions have been identified in Cardiff University's performance report;

CARDIFF UNIVERSITY: ATTRITION ACTION PLAN FOR DIAGNOSTIC RADIOTHERAPY AND ODP

As reported these are the two highest attrition rates of any course in Wales. ODP, particularly when coupled with the under-recruitment against commissioning numbers is a major concern.

An action plan on the contributory factors and Cardiff University plans to address these areas is required by the end of December 2019.

VALUE FOR MONEY

Pre-registration nursing attrition in Wales is 11.9%. This is significantly lower than England. The gap between Wales and England continues to increase with England still reporting attrition at a minimum of 20%. The Welsh average midwifery rate is 13.2%. Midwifery attrition in England is quoted at 21%. The Welsh average Allied Health Profession rate is 9.2% the English comparator is 13%.

The Welsh and English funding systems have historically been different, in the way Universities were paid etc. although there has always been some commonality surrounding the bursary scheme. The systems have diversified further following England's decision to remove the bursary scheme from September 2017.

A model has been developed to compare the two systems. The fundamental principle is to review the output (graduates) that Wales derives from its system compared to its inputs (commissions) and by undertaking a full economic costing exercise to identify the total cost of producing the number of graduates.

This is compared against the English costs by ascertaining the number of commissions they would need in order to produce the same number of graduates as Wales. This is based on their published attrition rates, the English benchmark prices for contracts, etc. the comparison is based on 2016/17 benchmark contract prices.

In summary, England would need to commission 510 (8.9%) more students than Wales to produce the same output. In terms of contract fees, England would pay £6.3m more than Wales and an additional £2.1m in student support costs. This equates to a value for money cost benefit for Wales of **£10.4m**.

As previously reported, Wales overall performs highly when benchmarked against England providing significant value for money across the main three student classification groups:

Nursing VFM v England	Midwifery VFM v England	AHP VFM v England
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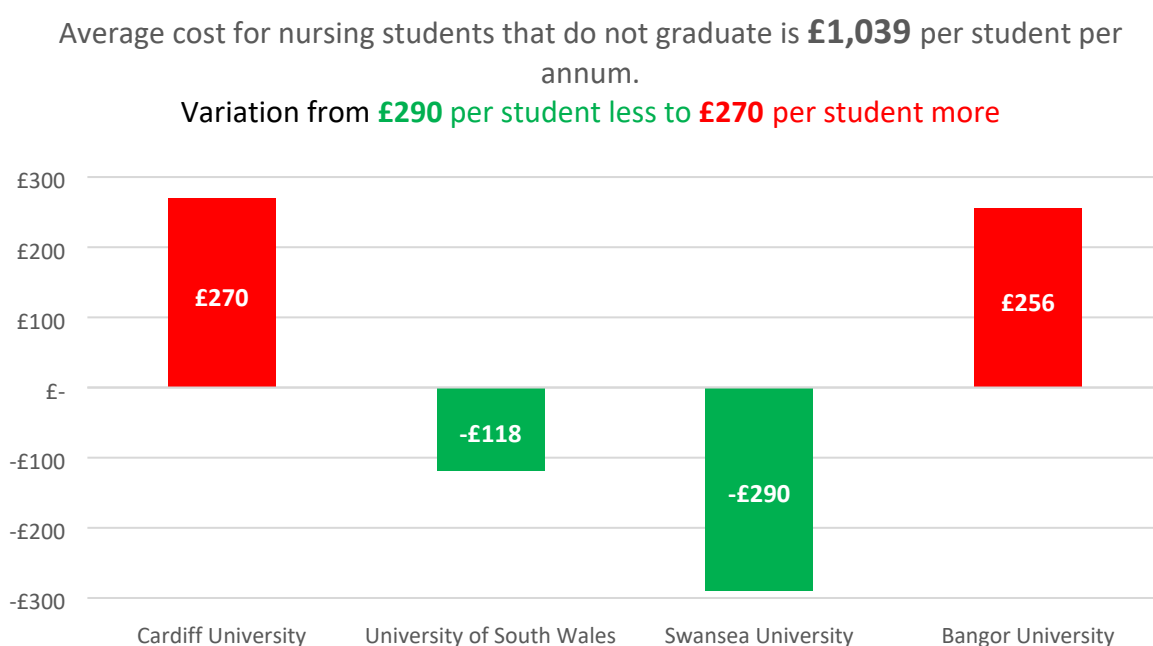
Pre-Registration Nursing Value for Money – Benchmarking Welsh Universities

Contracts are agreed and funded based on an “input fee per student”. This does not take into account in year attrition and the cost of students that drop out of the course for which the Commissioner gains no return.

The “output fee per student” provides a comprehensive and more accurate measure of performance.

The graph below highlights the **cost per nursing student** that does not graduate. This cost is in effect an “oncost” or “premium” on graduating student costs. On average the cost per student to be absorbed over graduating students is **£1,039** per annum.

There is significant variation in the system with Swansea University costing £290 less per student and Cardiff University and Bangor University costing £270 and £256 more per student respectively.



If all universities were at the Swansea University “premium” then spending on students that do not graduate would reduce by £870k. Targeting measures to reduce attrition is therefore a priority for the Commissioner as the benefits are tangible and measurable. This is a key theme in all Universities performance reports.

Value for Money – Benchmarking All Courses

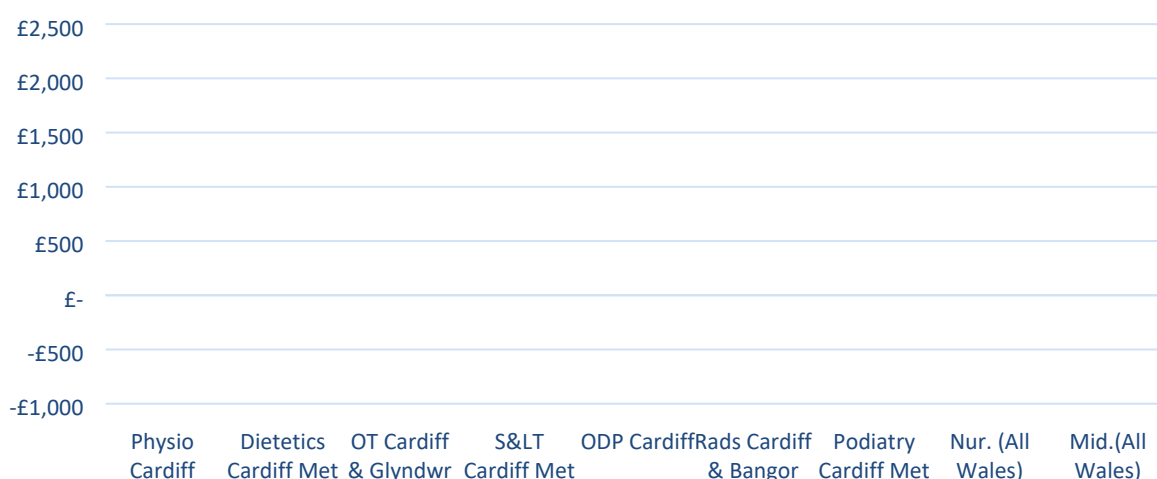
The graph below highlights the cost per student – across nursing, midwifery and AHPs - that does not graduate. This cost is in effect an “oncost” or “premium” on graduating student costs. On average the cost per student to be absorbed over graduating students is **£847³** per annum.

There are several courses below the average, thus providing value for money;

- Physiotherapy (Cardiff)
- OT (Cardiff and Glyndwr)
- Dietetics (Cardiff Met)
- Podiatry (Cardiff Met)

However, ODP’s are costing an additional £3.1k per student per year on top of the contract fee for students that do not graduate. This is raised as an issue in Cardiff University’s performance report.

Cost per student - **above** / **below** the Welsh average of £847 of non graduates by student group



³ The lower attrition rates on AHPs reduces the Welsh average to £847 whereas the nursing average in isolation is £1,039

POST GRADUATE COURSES HEIW CURRENTLY FUND IN NON-WELSH UNIVERSITIES

APPENDIX 1

programme	No's	programme	No's	programme	No's
MSc Clinical Neuropsychiatry	1	Lower Quadrant Neuromuscular Physiotherapy Dysfunction	1	MSc/Dip/cert and modules in medical Ultrasound	6
Advanced Professional Practice in Neurological rehabilitation	1	Upper Quadrant	1	Medical Imaging (Computed Tomography) P G Certificate	1
Certificate in Diabetes Care	1	Non-Invasive Ventilation and Respiratory Failure Module	1	PgC Radiography	2
Diabetes in Pregnancy	1	MSc module Optimizing asthma management	1	PGCert GI Imaging	2
Nutrition and Dietetics in common paediatric Disorders	1	MSc respiratory module	1	PGDip/Cert Nuclear Medicine	4
British Dietetic Association Paediatrics - Nutrition and Dietetics in Common Paediatric Disorders	1	MSc Musculoskeletal Medicine	3	UZYSQ4-15-M Science and Instrumentation in Current Nuclear Medicine Practice	3
Masters Certificate of Professional Development in Medicines Use in Paediatrics and neonates	2	MSc Paediatric Physiotherapy	1	DECIPHer course on Evaluation of Complex Interventions (Course 1)	1
MMEDSCI, Master of Medical Science Advanced Paediatric Nurse Practitioner	1	MSc Advanced Manipulative Physiotherapy	2	Motivational Interviewing: Strategies for Lifestyle Changes	1
Early assessment and intervention-Early Ax & intervention with babies and young children	1	MSc Hand Therapy	1	MSc Infection: Prevention and Control	2
MSc Language and Communication Impairment in Children	1	MSc in Advanced Physiotherapy	1	Assessment and measurement PTY40046	2
Speech Difficulties 1: Nature and Investigation	1	Diploma Ergonomics in Health and Community Care	1	Dermatology for Health professionals online distance learning	2
Chemotherapy Nurse Training (Oncology/palliative care) ONC8024	1	Injection therapy theory and practice/ Musculoskeletal Injection Therapy/joint and t tissue injection	8	Foundation level in Family Therapy & Systemic Practice	1
Principles of Haemato-Oncology Care,	1	Pain Science and Management in Adults 7HSK0221	1	MSc Understanding Domestic and Sexual Violence	1
MSc Chromatography-Mass Spectrometry Analysis in Healthcare Settings	2	Acupuncture course AACP foundation	1	Transforming Professional Practice (final Year MSc Advancing Healthcare Practice)	1
MSc Biomedical Science (Clinical Data Interpretation)	1	MSc Theory of Podiatric Surgery	1	Emergency Practitioner	1
MSc Biomedical Sciences	2	Tinnitus and Hyperacusis	2	Evidence based practice PTY40002	1
Certificate of Expert Practice in Management	2	MMedSci Advance Practice (Vision & Strabismus)	1	MSc Advanced Healthcare Practice	1
Higher Specialist Diploma - Medical Microbiology	2	Sensory Integration Modules 1,2,3,5,6	7	Developing Expertise	1
Histopathology BMS Reporting	1	Adult Aural Rehabilitation: Advanced Practice	1	Research Methods (distance learning) 7HSK0122	1
IBMS Certificate of Expert Practice	1	Ax & Mx of Adults with dysphagia course	1	MSc in Complex Health needs in Ageing	1
Identification of Pathogenic Fungi	2	MSc Clinical Pharmacy (long distance)	2		
Diploma in Expert Practice in Immunocytochemistry	1	MSc Pharmaceutical Technology & Quality Assurance	6		

Stem Cell Therapy	1	Medicines Optimisation	1		
Andrology Module 1	1	Certificate in Psychiatric Therapeutics and Pg. Dip Psychiatric pharmacy	2		

Whilst for some programme's numbers are small, they have arranged them in themes which may help with any decisions about developing new education programmes. Also, it may be that HEI's are delivering education within the appendix or something along similar lines which is described differently.



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

Meeting Date	16 January 2020	Agenda Item	3.2
Report Title	Quality Assurance Review of Post Graduate Medical Education (PGME)		
Report Author	Mrs Mandy Martin		
Report Sponsor	Professor Pushpinder Mangat		
Presented by	Professor Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	This is regular Quarterly update of the current quality issues in Postgraduate Medical Training.		
Key Issues	<p>5 areas are in enhanced Monitoring status.</p> <p>Medicine in Wrexham has been escalated to enhanced Monitoring status.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Consider the content of the report. 		

Quality Assurance Review of Post Graduate Medical Education (PGME)

1. INTRODUCTION

This report provides a regular update on Quality of Postgraduate Medical Training issues in Wales provided by the Quality Unit in the Medical deanery.

2. BACKGROUND

The aim is to provide the Committee of current, and pending areas of concern through regular monitoring, triangulation of complaints, trainee and trainee feedback and National Surveys.

3. GOVERNANCE AND RISK ISSUES

There are 5 areas under Enhanced Monitoring

- **Paediatric Surgery in UHW:** Placed in Enhanced Monitoring in April 2017 because trainees had previously been removed in 2015 and we have been assessing the suitability for trainees to return. Approval for reallocation was granted in June 2019 and since then one ST commenced training in August with a further trainee due to take up their post by February 2020.

Criteria for de-escalation from enhanced monitoring status :

- Evidence of a sustainable rota which could support training, (GMC Requirement R1.12).
- A case load that enables trainees to meet the curricula requirements, (GMC Requirement R1.17)
- Evidence of multi-disciplinary meetings, (GMC Requirement R1.17)
- Appropriate Educational Supervision, (GMC Requirement R1.17).
- Pre-admission clinics, (GMC Requirement R1.17).
- An environment which is conducive to a positive learning experience, (GMC Requirement R3.3).
- A teaching programme which is compliant with the BBC Consortium, (GMC Requirement R1.16).

Next steps:

Monitoring arrangements have been put in place and a formal Targeted Visit will be arranged for April 2020.

- **Trauma and Orthopaedics, Morriston Hospital:** This department was placed in enhanced monitoring in January 2019 because of concerns about Clinical Supervision, Supportive environment, Adequate Experience, Induction and Workload. These had been ongoing concerns for the preceding 12 months which had not been addressed adequately by the department and Health Board. Since escalation, informally, the Health Board has provided a full response to the concerns. A further visit was undertaken on 21st November 2019 at which it had been noted that there had been some improvement particularly around the previously identified patient safety issues. However, progress in ensuring that trainees could access the

curricular requirements and adequate time for training roles was not yet apparent and requires further input in order to consider de-escalation from enhanced monitoring status, (GMC Requirements R4.2 and R1.17).

Next steps:

An action plan has been requested from the Health Board against which we will monitor progress with the local team. A further Targeted Visit will be arranged for six months' time in order to assess progress more formally.

- **Obstetrics & Gynaecology Royal Glamorgan Hospital/Prince Charles Hospital:** This department has been in "enhanced monitoring" since December 2017 for concerns relating to Clinical Supervision and Reconfiguration of services. The department has also been the subject of a critical report by the RCOG across its Obstetric Services. The training issues however were considered to have improved. A follow up Targeted Visit was undertaken on 23rd October 2019 with the GMC present. A member of the Oversight group looking into Obstetric Services in Cwm Taf who had requested an invite was unable to attend. The visit panel noted that there had been a significant improvement in the training experience since the previous visit. In terms of the wider learning environment the trainees were cognisant that morale amongst midwives was low and they were anxious about decision making due to a perception that they would be blamed for mistakes although there was no evidence that this was the case. Reporting systems were improved and initiatives such as a multidisciplinary approach to CTG was being undertaken in order to build links with the midwives. The following is necessary to secure de-escalation from enhanced monitoring status:

- Evidence that improvements to date are sustainable (GMC Standards S1.1 and S1.2).
- Resolution of the patient safety concerns around A&E pathways (GMC Standard 1.1).
- Access to ultrasound training, (GMC Requirement R1.20).

Next steps:

An action plan has been requested from the Health Board against which progress will be monitored in collaboration with the local team. In addition, a further visit will be arranged for six months' time in order to assess progress.

- **Obstetrics & Gynaecology Princess of Wales Hospital:** This department has been in "enhanced monitoring" for since January 2019 for concerns relating to Clinical Supervision, Adequate Experience, Curriculum Coverage and Reconfiguration of services. A further visit took place on 23rd October with the GMC present in order to monitor progress more formally. At the visit it was evident that the patient safety issues identified at the previous visit had been addressed and the experience of the foundation and GP trainees had improved. The following steps are necessary to ensure de-escalation from enhanced monitoring status:
- Evidence that the previous improvements are sustained (GMC Standards S1.1 and S1.2).

- Evidence that ST trainees can meet the requirements of the curriculum, GMC Requirement R1.17).
- Evidence that trainers have appropriate time for training within their job plans, (GMC Requirement R4.2).
- Enhanced clarity around consultant presence on the labour ward, (GMC Standard R1.7)

Next steps:

An action plan has been requested from the Health Board against which progress will be monitored. A further Targeted Visit will be arranged for approximately six months in order to assess progress more formally.

- **Medicine Wrexham Maelor Hospital:** A planned visit was undertaken on 19th July 2019 - the third in a series of visits spanning 12 months. At this visit it was noted that there were concerns (which had been present at previous visits) regarding the ability of the trainees to meet the requirements of the curriculum due to an inappropriate balance between training and service provision. Given the persistent nature of this concern, the issue was referred to the GMC for consideration of Enhanced Monitoring status which was applied in September 2019. The following steps are necessary in order to consider de-escalation from enhanced monitoring:

- Evidence that there is an appropriate balance between training and service provision and that this can be sustained, (GMC Requirements R1.12, R1.7, R1.12).

Next steps:

An action plan has been requested from the Health Board and a further visit will be undertaken in March 2020 in order to assess progress.

- **Further visits:** A table of recent and forthcoming visits is provided within appendices one and two.

4. FINANCIAL IMPLICATIONS

There is no financial risk to HEIW

5. RECOMMENDATION

Members are asked to:

- **Consider** the content of the report.

Governance and Assurance				
Link to corporate objectives <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
<p>This is a regular report for information</p> <p>Areas where enhanced monitoring is in place can be linked to other underlying issues with the service that might be a risk to Patient safety and experience.</p>				
Financial Implications				
None				
Legal Implications (including equality and diversity assessment)				
We need to protect our trainees from unsuitable training environments – in particular where there are reports of undermining, bullying and harassment.				
Staffing Implications				
In the worst case scenario, removal of trainees could have staffing and service implications for Welsh Education Providers.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Report History	Regular monthly report to Executive Team and Education, Commissioning and Quality Committee.			
Appendices	Appendix 1 – Recent Visits Summary Appendix 2 – Planned Targeted Visits Summary			

Appendix One: Recent Visits Summary

Ref	Specialty	Site	Current Status	Visit Summary
TP256	Emergency Medicine	Prince Charles Hospital	Monitoring Progress	<p>A follow up visit was undertaken to review progress in addressing the concerns within Emergency Medicine at Prince Charles Hospital. A number of positives in terms of the educational environment were identified and importantly it was evident that the trainees were well supported both clinically and educationally. However, there were ongoing concerns around the sustainability of the current situation particularly given a lack of progress in the expansion of consultant numbers since the previous visit. Therefore, the visit recommendations clearly state that progress against this recommendation is urgently required to avoid any further escalation. Other key recommendations include the need to consider an expansion of the non-medical workforce, to review and ensure clarity around the referral pathways to other specialties and to continue work around the amalgamation of the Royal Glamorgan and Prince Charles Hospitals in line with the South Wales plan.</p>

Appendix Two: Planned Targeted Visits Summary

Ref	Specialty	Site	Current Status	Visit Timeframe
TP232	General Surgery	University Hospital of Wales	Checking sustainability	Follow up visit to be arranged for February 2020.
TP256	Emergency Medicine	Prince Charles Hospital	Monitoring Progress	Further visit to be arranged for May 2020.
TP123	Emergency Medicine	Morriston Hospital	Monitoring Progress	Follow up visit taking place on 9 th January 2020.
TP299 & TP206	Trauma & Orthopaedics & General Surgery	Nevill Hall Hospital	Monitoring Progress	Follow up visit to be scheduled for 16 th January 2020.
TP365	Medicine	University Hospital of Wales	Monitoring Progress	Initial visit took place on 1 st May 2019. Follow up visit to be scheduled for February 2019.
TP078	Ophthalmology	Royal Glamorgan Hospital	Action Planning	Follow up visit to take place on 16 th January 2020.
TP192 & TP278	General Surgery	Glangwili Hospital	Monitoring Progress	Follow up visit to be arranged for February 2019.
TP346	Haematology	Singleton Hospital	Monitoring Progress	Follow up visit to be scheduled for March 2020.
TP410	Trauma & Orthopaedics	University Hospital of Wales and University Hospital Llandough	New Visit	Targeted Visit to be arranged for April 2020.
TV135	Anaesthetics	University Hospital of Wales	New visit	Targeted Visit to be confirmed for April 2020.
TP241	Intensive Care Medicine,	University Hospital of Wales	New visit	Targeted visit to be scheduled for February 2020.
TP385	General Internal Medicine,	Morriston Hospital	New visit	Targeted visit to be scheduled for March 2020.
TP416	Medicine,	University Hospital Llandough	New visit	Targeted Visit to be arranged for May 2020.
TP316	Trauma & Orthopaedics	Prince Charles Hospital & Royal Glamorgan Hospital	New visit	Visit to be arranged for February 2020.
TP405	Emergency Medicine,	Wrexham	New visit	Visit to be arranged for March 2020.



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Meeting Date	16 January 2020	Agenda Item	3.3
Report Title	New Arrangements for Annual Commissioning Process for Post Graduate Education		
Report Author	Pushpinder Mangat		
Report Sponsor	Pushpinder Mangat		
Presented by	Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	This report is to inform the Education, Commissioning and Quality Committee (ECQC) of the new arrangements and Agenda replacing the Annual Commissioning visits to Local Education Providers (LEPs) previously undertaken by the Medical Deanery		
Key Issues	<ul style="list-style-type: none"> • There is a need to maintain the General Medical Council requirements of these visits to provide Quality Assurance of Postgraduate Medical Training. • There is an opportunity to engage with Senior Staff in LEPs about the HEIWs involvement in the Multiprofessional Educational agenda 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note this report 		

NEW ARRANGEMENTS FOR ANNUAL COMMISSIONING PROCESS FOR POST GRADUATE EDUCATION

1. INTRODUCTION/BACKGROUND

Previously these commissioning meetings have solely been about Medical Training in Local Education Providers (LEPs) only.

The Executive Team saw this as an opportunity to discuss the Multiprofessional Agenda within those organisations.

2. CHANGES TO THE VISITS

Previously, pre-meetings existed before the main meetings between the Postgraduate Dean and the CEO of the LEP. Decisions and discussions in these meetings were not reported formally but often led to a lack of transparency during the main meetings. These have been abandoned.

The Post Graduate Dean previously Chaired these meetings. The CEO or Medical Director of HEIW will chair these meetings henceforth.

Previously, 3 hours were allocated to the whole meeting. Much of this time was spent discussing outputs from the LEP self reporting templates and questions posed by the LEPs. There was frequent repetition and lack of focus. This section will be addressed in the first 90 minutes of the meeting and we will discuss the main themes arising from the templates and not every single detail.

While there were some discussions about non-medical professional training issues, we did not invite representatives of other professional groups to these meetings. This has been corrected and they are invited to the second part of the meeting.

3. GOVERNANCE AND RISK ISSUES

There are no governance or risk issues

4. FINANCIAL IMPLICATIONS

There are no financial risks

5. RECOMMENDATION

The Committee is asked to **note** the changes to these commissioning visits

Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓	✓		✓
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
Improved discussion about the multiprofessional agenda				
Financial Implications				
None				
Legal Implications (including equality and diversity assessment)				
None				
Staffing Implications				
None				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Report History	None			
Appendices	Appendix 1 – Principles for Commissioning Appendix 2 – Previous Meeting Format/Arrangements Appendix 3 – New Commissioning Meeting Outline Agenda			

General Medical Council's Principles for Commissioning

(Extracted from 'The Trainee Doctor' – February 2011)

Background

The GMC updated and adapted the '*Principles for Commissioning*' prior to the merger of the Postgraduate Medical Education and Training Board with the GMC.

Principles

The GMC would expect the following principles to be adopted by any organisation responsible for the commissioning of foundation and specialty including GP training in the UK.

The commissioning organisation must:

1. have a commissioner, identified to the GMC, responsible for foundation and specialty including GP training
2. have the quality of delivery of foundation and specialty including GP training as their prime priority
3. have the authority to manage the quality of delivery of the training and to decommission a provider when the required standards are not met
4. be accountable to the regulator for the quality management of the approved programmes in the GMC *Quality Improvement Framework*.



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2018/19 Commissioning Meeting

Velindre NHS Trust

Reference

CM/18-19/V

Date and Times

Wednesday 16 January 2019

- 13:00 – 13:15 Private meeting between the Interim Postgraduate Dean and the Medical Director (*The Conference Room, Velindre Cancer Centre*)
- 13:15 – 13:30 Private pre-meeting of the HEIW team (*The Conference Room, Velindre Cancer Centre*)
- 13:30 – 16:00 Commissioning Meeting (*The Conference Room, Velindre Cancer Centre*)

Venues and Parking

The Commissioning meeting and the pre-meetings will take place in the Conference Room, Velindre Cancer Centre, Velindre Road, Whitchurch, Cardiff, CF14 2TL. Parking is limited at Velindre so attendees are advised to use the staff car park at the back of the hospital (marked as student parking on the map) or the larger car park at Whitchurch Hospital. The car park at the front of the hospital must be kept free for patients. Two maps attached for your reference.



Site map.docx



VCC to
whitchurch.doc

Attendees

Health Education and Improvement Wales (HEIW)

Peter Donnelly, Interim Postgraduate Dean
Anton Saayman, Sub Dean (PGES & QIST)
Caroline Groves, Quality and Postgraduate Education Support Manager
Kaye Walters, Executive Officer (Quality Unit)
Rhannon Beckett, Deputy Director of Finance
Joe Draper-Orr, Management Accountant
Farida Patel, Lay Representative
Sarah Das, Lay Representative

Velindre NHS Trust

Jacinta Abraham, Medical Director
Mark Osland, Finance Director
Sarah Morley, Workforce Director
Louise Hanna, Faculty Lead
Steve Ham, Chief Executive – unable to attend and sends apologies

The documents and Agenda for the meeting are included on the reverse of this sheet.

Papers for Information



Principles for
Commissioning.doc



V Self Reporting
Template 2018/19



V Training post
data - Dec 18

Financial Reporting documentation to follow

Agenda

- 1. The Commissioning Agreement between Health Education and Improvement Wales (HEIW) and Local Education Providers** *(led by Postgraduate Dean)*
 - confirmation of the Commissioning arrangement, including expectations and responsibilities
 - relationship between Commissioning and the Expectations Agreement for HEIW
 - links to quality assurance, standards and national developments
- 2. Training Matters with National or Strategic Impact for Local Education Providers** *(led by Postgraduate Dean)*
- 3. Financial Accountability** *(led by HEIW Finance Representative)*
- 4. Compliance with GMC Training Standards (Themes 1 - 5)** *(led by Sub Dean (PGES and QIST))*
- 5. Future Trainee Allocations to Local Education Providers** *(led by Postgraduate Dean)*
 - National considerations
 - Local Education Provider considerations
- 6. The Undergraduate Perspective** *(led by Undergraduate Representative)*
- 7. Agreement on Mechanisms for Future Engagement and Interaction** *(led by Postgraduate Dean)*

Commissioning Meeting Outline Agenda

Part One: The Commissioning Meeting (90 minutes)

- 1. The Commissioning Agreement between Health Education and Improvement Wales (HEIW) and Local Education Providers** *(led by Postgraduate Medical Dean)*
 - confirmation of the Commissioning arrangement, including expectations and responsibilities
 - relationship between Commissioning and the Expectations Agreement for HEIW
 - links to quality assurance, standards and national developments
- 2. Compliance with GMC Training Standards (Themes 1 - 5)** *(led by Associate Dean (Quality))*
- 3. Financial Accountability** *(led by HEIW Finance Representative)*
- 4. Future Trainee Allocations to Local Education Providers** *(led by Medical Director/Postgraduate Medical Dean)*
 - National considerations
 - Local Education Provider considerations

Break (15 minutes)

Part Two: The Multi-Professional Learning Environment (90 minutes)

- 5. HEIW Multi Professional Education Update** *(led by Director of Nursing)*
- 6. Local Education & Training Matters** *(led by Local Education Provider representative)*
- 7. Joint Agreement around the Way Forward**