

AGENDA

ECQ Committee Agenda 21 October 2019 - Open_Final.docx

- 1 PRELIMINARY MATTER
 - 1.1 Welcome and Introductions
 - 1.2 Apologies for Absence
 - 1.3 Declaration of Interest
 - 1.4 To Receive and Confirm the Minutes of the Committee held on 1 July 2019
 - 1.4(E) - Unconfirmed Education_Commissioning_Quality Committee Minutes_2019-07-01 (Open) (F) V2.docx
 - 1.5 Action Log
 - 1.5(E) - DRAFT ECQC Action Log _2019-07-01 (Open) V2.docx
 - 1.6 Matters Arising
- 2 STRATEGIC ISSUES
 - 2.1 Review of Committee Terms of Reference
 - 2.1a - Review of amended ToR EC&QC.docx
 - 2.1b - Appendix 1 - Future Ways of Working (26.09.19) (F)_ (003).docx
 - 2.1c - Appendix 2 - Amended Terms of reference ECQC _.docx
 - 2.2 Review of Health Professional Education
 - 2.2 - Strategic Review of Education EC&QC Oct 19.docx
 - 2.3 Review of Medical Deanery Commissioning Visits
 - 2.3a - ECQC Review of the 2018 19 Commissioning process.docx
 - 2.3b - Commissioning Review Report - 2018-19 - FINAL.docx
- 3 EDUCATION PERFORMANCE AND QUALITY
 - 3.1 Quality Assurance Review of Post Graduate Medical Education (PGME)
 - 3.1a - EC&QC Paper on QA PGME Oct2019.docx
 - 3.1b - Exec Report May 2019.docx
 - 3.1c - Exec Report June 2019.docx
 - 3.1d - Exec Report July 2019.docx
 - 3.1e - Exec Report September 2019.docx
 - 3.2 GMS National Trainee Survey
 - 3.2a - ECQC Paper NTS Key Themes Oct2019.docx
 - 3.2b - Appendix 1 - GMC NTS Patient Safety Concerns.pdf
 - 3.2c - Appendix 2 - Trainee Burnout by Programme Specialty.pdf
 - 3.2d - Appendix 3 - Trainee Burnout by Programme Specialty.pdf
- 4 FOR INFORMATION
 - 4.1 Future Ways of Working
 - 4.1a(E) - 4.5a(E) - ECQC - Future Ways of Working (19.09.19) (F)_ (003).docx
 - 4.1b - 4.5b - Appendix 1 - Draft Standing Orders (Sep Board).doc
 - 4.2 Forward Work Programme
 - 4.2(E) - Future Work Programme 2019-2020 v3sg.docx
- 5 CLOSE
 - 5.1 Any Other Business
 - 5.2 Reflection on Today's Committee
 - 5.3 Date of Next Meeting: Thursday, 16 January 2020 at 10.00am in Meeting Room 11, Ty Dysgu, Nantgarw

EDUCATION, COMMISSIONING AND QUALITY COMMITTEE (Open)

**Monday, 21 October 2019
2.00pm – 4.00pm**

HEIW, Conference Room

AGENDA

PART 1	PRELIMINARY MATTERS	2.00-2.10
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 1 July 2019	Chair/ Attachment
1.5	Action Log	Chair/ Attachment
1.6	Matters Arising	Chair/ Oral
PART 2	STRATEGIC ISSUES	2.10—3.10
2.1	Review of Committee Terms of Reference	Board Secretary/ Attachment
2.2	Review of Health Professional Education	Director of Nursing/ Attachments
2.3	Review of Medical Deanery Commissioning Visits	Medical Director/ Attachment
PART 3	EDUCATION PERFORMANCE AND QUALITY	3.10-3.30
3.1	Quality Assurance Review of Post Graduate Medical Education (PGME)	Medical Director/ Attachment
3.2	GMS National Trainee Survey	Medical Director/ Attachment
PART 4	FOR INFORMATION	3.30-3.50
4.1	Future Ways of Working	Chair/ Attachment
4.2	Forward Work Programme	Board Secretary/ Attachment

PART 5	CLOSE	3.50-4.00
5.1	Any Other Business	Chair/ Oral
5.2	Reflection on Today's Committee	Chair/ Oral
5.3	Date of Next Meeting: Thursday, 16 January 2020 at 10.00am in Meeting Room 11, Ty Dysgu, Nantgarw	Chair/ Oral

UNCONFIRMED

**Minutes of the Education, Commissioning and Quality Committee
held on 1 July 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
Judith Davies	Finance Business Partner/Management Accountant
Graham Roddis	Finance Business Partner/Management Accountant
Kay Barrow	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
ECQC: 01/07/1.1	WELCOME AND INTRODUCTIONS	
	The Chair welcomed everyone to the meeting and, in particular Judith Davies (Finance Business Partner/Management Accountant) and Graham Roddis (Finance Business Partner/Management Accountant) who were attending to support Stephen Griffiths with the strategic agenda item. A quorum was confirmed present.	
ECQC: 01/07/1.2	Apologies for Absence	
	Apologies were received from Eifion Williams (Interim Director of Finance) and Martin Riley (Head of Education, Commissioning & Quality).	
ECQC: 01/07/1.3	Declarations of Interest	
	There were no declarations of interest.	

ECQC: 01/07/1.4	To Receive and Confirm the Minutes of the Committee held on 16 May 2019	
	<p>The Committee received and approved the minutes of the meeting held on 16 May 2019, subject to the following changes being made:</p> <ul style="list-style-type: none"> • ECQC 16/05/2.2 Strategic Review of Health Professional Education: On the top of page 2, add the following separate paragraph in between the first and second paragraphs: ‘Tina Donnelly asked for assurance in relation to the award of the contract to KPMG and whether they would understand the nuances of the education and training regulators. Stephen Griffiths provided surety that a full procurement process had taken place and that HEIW was represented on the panel. He advised that KPMG had clearly demonstrated their knowledge and skills to support the review of education commissioning.’ • ECQC 16/05/3.1 Monthly QA Review of Postgraduate Medical Education: On page 5 add in the word ‘for’ to the first sentence of the second paragraph, so that the sentence reads: ‘...however, there was a need for a more holistic approach’ • ECQC 16/05/4.1 NHS Wales Bursary for 2020/21 – Implications for HEIW: On page 5 add the word ‘the’ to the first sentence of the third paragraph, so that the sentence reads: ‘...asked whether the contract in’ On page 6 add the words ‘for pre-registration students to direct entry to LD nurse training’ to the second sentence of the second paragraph, so that the sentence reads: ‘...low application numbers for pre-registration students to direct entry to LD nurse training. Stephen Griffiths’ • ECQC 16/05/4.4 GMC Quality Response: On page 7 change the word ‘Deanery’ with ‘GMC’ and add an ‘s’ to the word ‘undertake’ in the first sentence of the first paragraph, so that the sentence reads: ‘...that the GMC routinely undertakes a Quality ...’ 	
ECQC: 01/07/1.5	Action Log	
	<p>The Committee considered the Action Sheet from the meeting held on 16 May 2019. The following updates were received:</p> <ul style="list-style-type: none"> • ECQC 16/05/2.1 Review of Committee Terms of Reference: The Board, at its May meeting, approved the agreed amendments to the Terms of Reference that had been agreed at the Committee. 	

	<p>In terms of the quoracy, Ruth Hall advised that this matter had been discussed at the May Board meeting and it had been agreed that there would be no change to the number of Independent Members on the Committee. However, the Board had requested further clarification in relation to the working relationships and practical interactions between the Board, the Committee, and the Audit & Assurance Committee. This would ensure the Committee undertakes an appropriate range and level of work and that respective governance and accountability mechanisms are clearly defined.</p> <p>A wider discussion about the role of the Committees, their remit and relationship with the Board, had been held earlier in the day at a Development Session of the Education, Commissioning and Quality Committee. Following that discussion a paper, proposing new ways of working, will be presented at the Board Development Session in August and to the September Board.</p>	
Resolved	The Committee noted the update.	
	<ul style="list-style-type: none"> • ECQC 16/05/2.2 Strategic Review of Health Professional Education: The Committee was advised that a decision in relation to the NHS Wales Bursary had been expected however, on 18 June 2019, the Minister had announced that the Welsh Government was seeking further engagement regarding the funding model and that a decision was expected around November/December 2019. <p>Stephen Griffiths updated the Committee regarding the impact of the delay in the bursary decision and its effect on the timelines around the procurement process which was due to commence in October 2019. He explained that the tendering for new education provision was based on the assumption that HEIW maintained an education commissioning function, a key part of which was the provision of the NHS Bursary.</p> <p>The Committee discussed the KPMG work and it was highlighted that the review would be useful in terms of the added value and benefit of the contracting and commissioning function and its variations.</p> <p>Tina Donnelly questioned the use of Welsh funding to train students who choose not to stay in Wales and asked whether KPMG could include a review of the effects of non-bursary models across the UK. Stephen Griffiths clarified that the KPMG remit had not included exploring non-commissioned models and was due to be completed in the next month.</p>	

	<p>Ruth Hall questioned whether HEIW should write to Welsh Government following receipt of the KPMG work to outline its concerns. Stephen Griffiths advised that the Corporate Risk Register had been updated to reflect the delay and that the Executive Team would be raising the matter at its Joint Executive Team meeting with Welsh Government on 3rd July 2019.</p> <p>Stephen Griffiths advised that a report was to be presented to the Executive Team at its meeting scheduled for 10 July 2019, to provide an update in relation to the Strategic Review and associated contracting process and the implications of the recent announcement.</p>	
Resolved	The Committee agreed to be sighted on the report being presented to the Executive Team.	SG
	<ul style="list-style-type: none"> • ECQC 16/05/3.1 Monthly QA Review of Postgraduate Medical Education: It was confirmed that Alex Howells had presented to the CEOs meeting and would be taking regular reports to the CEOs meeting which would include exception reporting in relation to areas under enhanced monitoring. 	
Resolved	The Committee agreed that a summary of the reports received since the last meeting be presented at the next meeting.	PM
	<ul style="list-style-type: none"> • ECQC 16/05/3.2 Future Quality Reporting Mechanisms: Item deferred. 	
Resolved	The Committee agreed for this item to be added to the agenda for the next meeting	SG/KB
	<ul style="list-style-type: none"> • ECQC 16/05/4.1 NHS Wales Bursary for 2020/21 – Implications for HEIW: Update provided as part of ECQC 16/05/2.2 overleaf. 	
	<ul style="list-style-type: none"> • ECQC 16/05/4.3 Forward Work Programme: The Work Programme to be updated to reflect the further work required following the discussion at the Development Session. 	KB
	<ul style="list-style-type: none"> • ECQC 16/05/4.4 GMC Quality Response: It was confirmed that Alex Howells had discussed the matter with Dr Andrew Goodall. 	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the update. • agreed that the itinerary and programme be shared for the Quality Assurance Visit scheduled for November 2019. 	PM
ECQC: 01/07/1.6	Matters Arising	
	There were no matters arising.	
PART 2	STRATEGIC ISSUES	
ECQC: 01/07/2.1	NHS Wales Education, Commissioning and Training Plan 2020/21	
	The Committee received the draft Plan.	

	<p>In presenting the report, Stephen Griffiths advised that the draft Plan had been discussed at the Board Development Session in June and the comments received had been incorporated into the current version of the Plan.</p> <p>He outlined the timelines for the consideration of the draft Plan which was scheduled to be presented at the CEOs meeting and National Executive Board on 16 July 2019 and to the HEIW Board on 18 July 2019. The comments received from the Committee will be incorporated into the draft Plan for consideration at those meetings. When all comments have been received the final Plan will inform the recommendations to Welsh Government.</p> <p>It was expected that confirmation of the training numbers would be received by the end of September 2019, although an implementation and delivery plan would be developed in anticipation of the confirmed training numbers in respect of the non-medical training numbers, as medical numbers were part of a national process.</p> <p>The Committee discussed the draft Plan and the following comments were noted:</p> <ul style="list-style-type: none"> • Need to clarify how this Plan sits with other contracts; • Assumption of growth appropriate however, consideration required in terms of the agency and locum growth and cost; • Include context in terms of HEIW's future strategic direction; • Strengthen emphasis on quality and relationship with Social Care Wales; • Section 1 and 2 set the context however, it was suggested that the plan be enhanced with the UK context and the mobility of the workforce; • Section 3 – 3.1: Signpost to the workforce modelling in Appendix 4 in this section and add in the WTE to the bullet points; • 3.2 – Strengthen section to demonstrate the importance of the relationships with Health Boards to develop a robust way forward and highlight what Health Boards and how it will reflect in the numbers; • 3.3 – Reflect that agency position is unsustainable; remove the word 'robust' at the top of page 8; need to include all professions as AHP's not shown; • Section 4 – Change emphasis to show opportunities going forward; • Section 5 – First 2 lines need to be redrafted. Need to reflect futures initiatives and strategic intent of Welsh Government and the need for workforce plans; 	
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	<ul style="list-style-type: none"> • Section 6 – Disappointing. Needs to reflect the work and influence when developing the plan in relation to the feedback received and whether it was accepted or not. However, it was highlighted that the Social Care workforce had not been consulted but would be included for future work. • Section 7 – Add non-medical into the table; • Section 8 – Very constructive however, 8.1 5th bullet change emphasis to positive and add a table to detail level of attrition and UK comparator with some narrative to explain; • Contracting price and VFM needs to reflect that we are cheaper; • Value – need to think about this in the context of the benefit of a central contracting process; • Need to add a note in relation to the expansion of GP Trainees; golden handshake and retainer on completion; • Appendix 3 – consider moving table into the text or adding an explanatory note in relation to the cross fertilisation of core trainees; • Appendix 4 – Good news story to convey to Welsh Government in terms of reductions to bank/agency. • Page 30 – point 2 needs to be strengthened; • Page 35 – reference to HCPC withdrawal needs to include narrative regarding effect on WAST – positive/negative; • Page 36 – Physicians Associates: emphasis needs to be changed as they can contribute, they are not just a solution. 	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • requested that their thanks be passed to the Team in acknowledgement of their hard work. • requested that their comments be incorporated into the next iteration of the draft Plan. 	SG SG
PART 3	CLOSE	
ECQC: 01/07/3.1	Any Other Business	
	There being no other urgent business for the open session, the meeting moved into the closed session.	
ECQC: 01/07/3.2	Date of Next Meeting	
	The date of the next meeting to be arranged.	
Resolved	The Committee agreed that a schedule of future meetings be arranged.	DB

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Dr. Ruth Hall (Chair)

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Date:

Education, Commissioning and Quality Committee (Open)
1 July 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: 01/07/1.5	Action Log			
	<ul style="list-style-type: none"> ECQC 16/05/2.2 Strategic Review of Health Professional Education: Committee to be sighted on the report being presented to the Executive Team. 	Director of Nursing	October 2019	KPMG have provided a draft report. Outcome of the review and next steps are on the Committee agenda for the meeting on 21 October 2019.
	<ul style="list-style-type: none"> ECQC 16/05/3.1 Monthly QA Review of Postgraduate Medical Education: A summary of the reports received since the last meeting be presented at the next meeting. 	Medical Director	October 2019	Noted. The format of future reporting will include all reports received since the previous meeting.
	<ul style="list-style-type: none"> ECQC 16/05/3.2 Future Quality Reporting Mechanisms: Item to be presented at the next meeting. 	Director of Nursing	October 2019	Completed. Item on the Committee Agenda for the meeting on 21 October 2019
	<ul style="list-style-type: none"> ECQC 16/05/4.3 Forward Work Programme: Work Programme to be updated. 	Board Secretary/ Director of Nursing/ Medical Director	ASAP	Work Programme developed and on the Committee agenda for the meeting on 21 October 2019.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> ECQC 16/05/4.4 GMC Quality Response: Itinerary and programme be shared for the Quality Assurance Visit scheduled for November 2019. 	Medical Director	ASAP	Itinerary, timeline and plan for conclusion information being prepared and will be shared at the Committee meeting on 21 October 2019.
ECQC: 01/07/2.1	NHS Wales Education, Commissioning and Training Plan 2020/21			
	<ul style="list-style-type: none"> The thanks of the Committee be passed to the Team in acknowledgement of their hard work in the development of the Plan. 	Director of Nursing	ASAP	Completed.
	<ul style="list-style-type: none"> The Committee comments be incorporated into the next iteration of the draft Plan. 	Director of Nursing	Completed.	Final Plan submitted to HEIW Board on 18 July 2019. HEIW Plan and recommendations have been submitted to Welsh Government. Comments expected from Welsh Government by the end of September 2019.
ECQC: 01/07/3.2	Date of Next Meeting			
	<ul style="list-style-type: none"> A schedule of future meetings to be arranged. 	Board Secretary/ Director of Nursing/ Medical Director	ASAP	Schedule of meeting dates arranged to the end of 2020.



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

Meeting Date	21 October 2019	Agenda Item	2.1
Report Title	Review of proposed amendments to the Education, Commissioning and Quality Committee's Terms of Reference		
Report Author	Dafydd Bebb		
Report Sponsor	Dafydd Bebb		
Presented by	Dafydd Bebb		
Freedom of Information	Open		
Purpose of the Report	To invite the Education, Commissioning and Quality Committee (EC&QC) to review the proposed amendments its own terms of reference.		
Key Issues	<ul style="list-style-type: none"> • The September Board Meeting of HEIW approved the recommendations of the paper (Appendix 1) on Future Ways of Working for the Board, the Audit and Assurance Committee and the EC&QC; • The adoption of the Future Ways of Working has resulted in the proposed amendments to the terms of reference of the EC&QC (see Appendix 2); • THE EC&QC is asked to consider the proposed amendments to its own terms of reference and to recommend their approval to the Board. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to:</p> <p>consider the EC&QC's amended terms of reference as outlined in Appendix 2 and</p> <p>confirm that the amended terms of reference be recommended for approval by the Board.</p>		

Proposed amendments to the Education, Commissioning and Quality Committee's terms of reference

1. INTRODUCTION

The purpose of the report is to invite the Education, Commissioning and Quality Committee (EC&QC) to review the proposed amendments its own terms of reference. The amended terms of reference are attached at Appendix 2.

2. BACKGROUND

The September Board Meeting of HEIW approved the recommendations of the paper (Appendix 1) 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 (A&AC).

The adoption of the Future Ways of Working has resulted in the proposed amendments to the terms of reference of the EC&QC. These amendments are incorporated in the attached terms of reference at Appendix 2.

3. GOVERNANCE AND RISK ISSUES

Clarifying the working relationships between the Board, the EC&QC, and the A&AC will ensure the EC&QC undertakes an appropriate range and level of work. Ensuring that respective governance and accountability mechanisms are clearly defined will reduce the risk of overlap and gaps within the governance structure.

4. FINANCIAL IMPLICATIONS

There are no financial implications for the Committee to consider.

5. RECOMMENDATION

Members are asked to:

- consider the Committee's amended terms of reference as outlined in Appendix 2 and
- confirm that the amended terms of reference be recommended for approval by the Board.

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				
Clarifying the working relationships between the Board, the EC&QC, and the A&AC will reduce the risk of overlap and gaps within the governance structure and support HEIW in making fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.				
Financial Implications				
No financial implications for the Committee to be aware of.				
Legal Implications (including equality and diversity assessment)				
It is essential that the Committee complies with its Standing Orders, for which its responsibilities are outlined in the terms of reference.				
Staffing Implications				
No staffing implications for the Committee to be aware of.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
na				
Report History	The paper on Future Ways of Working - relationship between the EC&QC, the Board and the A&AC, was approved at September Board.			
Appendices	Appendix 1 - The paper on Future Ways of Working adopted at September Board. Appendix 2 – Proposed amended terms of reference for the EC&QC.			



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

Meeting Date	26 September 2019		Agenda Item	4.5
Report Title	Future ways of working - relationship between the Education Commissioning and Quality Committee, the Board and the Audit and Assurance Committee			
Report Author	Dafydd Bebb, Board Secretary			
Report Sponsor	Dafydd Bebb, Board Secretary			
Presented by	Ruth Hall, Chair Education Commissioning and Quality Committee			
Freedom of Information	Open			
Purpose of the Report	To clarify the future ways of working for the Education Commissioning and Quality Committee (EC&QC) in respect of its role with the Board and the Audit and Assurance Committee (A&AC).			
Key Issues	<p>Clarification of the EC&QC's future ways of working is required to ensure that decision making is undertaken at the appropriate level and to avoid any overlaps or gaps in the governance structure.</p> <p>The proposed 'Future Ways of Working' are detailed in para 2.1 of this paper.</p> <p>Subject to Board approval it is proposed that HEIW's Standing Orders (SOs) will be amended to incorporate the approach detailed within the Future Ways of Working.</p> <p>While the Board will formally approve amendments to the SOs they shall first require the consideration of the Audit Committee.</p>			
Specification Required	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to approve:</p> <ul style="list-style-type: none">the Future Ways of Working (detailed in para 2.1 below);that the A&AC be directed to consider the attached SOs which have been amended to incorporate the Future Ways of Working;that the EC&QC be directed to: consider the amendments to its own terms of reference; consider the terms of reference for an internal multi-professional education group and for an External Integrated Group to advise on education and training priorities <ul style="list-style-type: none">that the proposed Future Ways of Working be subject to review in 12 months.			

Education Commissioning and Quality Committee Future Ways of Working

1. INTRODUCTION

The purpose of the Future Ways of Working, detailed in paragraph 2.1 below, is to clarify the working relationship between the Board, the Education Commissioning and Quality Committee (EC&QC), and the Audit & Assurance Committee (A&AC).

This will ensure the EC&QC undertakes an appropriate range and level of work and that governance mechanisms are clearly defined. It is proposed that HEIW's Standing Orders (SOs) (Appendix 1) together with the EC&QCs forward work programme are amended to incorporate the Future Ways of Working.

2. Background

The Future Ways of Working of the EC&QC were considered at a development session on 1 July and Board Development Session (BDS) on 29 August. The proposed ways of working are captured in paragraph 2.1 below.

These aim to draw on the full strength and expertise of the Board while enabling its Committees to review matters in detail and build an in depth knowledge amongst its members.

2.1 Future ways of working

2.1.1 Relationship between the EC&QC and Board

Strategic decision making shall be reserved for the Board. Both the EC&QC and the Board (through the BDS) shall make recommendations to the Board in respect of strategic matters relating to education commissioning and education quality.

The EC&QC shall seek assurance on behalf of the Board in respect of performance, quality and value of education contracts (e.g. recruitments, retention and student satisfaction), assessment of post graduate trainees and assessment of how well they are being educated by Trusts and Health Boards. The EC&QC shall also seek assurance in respect of Quality Improvement training. The EC&QC will highlight any issues out of the ordinary to the Board.

The Board shall retain the role of seeking updates and assurance in respect of the Revalidation process.

The EC&QC shall scrutinise the specification of tender documents relating to education contracts and make recommendations to the Board. Final approval of the specification documents shall be retained by the Board.

The terms of reference for the EC&QC currently delegates final approval of training plans, including investment and disinvestment, (before it is recommended to Welsh Government for approval) to the EC&QC. This will need to be amended so that the EC&QC may recommend to the Board only.

The forward work programme of the EC&QC shall reflect the Future Ways of Working and be subject to Board approval.

2.1.2 Relationship between the EC&QC and the A&AC

The EC&QC shall seek assurance and provide scrutiny on behalf of the Board:

- for ensuring the optimum quality of education within the available resource;
- in respect of risk and direct the Audit Committee to material issues of concern;
- on value for money on expenditure on training and education contracts.

The A&AC shall seek assurance and provide scrutiny on behalf of the Board:

- to ensure that the EC&QC follows the correct processes for ensuring value for money;
- to ensure the contracting and tendering process for education and training contracts has been followed;
- on any areas highlighted by the EC&QC within its terms of reference that requires governance action by the A&AC

Both Committees shall work closely on areas of mutual interest to ensure that overlaps and gaps are avoided.

2.1.3 Relationship between the EC&QC and internal and external stakeholders

The EC&QC shall establish an Internal Multi-professional Education Group to ensure the co-ordination and oversight of all education activity across HEIW. This will have representation from all directorates. The draft terms of reference for this Internal Group shall be considered at the next meeting of the EC&QC and then considered for approval at November Board.

The EC&QC shall make appropriate arrangements for the establishment of an External Integrated Group to advise on education and training priorities. This

group may establish task and finish groups to undertake specific work on areas of identified need. The draft terms of reference for this External Group shall be considered at the next meeting of the EC&QC and then considered for approval at November Board.

This External Integrated Group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities which would be considered by the EC&QC prior to submission to the full Board.

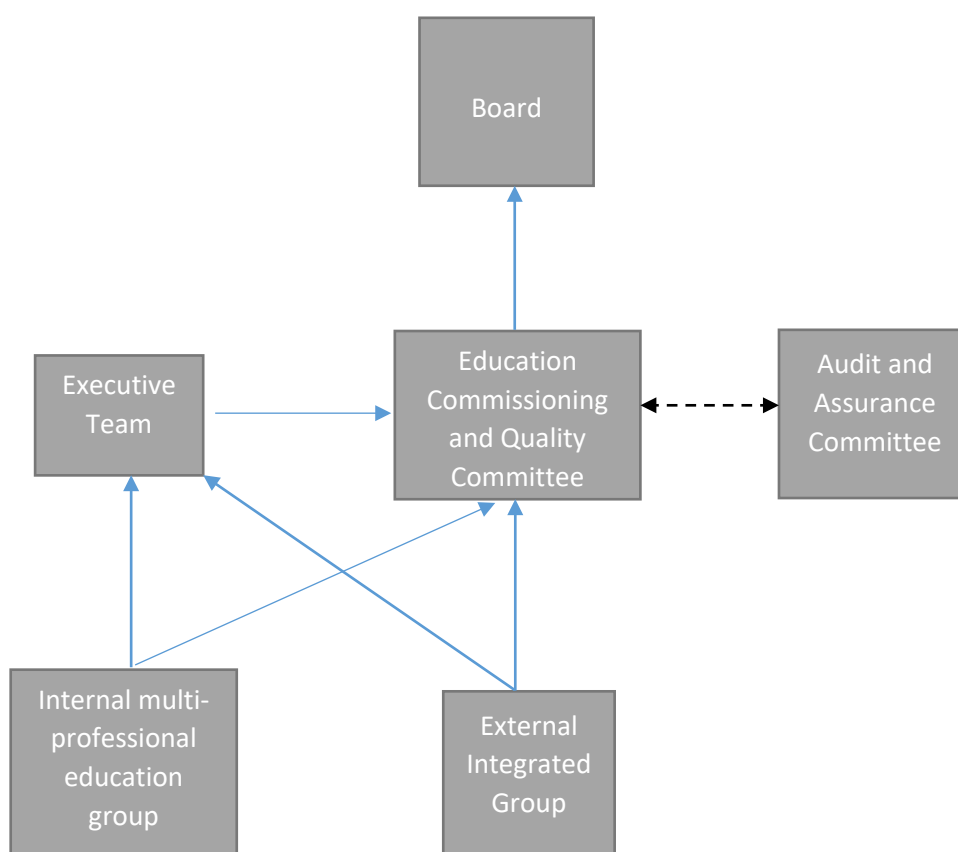
The communication strategy of HEIW will need to consider how it will enhance the overall approach to commissioning.

2.1.4 Membership of the EC&QC

Given that the EC&QC has only 2 independent members, an independent member be nominated to act as a substitute for an absent member of the Committee. Such a substitute when called upon will as a full member of the Committee.

Diagram 1

The relationships between the Board, EC&QC the A&AC, Executive and the internal and external groups are illustrated below:



3. GOVERNANCE AND RISK ISSUES

Clarifying the working relationships between the Board, the EC&QC, and the A&AC will ensure the EC&QC undertakes an appropriate range and level of work. Ensuring that respective governance and accountability mechanisms are clearly defined will reduce the risk of overlap and gaps within the governance structure.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications.

5. RECOMMENDATION

Members are asked to approve:

- the Future Ways of Working (detailed in para 2.1 below);
- that the A&AC be directed to consider the attached Standing Orders which have been amended to incorporate the Future Ways of Working;
- that the EC&QC be directed to:

consider the amendments to its terms of reference;
consider the terms of reference for an internal multi-professional education group and for an External Integrated Group to advise on education and training priorities

- that the proposed future ways of working be subject to review in 12 months.

Governance and Assurance				
Link to corporate objective (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	
Clarifying the working relationships between the Board, the EC&QC, and the Audit & Assurance Committee (Audit Committee) will reduce the risk of overlap and gaps within the governance structure and support HEIW in making fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.	
Financial Implications	
There are no direct financial implications.	
Legal Implications (including equality and diversity assessment)	
There are no direct legal implications.	
Staffing Implications	
There are no direct staffing implications.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
n/a	
Report History	The Future Ways of Working were considered at the August BDS.
Appendices	Appendix 1 - Draft HEIW Standing Orders amended to include the approach outline within the Future Ways of Working.

Education, Commissioning and Quality Committee

Terms of Reference and Operating Arrangements

Date: 30 May 2019

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .

- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

- Provide assurance to the Board as to the effective management and improvement of the quality of HEIW's education and related research activities.
- Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value based commissioning.
- Recommend to the Board the national annual education and training plan.
- Alert the Audit and Assurance Committee and the Board to any matters requiring governance action, and oversee such action on behalf of the Board.
- Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.
- 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.
- Monitor compliance of education and training activities with:
 - statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
 - with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and

diversity, person-centred care and participation, and educational quality.

- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Scrutinise the specification of education tender documents.
- xii. Recommend the specification of tender documents to the Board for Education.
- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis, and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1.1 Members

A minimum of two members, comprising:

- Chair - Independent Member
- Members - 1 Independent Member in addition to the Chair

The Chair of the organisation shall not be a member of the Committee, but may be invited to attend by the Chair of the Committee as appropriate.

4.1.2 Deputy Independent Member

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

4.2 Attendees

In attendance:

- Director of Nursing
- Medical Director
- Director of Finance and Corporate Services
- Board Secretary
- Head of Education, Commissioning and Quality

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.



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Meeting Date	21 October 2019	Agenda Item	2.2
Report Title	Update on the current position of the Strategic review of Healthcare Education in Wales		
Report Author	Martin Riley		
Report Sponsor	Stephen Griffiths		
Presented by	Martin Riley		
Freedom of Information	Open		
Purpose of the Report	To update the Education Commissioning and Quality Committee on the draft themes emerging from the KPMG Review and the engagement plan to ensure that a contract specification is developed to fully meet the needs of Wales by May 2020 when the tender will go live.		
Key Issues	<ul style="list-style-type: none"> Engagement Plan Emerging themes, <ul style="list-style-type: none"> Inter-Professional Education Build tripartite relationships Dispersed Learning More flexible training pathways Multi-Disciplinary Placements More placements in Primary Care More local and regional commissioning Commissioning for whole career pathway Support for newly qualified staff 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>The Education Commissioning and Quality Committee is asked to:</p> <ul style="list-style-type: none"> ➤ Note the contents of the draft key themes emerging from the KPMG Review ➤ Note the research being undertaken within HEIW to drive change and improvement ➤ Approve the Communication strategy 		

INTRODUCTION

On the 18th June 2019 the Minister for Health and Social Services announced that the current NHS Bursary scheme would be extended for a further year (2020/21) to enable the Welsh Government to *'undertake further engagement with stakeholders on the top four options that emerged from the consultation. Engaging on these options would allow us to build on the 80 responses received to the consultation, whilst taking into consideration the new financial support, as a result of the Diamond Review, available through Student Finance Wales.'*

The results of the further engagement exercise undertaken by the Welsh Government in response to the announcement above is due in the autumn. This meant that the original procurement timescale was not feasible due to the risk associated with the uncertainty of the outcome of the consultation process and what a future funding model may look like.

The Executive Team agreed to a revised procurement timescale as set out 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

The benefits of the revised timescales ensures that;

1. The recommendations of the KPMG Report can be evaluated
2. The Nursing Directorate can undertake more research in the areas of best-practice from around the world
3. Pre-tender engagement with the Universities can be more extensive thus ensuring the final contract specification is innovative, collaborative and deliverable
4. More time to develop the terms of the contract to ensure the maximum benefits materialise
5. Enhanced engagement with the Service and other key stakeholders to meet local, regional and national needs and priorities
6. Universities will be afforded more time to consider and prepare their bids

7. More time after the award of the contract for successful bidders to establish new programmes and ensure they meet the contract requirements and are approved by the relevant regulatory body
8. Potential for clarity around the implications of the Augur Review should the UK Government make a statement on its intent as
9. Key themes and service priorities arising from the long-term workforce strategy can be incorporated into the development of the new Education Contract so that the new contract is “future-proofed” and can be an “enabler for change”
10. 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.

Extending the existing contracts

HEIW intends to issue a modification notice to extend all current health professional education 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 process for the extension. This notice will be placed in October 2019.

New contracts

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.

Key themes from the KPMG Review and the Nursing Directorate

The draft KPMG Report has been received and the final report is due at the end of September. KPMG concluded by stating,

"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. 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."

The key themes include,

- develop role in **supporting newly qualified staff**
- further develop a strategic role in ensuring the **placement provision** of education programmes across Wales meets the needs of the service as well as the aims set out in 'A Healthier Wales'
- lead and **facilitate 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
- consider a **local / 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 area
- to build resilience consider the feasibility of commissioning **additional providers** for the programmes that currently have a single provider in Wales
- develop role across the **whole career pathway** of healthcare professionals by commissioning a broad range of programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands
- 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 of set inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further

- consider **Welsh language provision** as a part of its commissioning approach, setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill

High Level Engagement Plan

To ensure the new contract derives the maximum benefit and meets the needs of the Service and Universities the following engagement plan has been developed to explore the key themes above further,

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 25 minute individual sessions with key HEIW staff.
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/ December 2019	<p>HEIW, will visit all Universities:</p> <ul style="list-style-type: none"> 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 <p>This will provide the Universities the opportunity to seek further clarification and provide more feedback on the draft contract and strategy.</p>
End of February 2020	<p>Final stakeholder events where final contract and strategy are presented to all interested parties.</p> <p>There will be 3 events: North, West and South Wales.</p>

In addition, regular updates will be posted on the HEIW website and a brief monthly summary will be developed to ensure that all stakeholders with which KPMG engaged are kept informed and afforded the opportunity to share their views.

The agenda for the stakeholder event is below;

Time	Agenda Item	Lead	Slot
9.30	Registration and coffee		30 mins
10:00	Welcome and HEIW overview	Stephen Griffiths	15 mins
10:15	Current shape of health education in Wales	Chrissy Love	15 mins
10:30	Key drivers for change and emerging themes	Martin Riley	30 mins
11:00	Coffee Break		15 mins
11:15	Lotting Strategy, Dispersed Learning and Placements	Martin Riley	30 mins
11:45	IPE and Exit points	Denise Parish	20 mins
12:05	Practice Placement Support, Equality, Diversity and Student Health	Dawn Baker Lari	20 mins
12:25	Procurement requirements	Gemma Roscrow	20 mins
12:45	Group Q&A and close	Stephen Griffiths	30 mins
13:15	LUNCH		45 mins
Potential bidder slot		Potential bidder slot	
14:00	Group 1 – slot for potential bidder	Group 2 – slot for potential bidder	
14:25	Group 1 – slot for potential bidder	Group 2 – slot for potential bidder	
14:50	Group 1 – slot for potential bidder	Group 2 – slot for potential bidder	
15:15	Group 1 – slot for potential bidder	Group 2 – slot for potential bidder	
15:40	Group 1 – slot for potential bidder	Group 2 – slot for potential bidder	
16:05	Group 1 – slot for potential bidder	Group 2 – slot for potential bidder	
16:30	Group 1 – slot for potential bidder	Group 2 – slot for potential bidder	

Recommendations

The Education Commissioning and Quality Committee are asked to:

- Note the contents of the draft key themes emerging from the KPMG Review

- Note the research being undertaken within HEIW to drive change and improvement
- Approve the Communication strategy



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Meeting Date	21 October 2019	Agenda Item	2.3
Report Title	Review of Medical Deanery Commissioning Visits		
Report Author	Quality Unit Medical Deanery		
Report Sponsor	Push Mangat		
Presented by	Push Mangat		
Freedom of Information	Open		
Purpose of the Report	To provide the EC&QC with a written summary of the 2019 HEIW Postgraduate Medical Education Commissioning visits		
Key Issues	The document includes <ul style="list-style-type: none"> • Background to the Commissioning Process • Common challenges and good practices rising from the 2018/19 Commissioning Process • Evaluation and Future recommendations 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the contents of the report. • Approve the new arrangements for the commissioning visits 		

Review of Medical Deanery Commissioning visits

1. INTRODUCTION AND BACKGROUND

As the regulatory body for Postgraduate Medical Education and Training (PMET), the General Medical Council (GMC) expects its 'Principles for Commissioning' (*as stated in 'The Trainee Doctor – Foundation and specialty, including GP training, 2011'*) to be adopted by any organisation responsible for the commissioning of foundation and specialty training, including GP training, in the UK.

The Commissioning process provides an annual opportunity to review education and training provision within a Local Education Provider (LEP) to ensure compliance with the GMC's standards for medical education and training (as set out in the GMC's 'Promoting Excellence: Standards for Medical Education and Training') and delivery of its obligations detailed in the Expectations Agreement. It also provides an opportunity to consider challenges and opportunities for the year ahead and to share good practice. In line with the GMC's standards, it reflects the increased emphasis on the training environment and the importance of aligning educational and clinical governance.

2. GOVERNANCE AND RISK ISSUES

This is part of the QA process that is ratified by the GMC and is modified from time to time to reflect new priorities. It is important that the meetings are relevant and useful to both parties.

3. FINANCIAL IMPLICATIONS

Part of these meetings is geared towards agreeing the financial relationship between the respective financial teams.

4. FUTURE COMMISSIONING MEETINGS

Since this paper was presented to the Executive Team, a number of changes to the process have been suggested for the 2020 meetings

- That the meetings should be chaired by the CEO of HEIW
- The pre-meetings with the CEO and/or the MD of the Local Education Provider (LEP) should be removed from the agenda
- That the self-assessment by the LEP should be scrutinised in good time so that issues can be highlighted before the meeting and placed on the agenda
- That the Quality Assurance aspect of the meeting (as required by the GMC) lasts no more than 2 hours.
- A second part of the meeting should be to consider professional matters of the multiprofessional workforce and the invited attendees should reflect this.

5. RECOMMENDATIONS

The Committee is asked to:

- **Note** the contents of the report.
- **Approve** the new arrangements for the 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				
HEIW and the LEPs are committed to supporting and developing the workforce and to providing high quality training, ultimately leading to improvements in patient care.				
Financial Implications				
None				
Legal Implications (including equality and diversity assessment)				
None				
Staffing Implications				
HEIW and the LEPs are committed to supporting and developing the workforce and to providing high quality training. The Commissioning process is regularly evaluated and evolves to ensure that it remains fit for purpose in a changing training landscape.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Lessons learned throughout the commissioning process are used to ensure that the it is modified from time to time to reflect challenges, opportunities and new priorities.				
Report History	Presented to Executive Team in August 2019			
Appendices	Review of the 2018/19 Commissioning Process for Postgraduate Medical Education in Wales			



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Review of the 2018/19 Commissioning Process for Postgraduate Medical Education in Wales

Health Education and Improvement Wales
Ty Dysgu, Cefn Coed, Nantgarw, Cardiff, CF15 7QQ

Contents

1.	Background to the Commissioning Process	Page 3
2.	The 2018/19 Commissioning Model	Pages 3 - 4
3.	Recruitment and Workforce	Pages 5 - 8
4.	Significant Areas of Reconfiguration	Pages 9 -10
5.	Common Challenges Arising from the 2018/19 Commissioning Process	Pages 11 - 12
6.	Good Practice Arising from the 2018/19 Commissioning Process	Pages 13 - 17
7.	Actions for HEIW Arising from the 2018/19 Commissioning Process	Page 17
8.	Evaluation of the 2018/19 Commissioning Process	Pages 18 - 19
9.	Recommendations for the 2019/20 Commissioning Process	Page 20

Note: As the report relates to the 2018/19 Commissioning process (pre boundary change), the original names of Abertawe Bro Morgannwg University Health Board and Cwm Taf University Health Board are used throughout. Following the boundary change, these Health Boards have now become Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board respectively.

1. Background to the Commissioning Process

As the regulatory body for Postgraduate Medical Education and Training (PMET), the General Medical Council (GMC) expects its 'Principles for Commissioning' (*as stated in 'The Trainee Doctor – Foundation and specialty, including GP training, 2011'*) to be adopted by any organisation responsible for the commissioning of foundation and specialty training, including GP training, in the UK.

The GMC stipulates that the commissioning organisation or 'Education Organiser' 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.

Until 30th September 2018, the Commissioning process for postgraduate medical training in Wales was run by the Wales Deanery. Health Education and Improvement Wales (HEIW) was established on 1st October 2018 (the Wales Deanery was one of three legacy organisations to be merged to form HEIW) and this organisation now has responsibility for this Commissioning process.

The Commissioning process provides an annual opportunity to review education and training provision within a Local Education Provider (LEP) to ensure compliance with the GMC's standards for medical education and training (as set out in the GMC's 'Promoting Excellence: Standards for Medical Education and Training') and delivery of its obligations detailed in the Expectations Agreement. It also provides an opportunity to consider challenges and opportunities for the year ahead and to share good practice. In line with the GMC's standards, it reflects the increased emphasis on the training environment and the importance of aligning educational and clinical governance.

Over the years, the Commissioning process has been regularly evaluated and has evolved to ensure that it remains fit for purpose in a changing training landscape. The most recent major revision was in 2015 when the Wales Deanery revised the LEP self reporting template so that it aligned with the GMC's 'Promoting Excellence: Standards for Medical Education and Training' in advance of the standards being formally published in January 2016.

2. The 2018/19 Commissioning Model

The Commissioning process runs on an annual cycle and comprises various stages. The processes underpinning the Commissioning process are ongoing throughout the year (e.g. monitoring of training experiences via the quality management framework, regular risk reporting, Targeted Visits, Faculty Team Appraisals, Financial Accountability reporting, etc). The Commissioning model utilised in 2018/19 comprised the following elements:

June – September 2019	Development of LEP Self-Reporting Templates HEIW's Quality Unit developed a unique self-reporting template for each LEP. The templates were mapped to the GMC's standards for education and training and were pre-populated with information known to HEIW.
October 2018	Circulation of LEP Self-Reporting Templates The reports were generally completed by the Assistant Medical Directors (Education and Training) in conjunction with the LEP's Faculty Team and were signed off by the Medical Directors. The template explores an LEP's ability to meet the standards for medical education and training and provide assurance of the suitability of the educational environment for any current and proposed training posts that are commissioned from the LEP. In addition, it enables demonstration of processes supporting compliance and areas of best practice in addition to challenges to compliance and areas of developmental need. The focus is on educational governance as reflected in the educational processes and structures to support and deliver high quality training across the whole organisation rather than specific training quality issues.

December 2018	Return of LEP Self Reporting Templates to HEIW for review
January – April 2019	<p>Commissioning Meetings</p> <p>A Commissioning meeting was held at each LEP. The meeting process comprised three parts:</p> <ol style="list-style-type: none"> 1. A one-to-one meeting between the Postgraduate Dean and the LEP Chief Executive 2. A pre meeting of the HEIW Team 3. The Commissioning meeting <p>The Commissioning meeting is between the senior LEP executive team (usually led by the Chief Executive Officer and involving the Medical Director, Director of Finance and Director of Workforce and Organisational Development along with the Assistant Medical Director (Education and Training)) and a HEIW team (usually led by the Postgraduate Dean and involving the Associate Dean for Quality, Director of Finance (or their representative), Quality and Postgraduate Education Support Manager, Executive Officer (Quality and PGES), GP Associate Dean and a Lay Representative. The meeting considers the key areas of Educational Governance, Exception Reporting and Financial Accountability and is informed by evidence from a range of sources triangulated and managed through HEIW's quality management framework, the Faculty Team Appraisal process and LEP expenditure reporting.</p>
Spring/ Summer 2019	<p>Production of Commissioning Reports for circulation to the LEP</p> <p>The reports outline challenges, best practice and opportunities for the future.</p>
Spring/ Summer 2019	<p>Evaluation</p> <p>A review of the process was undertaken to inform planning of the model for the 2019/20 process.</p>

3. Recruitment and Workforce

Whilst recruitment to GP training has been improving over the last couple of years, and HEIW has received approval from Welsh Government to over-recruit to GP training this year, recruitment remains challenging across many specialties, with more rural and geographically dispersed LEPs generally facing the greatest challenges. These issues have resulted in rota gaps and service pressures which make it more challenging to ensure and maintain the provision of high quality training experiences and good patient care. Specific areas facing recruitment challenges and rota pressures that were identified throughout the 2018/19 Commissioning process included:

- **Core Medical Training across NHS Wales** - it is hoped that the roll out of the new Internal Medicine curriculum from August 2019 may help to improve recruitment.
- **Psychiatry across NHS Wales** – the number of filled Core Psychiatry posts in Wales has improved in the last two years, potentially due to the incentive offered by HEIW and the placement of Psychiatry training at the centre of the ‘Train, Work, Live’ recruitment campaign, however recruitment remains challenging.
- **Histopathology across NHS Wales.**
- **Microbiology across NHS Wales.**
- **Trauma and Orthopaedics and Emergency Medicine at Morriston Hospital.**
- **Medicine at Ysbyty Ystrad Fawr** – this remained under enhanced monitoring by the GMC due to concerns around the provision of sustainable rotas in the longer term. The Health Board has developed the current rota to ensure that an appropriate mix of staff are available and additional non-training posts have been recruited to support this. The Health Board has teams at Ysbyty Ystrad Fawr which have responsibility for considering ways of improving the experience of trainees at the site.
- **Radiology and Paediatrics at Aneurin Bevan University Health Board.**
- **Trauma and Orthopaedics at Ysbyty Gwynedd** - ensuring that trainees have access to the required level of experience has proved challenging and, whilst some progress has been made, there is some uncertainty around the sustainability of the recent improvements.
- **Unscheduled Care and Emergency Medicine at Cardiff and Vale UHB** - Consultants are populating the night time rota (Cardiff and Vale is the only location in Wales where this is happening) resulting in them being in the Unit for less time during normal working hours and therefore impacting on time to offer training opportunities. The Health Board is in discussions with HEIW regarding improving the provision of middle grade trainees in the Unit to maximise training opportunities.
- **Hospital at Night at Cardiff and Vale UHB** - The Health Board faces challenges in appropriately resourcing Hospital at Night and is undertaking a review of Hospital at Night to improve supervision and quality of care out of hours. It hopes to be in a position to support trainees with Advanced Nurse Practitioners out of hours in the future.
- **Emergency Medicine at Prince Charles Hospital** – this department is significantly understaffed and urgent expansion at Consultant level is required.
- **Paediatrics, Emergency Medicine, Trauma and Orthopaedics, Pathology and Radiography at Cwm Taf University Health Board.**
- **Clinical Oncology at Velindre NHS Trust.**

LEPs are striving to meet the 1:11 rota requirement set out by HEIW for most specialties although this has not always been possible. Whilst 1:11 is still the ‘gold standard’ for the majority of specialties as it provides better support and training opportunities for trainees, HEIW acknowledges the need to be flexible in certain areas whilst ensuring that rotas remain sufficiently robust to ensure that curriculum requirements can be met.

HEIW and the LEPs are committed to supporting and developing the workforce and to providing high quality training, ultimately leading to improvements in patient care. A number of initiatives are being developed and implemented to try to fill rota gaps and alleviate pressures arising from them in order to decrease the impact on training environments. LEPs are also undertaking work to create attractive bespoke posts and support individuals in professional qualifications to upskill the workforce and to improve recruitment rates. These include:

Initiative	Specific LEP Examples
Employing locum doctors to support rotas where there are gaps.	<p>The majority of LEPs are currently employing locum doctors to support rotas where there are gaps.</p> <p>Cwm Taf UHB is considering the use of more locum doctors at weekends so that trainees are working predominantly during the week when training opportunities are more readily available.</p> <p>Hywel Dda UHB works to recruit locum doctors to support rotas where required in order to ensure appropriate supervision both during the daytime and out of hours and to protect attendance at teaching programmes.</p>
Appointing Physicians' Assistants to support rotas and free up more time for trainees to undertake educational and training activities.	<p>Recent targeted visits to Betsi Cadwaladr UHB have brought the need for use of the non-medical workforce into greater focus with discussions between the Health Board's clinical and managerial teams beginning in earnest, particularly in the more acute specialties. Departments are now looking to advertise for experienced Physicians' Assistants from outside the Health Board. The Health Board plans to employ four Physician's Associates (PAs) who will be graduating from Bangor University this year and hopes to continue working in partnership with Bangor University in the future to offer clinical placements for its PA students with a view to employing them once they graduate.</p> <p>Aneurin Bevan UHB has recently doubled the number of student Physicians' Assistants that it can accommodate from Swansea University's Medical School and it also currently employs six qualified Physicians' Assistants. It is hoping to recruit up to another 20 Physicians' Assistants over the coming year.</p>
Recruiting overseas doctors.	<p>There was an all Wales BAPIO recruitment drive in India in November 2018.</p> <p>Cardiff and Vale UHB's Paediatrics Department has recruited International Medical Graduates (IMGs). The investment in the recruitment process for IMGs resulted in a transformation of the rotas in Paediatrics which resulted in a significantly improved training experience overall. The Health Board is currently looking to improve recruitment to Radiology and Surgery posts.</p> <p>Velindre NHS Trust is in the process of developing training and research links with the Tata Institute in Calcutta.</p>
Creation of F3 posts.	<p>The F3 posts at Ysbyty Gwynedd are now in their second year of iteration. To date, they have resulted in appointment to a number of traditionally unfilled posts and retention of valued F2 trainees who are familiar with the site and departments. Betsi Cadwaladr UHB is keen for something similar to be achieved at Ysbyty Glan Clwyd. It is hoped that the introduction of F3 posts may help to encourage F2 trainees to remain in NHS Wales on a long term basis as it will provide an opportunity for further development and exposure to help inform their career decisions with regard to specialty training.</p> <p>Betsi Cadwaladr UHB believes that not allowing trainees into GP practices if they are not on a recognised training programme is a barrier to the F3 scheme and would appreciate any help HEIW could offer to influence this situation.</p>
Developing bespoke posts such as Clinical Fellows, Academic training posts, etc.	<p>ABM UHB has established Emergency Department/ Emergency Medicine Retrieval and Transfer Service Senior Clinical Fellow posts. Three posts have been advertised and two appointments have been made at Morriston Hospital which have improved the middle grade tier. ABM</p>

	<p>UHB is also keen to develop an Acute Care Fellowship for overseas doctors and a Clinical Education Fellow post and both of these are currently in the planning phases.</p> <p>Aneurin Bevan UHB employs several Clinical Fellows and undertakes significant work to make the posts attractive. As part of this, Clinical Fellows are offered study leave so that they have parity with trainees following more traditional training pathways. The Health Board encourages specialties to work together to develop unique opportunities and more individuals than previously are showing an interest in these posts.</p> <p>Hywel Dda UHB has been successful in recruiting to Clinical Fellow posts at all of its sites with tailored teaching programmes in place for these doctors. The Health Board currently has a Welsh Clinical Leadership Training Fellow and there is also a GP on the Leadership scheme.</p> <p>Cardiff and Vale UHB has appointed Clinical Fellows in some departments.</p>
Supporting individuals to undertake professional qualifications to develop the workforce and make posts more attractive.	<p>ABM UHB supports individuals to undertake a postgraduate diploma in medical education.</p> <p>Staff at Hywel Dda UHB are encouraged to work at the top of their licence and are then encouraged and supported to undertake the next stage of training if this is something that they want to do.</p> <p>Velindre NHS Trust encourages and supports trainees to take on leadership roles. Examples include one trainee undertaking a formal leadership role for the Undergraduate Oncology project and another completing a Clinical Leadership Training Fellowship. Trainees are also encouraged to take out of programme experiences to develop leadership skills.</p>
Review of trainee doctor rotas.	<p>Betsi Cadwaladr UHB's Workforce and Organisational Development Directorate and the Office of the Medical Director is undertaking a joint review of trainee doctors' rotas. As part of this, the Health Board is rolling out 'Health Medics', which supports activity rostering. This has been successfully rolled out in a number of specialties. The Health Board expects basic rostering to be in place across the Health Board by July 2019, with the focus between August 2019 – August 2021 being to proactively utilise the activity manager in support of training opportunities. Any specialty will be supported to consider activity rostering ahead of August 2019 if they choose to do so.</p>
Incorporating curriculum requirements in rota plans.	<p>Trainee attendance at clinics has now been incorporated in rotas at Velindre NHS Trust and this ensures that trainees have protected time to undertake the required training opportunities.</p>
Establishment of a multi-professional Workforce Strategy Group.	<p>Betsi Cadwaladr UHB has established a multi-professional Workforce Strategy Group which includes representation of all healthcare professions and has responsibility for making meaningful improvements to rotas. A Workforce Strategy will be submitted to the Executive Board in the near future which incorporates a multi professional workforce and employs a patient centred workforce skills based approach. In addition to Physicians Associates, the Health Board is considering how other health professionals (e.g. medical support workers, prescribing pharmacists, Advanced Nurse Practitioners, etc) could best be utilised and developed to improve service delivery and to support education and training.</p>
Collaboration with an external recruitment company.	<p>Cwm Taf UHB worked with a recruitment company named 'Jamjar' for six months to develop an innovative approach to recruitment by designing,</p>

	developing and delivering a six month communications campaign in the UK and overseas to position the Health Board as an employer of choice.
Promotion and Widening Access.	<p>HEIW works with LEPs to promote and showcase Wales at national recruitment initiatives and careers events.</p> <p>Aneurin Bevan UHB ran an event in November 2018 for sixth form students across Gwent as part of the Widening Access agenda. Students had the opportunity to gain insight into being a doctor as well as receiving practical advice on applying to medical school. The Health Board also offers a series of interview technique sessions to support students in their interviews for medical school. Over 80 students have attended to date and the Health Board hopes to develop and expand this provision in the future.</p> <p>Betsi Cadwaladr UHB is actively involved with the Widening Access Scheme and “SEREN” Project, running programmes at each site for local school children and access to medical school and it is hoped that this will have a positive impact on recruitment to the Health Board.</p> <p>Cardiff University’s School of Medicine has established the Community and Rural Education Route (CARER) which allows medical students to undertake a year long placement in a rural/community environment. Betsi Cadwaladr UHB is involved in the CARER programme and currently offers placements in Bangor. It is hoped that this scheme may encourage students to remain in North Wales and take up F1 posts following completion of their undergraduate training.</p> <p>Cwm Taf UHB is working with local schools to encourage applications to study medicine as part of the widening access agenda. It has participated in school careers fayres and hosted an awareness session for schools in Merthyr Tydfil in January 2019.</p>

HEIW has set out its commitment to strengthening and broadening support for the Staff and Associate Specialist (SAS) group of doctors moving forwards. This is a priority area of work for the organisation and a business case for a comprehensive support and development function is currently being developed. One of the key principles underpinning this work is that the Staff and Associate Specialist (SAS) group of doctors, will, if they wish, have access to a similar level and quality of support and development opportunities that trainees with national training numbers currently have. Many LEPs have already begun to develop and offer specific support and development opportunities for their non training grade doctors and, throughout the Commissioning process, many LEPs expressed their support for HEIW’s plans. HEIW therefore looks forward to working collaboratively with LEPs to take this work forwards.

HEIW is also keen to develop an All-Wales strategy for encouraging overseas doctors to train in Wales and remain here once training is complete. It is therefore keen to work with and support LEPs in developing training opportunities for doctors who do not necessarily want to follow traditional training pathways.

HEIW plans to establish an international recruitment office and is currently scoping ideas from other areas of the UK to inform developments. It is keen to re-establish global links with other countries (particularly Commonwealth countries) to develop mutually beneficial training opportunities.

4. Significant Areas of Reconfiguration

There is currently a lot of reconfiguration work taking place across NHS Wales. Key areas of reconfiguration that were discussed during the 2018/19 Commissioning process are outlined below.

- The boundary change between Abertawe Bro Morgannwg UHB and Cwm Taf UHB took place on 1st April 2019 and resulted in Princess of Wales Hospital, including its 132 training posts, moving under the remit of Cwm Taf UHB. At this point the Health Board names also changed: Abertawe Bro Morgannwg UHB became Swansea Bay UHB and Cwm Taf UHB became Cwm Taf Morgannwg UHB.
- Aneurin Bevan UHB continues to take forward its Clinical Futures work which will result in major reconfiguration across the Health Board over the next few years. A key milestone of this work will be the opening of the Grange University Hospital in April 2021. It is anticipated that this hospital will provide acute trauma and emergency services and the Royal Gwent Hospital. Nevill Hall Hospital and Ysbyty Ystrad Fawr will treat GP referrals, minor injuries and out of hours cases. The Clinical Futures programme will involve the reconfiguration of a number of acute services and will allow a more modular approach to the delivery of training (in both elective and emergency work) which would be facilitated by a Health Board, rather than site based, trainee allocation.

As the opening of the new Grange University Hospital is scheduled to happen in the middle of the transition period for the revised Internal Medicine curriculum, there are significant risks to training provision that need to be carefully considered and managed. The Health Board has been having detailed discussions with the Interim Deputy Postgraduate Dean with specific regard to the medical on call rota and it has been agreed that the medical take can be supported by trainees at two sites within the Health Board. The Health Board is also mindful that the Medical Licencing Assessment (MLA) is due to be introduced by the GMC around the same time as the Clinical Futures work comes to fruition, so this will require careful management and consideration. HEIW has asked all Heads of Schools to develop proposed working models for Aneurin Bevan UHB in light of Health Board wide reconfiguration to ensure that education and training opportunities can be maintained. Discussions are ongoing with regional partners about the obstetric service for South Wales. It is likely that the Grange University Hospital will be the location of obstetric-led maternity care in ABUHB in Clinical Futures. Once the new hospital is completed and the Health Board has provided HEIW with details of the structure and where trainees will be, HEIW will seek post and programme approval from the GMC.

- Aneurin Bevan UHB is experiencing challenges in delivering 24 hour Paediatrics services at both Royal Gwent and Nevill Hall Hospitals. It is considering the consolidation of services at one site, the Royal Gwent Hospital, and HEIW is supportive of the principles behind this reconfiguration. Both the Head of School for Paediatrics and HEIW's Associate Director of Secondary Care are aware of the plans and will work with the Health Board to ensure that training opportunities are fully considered as part of the service reconfiguration. As long as the curriculum requirements of trainees are met, HEIW is supportive of trainees being redeployed to Nevill Hall Hospital on a daytime basis. If the Health Board moves to a core model (which will ultimately result in the centralisation of services at the Grange Hospital) before the Grange Hospital is built, there will be a short period of time where 2 or 3 trainees will be based in the Emergency Department at Nevill Hall Hospital where they will have some exposure to paediatrics, but not to a full paediatrics service. HEIW supports this model so long as the Health Board ensures that patient flow is mapped to the curriculum and appropriate supervision arrangements are in place. HEIW is keen for supervisors to be based at the same site as trainees wherever possible as being located at different sites can prove challenging.
- Due to the significant work undertaken by Betsi Cadwaladr UHB to improve the training environment in Neonatology at Glan Clwyd Hospital, the hospital should be in a position to provide tier 1 Paediatrics training from 2020. This would result in trainees no longer having to rotate to Arrowe Park in Health Education England (HEE) for this part of their rotation.
- Plans are in place for Cwm Taf UHB to centralise its Obstetrics and Gynaecology and Paediatrics services. Services will move out of Royal Glamorgan Hospital and into a new unit at Prince Charles Hospital. It is anticipated that this move will provide the opportunity to develop more sustainable rotas and deliver better service and training experiences. Trainees will still be able to access outpatients and non-urgent work across all of the Health Board sites. The Health Board has established plans for the Faculty Leads to meet with trainees on a monthly basis to ensure that any issues that may arise are quickly identified and resolved.

- The decision to host a new Major Trauma Centre (MTC) within Cardiff and Vale UHB has now been made and the Health Board has recently appointed several MTC Leads. The Health Board is keen to engage in dialogue with HEIW to discuss the impact that this might have on education and training and the unique and enhanced opportunities that it could offer. The Health Board would welcome improved access of all middle grade trainees in Wales to work within the MTC to enable them to fulfil all aspects of the training curriculum, as is the approach elsewhere in the UK. HEIW views the development of the MTC as a fantastic training opportunity and is keen to support the Health Board in maximising opportunities available and seeking additional training post approval from Welsh Government.
- Cardiff and Vale UHB views the relocation plans for Rookwood Hospital and the redevelopment of neuro rehabilitation services as a positive for training as it may help to eliminate the isolation previously felt by some trainees who were based at Rockwood Hospital. Regular meetings are held between the Medical Director, AMD (Education and Training) and Service Leads to ensure that appropriate education and training opportunities are maintained throughout the reconfiguration work. The Medical Director meets with managers to ensure that staff remain up to date on the restructuring plans and engagement with the process is generally good.
- Hywel Dda UHB is progressing its Transformation of Clinical Services programme which ultimately aims to improve healthcare in Mid and West Wales. HEIW is working with the Health Board on this and is therefore fully involved in the process to ensure that education and training are given appropriate consideration.
- Velindre Cancer Centre has recently opened a new Assessment Unit. Initial feedback suggest that this Unit supports training by having a dedicated space in which learning can take place and by ensuring that appropriate support is available to trainees.
- Velindre NHS Trust is committed to working collaboratively with HEIW on its Transforming Cancer Services Programme to ensure that education and training opportunities are maximised moving forwards. The Programme is progressing and the Trust hopes to be in a position to develop an outline business case for Welsh Government over the next few months. Information has already been provided to Welsh Government around the size and footing of the new hospital and the Trust is awaiting approval. Plans include the building of a new Velindre Cancer Centre and discussions are ongoing with Aneurin Bevan UHB in relation to the establishment of a satellite Radiotherapy Centre at Nevill Hall Hospital. It is hoped that the new Cancer Centre will include a 'Collaborative Centre' which will facilitate working with external colleagues to bring together all aspects of education, training and service delivery and to promote a collaborative, multiprofessional approach. Many different groups, including patient groups, the Pharmaceutical Society and Cardiff University have already expressed an interest in using the space and HEIW is also very keen to be involved in this work. The developments are likely to have implications on workforce and HEIW encouraged the Trust to provide it with any workforce issues so that they can be considered as part of the overarching workforce plan for Wales.

2019 will also see the roll out of significant changes to the curriculum in Medicine and Surgery. A reconfigured Core Medical Training (CMT) curriculum is to be rolled out from August 2019 and will be rebranded as Internal Medicine (IM). The curriculum requirements are increasing and competencies are broadening and this is likely to have implications for allocation of training posts to areas of medicine that are particularly specialised or sites where the case mix may be limited. HEIW is working closely with IM Leads in LEPs across Wales to ensure that arrangements are in place to allow effective delivery of the curriculum.

An 'Improving Surgical Training' (IST) pilot commenced in General Surgery in August 2018, and the pilot will expand to include Urology and Vascular Surgery from 2019, with plans underway to add Trauma and Orthopaedic Surgery from 2020. The 2019 pilot sites in Wales will be Royal Gwent Hospital (Aneurin Bevan UHB), Ysbyty Gwynedd (Betsi Cadwaladr UHB) and Royal Glamorgan and Prince Charles Hospitals (Cwm Taf Morgannwg UHB).

5. Common Challenges Arising from the 2018/19 Commissioning Process

The Commissioning process identified some challenges that are common to most/all LEPs across NHS Wales. These are summarised below.

The 2018 GMC National Trainee Survey consistently highlights that Wales scored the lowest in the UK for the 'Reporting Systems' Indicator. The majority of trainees know how and when to report issues but providing feedback to trainees regarding the issues they raise continues to prove challenging.

Particular challenges in relation to trainees raising concerns and LEPs acting on concerns raised and providing feedback on actions taken include the following:

- Issues are often not raised until they become more significant and are therefore more difficult to deal with.
- There is some sense of fatigue in trainees with regard to feedback mechanisms and maintaining engagement remains challenging.
- Although having a wide variety of mechanisms by which concerns can be reported is helpful, the multitude of mechanisms can cause challenges in recording and monitoring all concerns raised and can result in Faculty Teams being unaware of some issues until a later stage.
- Due to the anonymous nature of some reporting mechanisms (e.g. the GMC Training Surveys) it can be difficult to gather further information on the exact issues requiring attention and it is not possible to provide feedback to individuals on the concerns they raised.
- By the time issues have been investigated and resolved, the individuals who reported them have often moved onto their next training rotation and so do not receive feedback on the actions taken.

Clinical Supervision

Service pressures and rota gaps are causing challenges in ensuring appropriate clinical supervision in some areas. There seem to be particular challenges in ensuring appropriate supervision for trainees providing cross cover or working out of hours, but LEPs are aware of these challenges and are working to ensure that appropriate clinical supervision arrangements are in place at all times. The more significant challenges in the provision of clinical supervision have been identified via HEIW's quality management processes and HEIW is working with LEPs to investigate issues and develop action plans and resolutions.

The Provision of Effective Handover

The provision of effective handover has been an ongoing issue for many LEPs, in particular, the use of handover as an educational opportunity. Less than half of trainees across NHS Wales reported, via the 2018 GMC Trainee Survey, that handover is used as a learning opportunity.

Service pressures are cited as one of the main inhibitors to effective handover and it seems to be a particular problem for those trainees involved in cross cover rotas at night.

Whilst handover can be a good learning opportunity for all participants, trainees may not always recognise the learning opportunities it does provide and there is work to be done across Wales to emphasise the educational opportunities that it can offer.

Links between Faculty Teams and Specialty Schools

The level of collaborative working and sharing information between specialty teams and Faculty Teams has been a recurrent all-Wales issue for several years. There is a need for closer working and better communication between specialties and Faculty Teams in order to ensure a cohesive approach to training to resolve issues and share good practice. LEPs are making some progress in addressing this issue, but separate processes for reporting and dealing with concerns continue to exist in Faculty Teams and specialties and information is often not shared at an early stage to allow timely intervention and a coordinated approach.

Succession Planning

LEP Faculty Teams comprise individuals with a wealth of skills, knowledge and experience. LEPs have been encouraged to consider succession planning to ensure that this knowledge and experience can be passed on and to ensure that individuals outside of the Faculty Team are developed to enable them to take on leadership and management roles in the future.

IT Infrastructure

Welsh Government have recently advised HEIW that as the Govroam project has progressed and evolved it has become apparent that Govroam will not meet the full specifications/requirements of HEIW. As such, work has now commenced to identify an alternative solution and a number of options are being considered, including Eduroam. Work to consider the full range of potential options is progressing and Welsh Government hopes to be in a position to advise on a final solution in the near future. HEIW is directly involved in the process to find a solution and is

working closely with Welsh Government and NHS Wales Informatics Service (NWIS) to achieve this as quickly as possible.

Hywel Dda UHB and Cwm Taf UHB reported issues with WiFi access and Cwm Taf UHB also reported issues with internet speed via the cloud.

Trainee Support

The GMC's Equality and Diversity Advisory Forum has been reviewing Differential Attainment data for 5 years and shared it with Deaneries and Medical Schools in 2018/19 prior to the planned publication of programme level data publicly in September 2019. The data collected relates to three groups of trainees: UK White Primary Medical Qualification; UK BME Primary Medical Qualification; and International Medical Graduates (IMGs) and is compared against three metrics: overall satisfaction reporting in the GMC Training Survey; examination results; and ARCP outcomes. It provides evidence that differential attainment is apparent.

HEIW has established a Differential Attainment Implementation Group, which is Chaired by the Interim Postgraduate Dean, and will be seeking representatives from LEPs and the Medical Schools to join this group to take this work forwards. Several LEPs expressed an interest in being involved in this work to develop positive strategies to improve education and training for all.

The Provision of Feedback to Trainees

Whilst feedback is generally provided to trainees on a regular basis, getting them to recognise when feedback on their performance is being provided remains challenging across Wales, particularly if this is not done formally but as part of regular daily interactions during ward rounds, clinics, etc. Several LEPs are having to encourage their trainers to specifically state when feedback is being provided so that it is recognised as such. Several LEPs also run sessions for trainees on what constitutes feedback and offers training to its trainers on how to provide effective feedback. Trainees are also reminded that feedback can be provided by other individuals within the team in addition to their trainer(s) and are encouraged to seek feedback on a regular basis.

Protected Time to Undertake the Trainer Role

It is a pan-Wales issue that trainers are not always able to use the time allocated in job plans to undertake the trainer role (reported as such in the 2018 GMC Trainer Survey). In most cases, time is allocated in individual's job plans for undertaking the trainer role(s) but in reality, time pressures and increasing clinical demands prevent this time from being used for training. Also because training often takes place as part of service delivery, it is difficult to specify specific blocks of time to undertake the role. It is evident however that trainers are doing their utmost to fulfil their training roles and LEPs are working to ensure that they do receive appropriate protected time allocations for this.

At Cardiff and Vale UHB, every department is required to complete an annual educational governance report which includes the provision of data on the number of undergraduate and postgraduate trainers in a particular department. The Medical Director and AMD (Education and Training) have also started to hold performance reviews with each Clinical Board this year. The reports and review meetings support discussions around support for trainers and allow issues around the provision of time for the trainer role(s) to be addressed directly with departments.

Several LEPS are keen to develop trainer selection and quality management processes to ensure that appropriate individuals are appointed and that trainers are meeting the requirements of the role. The All Wales Trainer Recognition Group, chaired by HEIW's Sub Dean for PGES and QIST, is currently considering selection criteria and quality management processes for trainers and will share the outcomes of this work in due course.

6. Good Practice Arising from the 2018/19 Commissioning Process

The 2018/19 Commissioning process highlighted many areas of good practice across NHS Wales and outlined the commitment and ongoing work being undertaken to support, deliver and manage high quality training opportunities and improve these wherever possible.

Specific areas of good practice are detailed below (split by themes set out in the GMC's 'Promoting Excellence: Standards for Medical Education and Training').

THEME 1: LEARNING ENVIRONMENT AND CULTURE	
Raising Concerns	
The majority of LEPs have appointed Trainee Representatives and have established Trainee Doctor Forums which meet on a regular basis and provide an opportunity for trainees to raise concerns.	
Procurement of a support service from the National Guardian's Office (an independent, non-statutory body with the remit to lead culture change in the NHS so that speaking up becomes business as usual) to provide staff with an independent channel to raise bullying and undermining concerns confidentially. <i>(ABM UHB)</i>	
The LEP's 'Putting it Right' team is developing a document to outline the process that is followed when concerns are reported and to develop more effective ways of reporting on outcomes of concerns raised. <i>(Aneurin Bevan UHB)</i>	
The Unscheduled Care Manager at Glan Clwyd Hospital meets with trainees in Medicine at the site on a monthly basis to provide an update on concerns raised and actions being taken to address them. <i>(Betsi Cadwaladr UHB)</i>	
Departments are encouraged to introduce 'Learning from Events' sessions whereby departments can discuss reported concerns and risks during teaching and discuss what has been changed or learned from them. <i>(Hywel Dda UHB)</i>	
A 'Trainee Think Tank' (comprising the LEP's nominees for Best Trainee Awards) has been established to provide a voice for trainees and to help the LEP understand how best to support its trainees. <i>(Cardiff and Vale UHB)</i>	
Daily Board Rounds, with senior medical and nursing staff in inpatient clinical areas, are being increasingly adopted across the Health Board and these provide an opportunity for raising concerns. <i>(Cardiff and Vale)</i>	
Introduction of 'You said, We did' listening events with the Medical Director and Senior Leaders. <i>(Cardiff and Vale UHB)</i>	
Trialling a 'What you Said. What we did' poster exercise to advertise actions taken as a result of trainee feedback. The Faculty Team is also working with Directorate teams to establish processes to ensure that trainees receive direct feedback on the concerns that they raise. <i>(Cwm Taf UHB)</i>	
The Trust plans to establish a central database to be held by the Clinical Governance Lead (but linking both clinical and educational governance) which will hold information on reported concerns. It anticipates that this will enable the Trust to identify any common themes that may emerge and will provide a more formal framework to facilitate the investigation and resolution of issues. <i>(Public Health Wales NHS Trust)</i>	
Dealing with Professional Behaviour Concerns	
The commissioning of ACAS to deliver a series of awareness raising sessions on what bullying and undermining is and how to deal with it. <i>(ABM UHB)</i>	
Clinical Supervision	
Clinical supervision is a standing agenda item for Medical Workforce Board meetings and is also discussed at Unit Medical Director meetings and Health Board Faculty meetings. <i>(ABM UHB)</i>	
In addition to trainees receiving clinical supervision from senior medics, the Trust also utilises other healthcare professionals (e.g. Advanced Nurse Practitioners, radiographers, pharmacists, etc) to provide support and clinical supervision. <i>(Velindre NHS Trust)</i>	
The creation of a hub (through the Medical Business Unit) for consideration of issues and the proactive management of rotas. The hub enabled the Trust to undertake planning and produce business cases to enable the appointment of SAS doctors and locums to support rotas. <i>(Velindre NHS Trust)</i>	
Induction	
All LEPs provide corporate induction to trainees which is regularly evaluated to ensure that it remains fit for purpose.	
Investment in an induction app, to include both corporate and departmental information, that can be uploaded and provided to trainees in advance of them taking up their placements at the Health Board. <i>(Aneurin Bevan UHB)</i>	
The Faculty Team plans to develop a departmental induction template to ensure that key topics are included and to increase consistency across sites and specialties. The Faculty Team also plans to seek feedback on departmental induction from trainees in all specialties. <i>(Hywel Dda UHB)</i>	
The induction process is supported by a Medical Education app which trainees can access throughout their training at the Health Board. <i>(Cardiff and Vale UHB)</i>	
Development of a virtual reality induction which the Trust hopes to be able to pilot in the near future. <i>(Velindre NHS Trust)</i>	

Handover
The Health Board is bidding for a handover and e-observations system to be used in each of its hospitals and a business case is being developed. The Health Board is also awaiting confirmation of funding to support the roll out of electronic white boards across Singleton Hospital. <i>(ABM UHB)</i>
The NHS Wales e-flow project has been piloted in Medicine and Surgery at Ysbyty Ystrad Fawr and Nevill Hall Hospital - ipad/ipod mobile devices were used at bedsides to access vital signs data and CWS and bed management data. Feedback received to date has been encouraging. <i>(Aneurin Bevan UHB)</i>
The Health Board is piloting various handover systems (including SAFER / Red2Green) to consider their effectiveness in supporting patient safety, handover and flow. The Health Board has commissioned a management consultancy firm with a clinical background to work on the roll out of this. Doctors in training will be involved with this work as it will include the entire ward team. <i>(Betsi Cadwaladr UHB)</i>
The Health Board has also developed Emergency Admissions software (EAS) which has the ability to streamline/record handovers. The system is operational in some areas of the Health Board and it is anticipated that it will significantly improve handover. <i>(Betsi Cadwaladr UHB)</i>
The Health Board currently has a local quality improvement project in place which is looking at the development of a standardised handover. A standardised process has now been developed and future work will look to conduct an audit and build on the usage of this tool. The Health Board hopes that this work can be digitalised moving forwards. <i>(Cwm Taf UHB)</i>
The Health Board is developing several solutions to handover, including chest pain/referral handover in Cardiology and Weekend Handover online at Withybush Hospital. <i>(Hywel Dda UHB)</i>
A new handover model 'AWARE' has been rolled out in Public Health. An AWARE Situational Awareness Task and Finish Group was established to review handover arrangements. All offices link via teleconference twice per day and the agenda explicitly identifies information for handover both in writing and orally, including nil handover. <i>(Public Health Wales NHS Trust)</i>
Educational Infrastructure
All LEPs have well established Faculty Teams with a wealth of knowledge, skills and experience. The Faculty Teams are appraised on an annual basis by HEIW.
Links between Faculty Teams and GP Programme Directors have significantly improved across most LEPs. GP attendance at Faculty Team meetings has been facilitated by moving the meetings to different days and regular communication with GP Programme Directors takes place on a regular basis.
Improved links between the Clinical Directors for Medical Education and GP Leads have been created and one of the outcomes of this has been the facilitation of a new GP teaching programme at Ysbyty Glan Clwyd. <i>(Betsi Cadwaladr UHB)</i>
The Health Board anticipates opportunities for closer working between primary and secondary care colleagues through the Primary Care Medical School Expansion Project. <i>(Hywel Dda UHB)</i>
Bi-annual College Tutor Forums are attended by the AMD (Education and Training) or other Faculty Team representatives and provide an opportunity for specialty colleagues to share updates with their peers and the Faculty Team. <i>(Cwm Taf UHB)</i>
LEPs are working towards developing a cohesive approach to the management, support and delivery of postgraduate and undergraduate education and training where possible and several LEPs have a single Medical Education Team with responsibility for both. Many Faculty Team members hold both postgraduate and undergraduate training roles.
An in situ medical simulation suite is now fully operational and is well used for both postgraduate and undergraduate teaching and training. The Unit enables multidisciplinary training for clinical teams in response to clinical incidents. <i>(Cardiff and Vale UHB)</i>
Development of an Acute Oncology app which received an award at the 2018 'Sharing Training Excellence in Medical Education' (STEME) Conference. <i>(Velindre NHS Trust)</i>
The use of virtual reality (VR) in education and training which is now also being rolled out across patient areas. An evaluation paper on its use in education and training is due to be published in the BMJ. <i>(Velindre NHS Trust)</i>
Multidisciplinary Working
The Health Board encourages multiprofessional working and, as such, hosted a multidisciplinary Cardiology Study Day at Princess of Wales Hospital in October 2018. Feedback on the event was positive and it is hoped that this could be a model on which to base similar events in other specialties in the future. <i>(ABM UHB)</i>

THEME 2: EDUCATIONAL GOVERNANCE AND LEADERSHIP

Governance

All LEPs have clear governance structures in place that facilitate the escalation of training quality issues to Executive Board level as required.

All LEPs have a Medical Education Board (or equivalent) which meets on a regular basis. Many also produce regular reports on training quality issues and areas of good practice to the Executive Board.

The Health Board is working to identify Education Leads in each department in order to ensure a point of contact within each specialty and to provide leadership on the provision and development of education and training within their specialty. One of the responsibilities of the Education Leads will be to create and agree a departmental development plan with regard to education and training. *(Betsi Cadwaladr UHB)*

Development of a Health Board Tracker system to formally monitor training quality issues. *(Hywel Dda UHB)*

The Health Board requires every department to submit an annual educational governance report. Around 23 departments submit a report and these are clustered within 5 Clinical Boards. In addition, the Medical Director and AMD (Education and Training) have begun to hold 'Clinical Board Medical Education Reviews' with each Clinical Board. Clinical Board Directors have shown positive engagement with the review meetings which provide an opportunity to directly address any issues of concern as well as highlighting good practice and identifying KPIs in relation to education and training. Anonymous feedback is provided to the Hospital Systems Management Board. *(Cardiff and Vale UHB)*

The establishment of a Medical Business Unit which provides a 'one stop shop' for anything affecting medics at the Trust. Its remit includes managing appraisal, overseeing revalidation, proactively managing rotas and investigating issues. The Unit is accountable to the Medical Director and Clinical Director and has a management link via the Medical Business Manager. *(Velindre NHS Trust)*

Communication and Engagement

Regular, open and honest conversations are held between the Health Board's Medical Director and AMD (Education and Training) and representatives from HEIW to discuss challenges, developments and opportunities. The Health Board's Clinical Directors are also invited on an adhoc basis depending on issues to be discussed. *(Cardiff and Vale UHB)*

THEME 3: SUPPORTING LEARNERS

Trainee Support

The Health Board recently ran a resilience and mindfulness course for trainees and this was oversubscribed. The Health Board is therefore planning to offer more sessions in the future and extend the provision to all staff. Work around wellbeing has the full support of the Health Board's Executive Board. *(ABM UHB)*

The Health Board is running its 'Developing Doctors to be Educators' course for a second year. A significant number of applications were received and 12 trainees at a variety of grades are now undertaking the 12 month accredited course where they will receive mentoring support to deliver teaching to undergraduate medical students. *(Cwm Taf UHB)*

In 2017/18 the Health Board established a 'Near Peer' scheme for Foundation trainees. The scheme proved invaluable and is being continued in 2018/19 to ensure that a near peer (Foundation trainee) works alongside facilitators at Foundation training placements at Keir Hardie Academic Centre twice per week to provide support for Foundation trainees. *(Cwm Taf UHB)*

Provision of Feedback to Trainees

The Health Board held a CPD accredited 'Feedback' session at Worthybush Hospital for its trainers to develop their skills in ensuring that trainees are aware when feedback is being provided. There are plans to host more of these sessions at other sites across the Health Board in the future. *(Hywel Dda UHB)*

THEME 4: SUPPORTING EDUCATORS

Trainer Support

The Faculty Lead for Training hosts regular meetings which provide an opportunity for trainers from across the Health Board to meet to discuss challenges and share good practice. *(Aneurin Bevan UHB)*

The Medical Education Team has purchased a feedback app ('All in the Loop') to support the provision of constructive and immediate feedback on teaching and courses. *(Cwm Taf UHB)*

The Public Health Training Programme Director has facilitated peer group meetings between the last two cohorts of Educational Supervisors to support them through the initial years of taking on this role. *(Public Health Wales NHS Trust)*

Trainer Development
All LEPs are committed to supporting their trainers to undertake professional development activities in relation to their educational role. Attendance at training events is encouraged and many LEPs offer local development opportunities for trainers.
The LEP runs local 'Training the Trainer' events and a monthly FACTS Forum for all trainers across the Health Board. <i>(ABM UHB)</i>
The Health Board runs a programme of CPD for trainers in relation to their education and training role and this includes the pan Health Board 'Chasing the Horizons' Conference. <i>(Betsi Cadwaladr UHB)</i>
The LEP runs an annual 'Trainer and Educators' Development' Day and disseminates updates and information to trainers via Grand Rounds. <i>(Cwm Taf UHB)</i>
The Trust runs its own educational events for trainers including an All-Wales training day for supervisors in Clinical Oncology, and extended time for CPD delivery at the end of ARCPs in Palliative Medicine. <i>(Velindre NHS Trust)</i>

THEME 5: DEVELOPING AND IMPLEMENTING CURRICULA AND ASSESSMENTS
Quality Improvement
All LEPs are working with HEIW and 1,000 Lives to provide quality improvement training to their employees and to embed quality improvement activity across all areas of work.
Hosting of an annual Quality Improvement Day to celebrate successes and work undertaken across the Health Board. Around 2,500 staff have achieved Bronze level QI status and 150 have achieved silver. <i>(ABM UHB)</i>
Establishment of a Quality Improvement (QI) Hub in September 2018 which aims to create a network of staff with an interest in quality improvement who can develop QI initiatives, organise QI training for staff and drive the QI agenda across the Health Board. The work of this hub has led to increased opportunities for trainees to undertake QI projects, particularly in relation to concerns that they or others have raised. <i>(Betsi Cadwaladr UHB)</i>
Hosting of an annual Health Board QI event which promotes multidisciplinary project team working with the support of Executive colleagues and input from QI Leads. <i>(Cwm Taf UHB)</i>
Establishment of an active Quality Improvement (QI) Programme and encouragement for all trainees to get involved in QI work. Monthly quality improvement meetings for Foundation doctors and Clinical Fellows take place across all sites and trainee QI champions are used to support these groups where possible. <i>(Hywel Dda UHB)</i>
The Health Board's Educational Governance Framework places quality improvement (QI) at its centre. Departments are encouraged to have local QI Leads and QI now also forms part of the Clinical Board Medical Education Reviews. The Welsh Clinical Leadership Fellow attached to the Medical Director's Office is developing a Medical Leadership Faculty for trainees. <i>(Cardiff and Vale UHB)</i>
The Trust leads on quality improvement (QI) training via its 1,000 Lives Team and HEIW works in partnership with the Trust on delivering multiprofessional QI training at LEPs across NHS Wales. HEIW has responsibility for embedding QI into every training programme and works with the Trust to empower the NHS Wales workforce to deliver projects of strategic, local and national importance. To date, work has focussed on developing medical and dental trainees to enable them to undertake QI projects but work has also now started with pharmacists and nurses. Around 640 trainees and trainers have so far undertaken training in QI methodology. Of these, approximately 300 have completed the whole training programme and 12% have completed QI projects which have delivered measurable improvements. HEIW looks forward to continuing the partnership working and expanding QI training provision moving forwards. <i>(Public Health Wales NHS Trust)</i>
Developing Leadership Skills
Development of a Medical Leadership Programme for Consultants and SAS doctors who aspire to undertake leadership roles in the future. The programme is aimed at the early years of leadership and has generated enthusiasm for undertaking leadership roles, with over 40 staff applying to date. The Health Board also runs other leadership programmes for established medical leaders and other healthcare professionals who may aspire to be leaders in the future. <i>(Hywel Dda UHB)</i>
Simulation Training
The LEP has a Simulation and Clinical Skills Team which is led by two Clinical Leads and supported by the Medical Education Manager (Royal Gwent Hospital) and has responsibility for the provision of simulation and clinical skills training across the Health Board. <i>(Aneurin Bevan UHB)</i>
The Health Board provides enhanced study leave budgets for trainees to attend technology enhanced and simulation based learning opportunities (e.g. via WIMAT in Cardiff). <i>(Betsi Cadwaladr UHB)</i>
The collaborative Inter-agency Acute Trauma Simulation Event (CIATSE) has been extended to include a baby and adult resuscitation bay facilitated by nurses. These events are targeted at year 5 medical students and foundation trainees and plans are underway to make them part of the Health Board's strategic agenda. <i>(Cwm Taf UHB)</i>

A new Health Board Simulation Group has been established and the possibility of accreditation is currently being investigated. <i>(Cwm Taf UHB)</i>
Establishment of a Faculty Skills Hub that works to provide a consistent approach to clinical skills and simulation delivery. <i>(Hywel Dda UHB)</i>
Other Training Opportunities
The Health Board has established a Mountain Medicine scheme which allows trainees to spend time in the Emergency Department whilst also developing their own interests outside. <i>(Betsi Cadwaladr UHB)</i>
The Health Board has made successful links with social services as part of the Year 2 curriculum delivery at Keir Hardie Academic Centre. <i>(Cwm Taf UHB)</i>
The Health Board has the resources and facilities to offer endoscopy training and is keen to establish itself as a centre for training. HEIW's Nursing Director is leading work in relation to endoscopy training for nurses and will be looking to develop opportunities in this area. <i>(Cardiff and Vale UHB)</i>
Recognising Success
The Health Board hosts an annual 'Best Trainee Award' for Foundation, Core and Speciality Training. This has proved highly successful and competitive in recent years and, in future, the winners of these awards will automatically be entered into the Annual Health Board Chair's Awards. <i>(ABM UHB)</i>
Three teams from the Health Board were nominated for NHS Wales Awards in 2018 and a letter from the Cabinet Secretary for Health and Social Services acknowledged this achievement. <i>(ABM UHB)</i>

7. Actions for HEIW Arising from the 2018/19 Commissioning Process

Specific actions for HEIW to take forward that were agreed during the 2018/19 Commissioning process were:

- To provide clarification on SIFT funding and whether it will sit within HEIW in the future. ***(Responsibility: Medical Director/ Postgraduate Dean)***
- To continue to progress the work around the Study Leave policy and funding. ***(Responsibility: Quality Unit and Management Accountant)***
- To develop and circulate a benchmarking paper on the variances and expenditure on education and training across LEPs in Wales. ***(Responsibility: Management Accountant)***
- To establish an informal, collaborative midyear meeting with each LEP to provide an opportunity to discuss issues, good practice and forthcoming initiatives in more detail. ***(Responsibility: Postgraduate Dean's Office)***
- To continue to work with Welsh Government and NWIS to identify an alternative solution to Govroam. ***(Responsibility: Medical Director/Postgraduate Dean)***
- To work with Betsi Cadwaladr University Health Board to formalise arrangements with Health Education England (HEE) in relation to cross border rotations and to agree formal, appropriate and sustainable governance arrangements and guidelines (e.g. who will be responsible for funding study leave) to protect these rotations moving forwards. The Associate Director of Secondary Care has previously done some work to consider how best to formalise arrangements relating to cross order rotations and this work should now be revisited. ***(Responsibility: Medical Director/Postgraduate Medical Dean/Associate Director of Secondary Care – Medical Deanery)***
- To contact colleagues in Scotland to discuss the successful rural training opportunities that they have developed and to invite them to Wales to meet with HEIW and LEP representatives to share their challenges and successes in order to inform an approach to be developed for rural health training in Wales. ***(Responsibility: Interim Postgraduate Dean)***

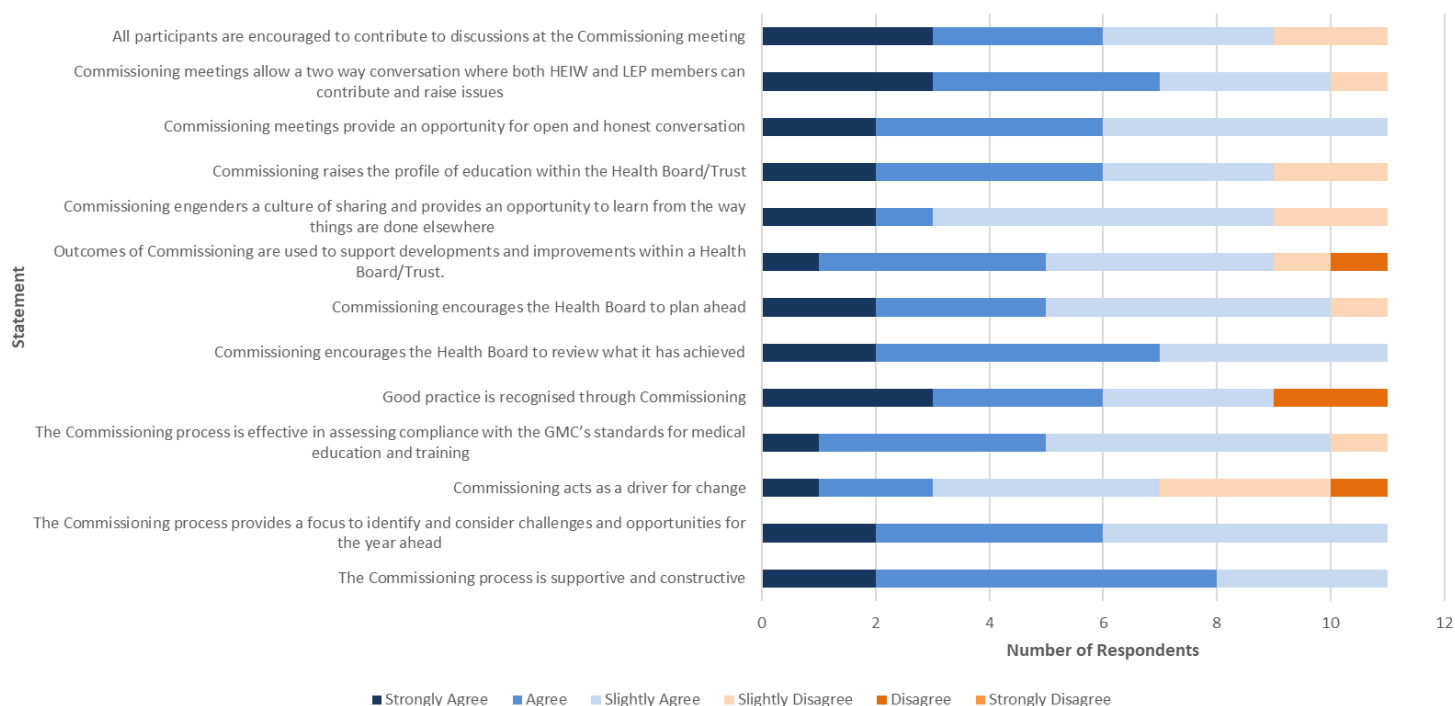
8. Evaluation of the 2018/19 Commissioning Process

The Quality Unit has undertaken an evaluation of the 2018/19 Commissioning process and, as part of this review, sought feedback from LEP attendees and Lay Representatives.

An online feedback questionnaire was open between 18th April 2019 and 10th May 2019 and all LEP representatives who were involved in the process were given the opportunity to respond. Eleven responses were received in total.

Ten of the respondents (91%) had been involved in the Commissioning process more than once prior to the 2018/19 cycle, with four (36%) being involved in five or more cycles.

Respondents were asked a number of questions in relation to the Commissioning process and feedback was predominantly positive. Specific results are shown in the chart below.



82% of respondents reported that they had a good or extremely good understanding of the purpose of the Commissioning meeting prior to attending and 91% felt that they had a good or extremely good understanding of their role at the meeting. Whilst this result is extremely positive and suggests that the communication around the process is effective, the Quality Unit will continue to work to ensure that all participants understand the process and their role in the future.

LEP self-reporting templates were all completed and returned to HEIW within one day of the deadline and no chase up action was required. This is a significant improvement on previous years. Around three quarters of respondents reported that they were involved in completion of the LEP self-reporting template and all of these, with the exception of one, felt that the information requested by HEIW in the template was relevant. 75% reported that they found completion of the template useful in reviewing progress and identifying issues to be addressed by the LEP with regard to education and training. The majority also felt that a 6 week period for completion of the report was sufficient, so long as the format remained the same, or similar to, the previous year. There was no appetite for making major changes to the template in the near future.

All respondents agreed that the appropriate people were in attendance at the Commissioning meeting from both HEIW and the LEP and that the content of discussions was appropriate.

Almost 75% of respondents think that there are areas of overlap between postgraduate and undergraduate education and training that could be jointly discussed and considered in future Commissioning cycles. Suggestions of topics that could be jointly considered include:

- local and national developments in relation to education and training, especially those that are likely to impact on future training numbers

- financial accountability and developments
- compliance with GMC standards for training as these are joint standards that apply to both postgraduate and undergraduate education and training
- resources to support, deliver and manage education and training
- trainer recognition and support, especially in light of the new Medical Trainer Agreement (Secondary Care and Undergraduate Education) which applies to both postgraduate and undergraduate secondary care medical trainers in one of the four roles requiring recognition by the GMC
- job planning

It was noted that with the advent of HEIW and the increasing drive for multiprofessional learning and training, the Commissioning process should be developed to take a more multiprofessional approach moving forwards, although it was recognised that this is likely to take a significant amount of time to develop and embed.

Feedback from Lay Representatives

One or two Lay Representatives attended each of the Commissioning meetings to provide externality and to ensure that due process was followed. All Lay Representatives who were involved in the process were asked to provide their feedback and this has been extremely positive.

Lay representatives agreed that the process was very well organised and demonstrated a significant level of advanced preparation to inform discussions at the meetings. They felt that paperwork was helpful, well prepared and provided in a timely manner.

Feedback generally indicated that the pre meeting was well chaired with the Chair allowing time for introductions and clearly allocating roles for the meeting. Key issues were identified for discussion at the Commissioning meeting and all participants were given the opportunity to contribute and ask questions as necessary. One of the pre meetings started early, before all attendees had arrived, and this should be avoided in future to ensure that all members of the HEIW Team are fully briefed prior to the Commissioning meeting.

All Lay Representatives felt that the Commissioning meetings were well chaired and demonstrated professionalism, inclusivity, consistency, fairness and transparency. All participants were given the opportunity to contribute and were encouraged to provide their views. Lay Representatives generally agreed that the meetings promoted collaborative working between HEIW and LEPs and demonstrated the organisations' commitment and enthusiasm to work together and share information to develop and improve education and training opportunities.

Lay Representatives felt that the meeting agendas were comprehensive and detailed discussions around compliance with the GMC's training standards were held. One Lay Representative noted that although there was lots of discussion, the purpose of the discussion was a little unclear and there appeared to be little progress made and no solutions identified. Perhaps this is due to the fact that the Commissioning meeting itself is not the forum for developing solutions but for identifying key areas requiring attention outside of the meeting. As such, opportunities for future engagement and interaction between HEIW and LEPs was discussed.

Lay Representatives noted that LEP Chief Executives were not present at all Commissioning meetings and expressed their disappointment in this. They also noted that no undergraduate representatives were in attendance, despite being invited, and suggested that this should be improved moving forwards to facilitate a more collaborative approach between postgraduate and undergraduate education and training. The Chair made a point of speaking to Lay Representatives at the end of each meeting to ascertain their views and this opportunity to provide feedback was appreciated by Lay Representatives.

Lay Representatives made several recommendations for future iterations of the Commissioning process and these have been incorporated into the following section of the report 'Recommendations for the 2019/20 Commissioning Process'.

9. Recommendations for the 2019/20 Commissioning Process

The following recommendations have been developed from lessons learned throughout, and feedback received in relation to, the 2018/19 Commissioning process.

LEP Self-Reporting Templates:

- Consider the possibility of including a section in the LEP self-reporting template to enable LEPs to ask questions of HEIW to facilitate a more collaborative, two-way process and to increase engagement. By receiving questions in advance, HEIW can be better prepared to provide useful responses.
- Consider asking the Health Board to outline in the LEP self-reporting template the three areas where it feels like it has made significant developments/improvements/innovations and the three main areas where challenges require addressing.

Preparation:

- An internal meeting between HEIW colleagues was held in 2018/19 in advance of the Commissioning meetings to discuss and identify the key issues requiring attention at the meetings in order to facilitate more meaningful and focussed discussions. This approach proved very useful and should be continued into 2019/20.
- Consider the development of a national updates paper which can be circulated to LEPs in advance of the Commissioning meetings. This would allow LEP representatives time to digest the issues and use the Commissioning meeting as an opportunity to raise questions.

Lay Representatives:

- Develop and implement a template report for Lay Representatives to complete following attendance at Commissioning meetings to allow them to provide more structured feedback.
- Provide Lay Representatives with a document in advance of Commissioning meetings to explain the key acronyms that may be used.
- Develop more in depth guidance to be provided to Lay Representatives in advance of their attendance at Commissioning meetings or provide a more detailed briefing session with Lay Representatives in advance of the Commissioning meeting to outline their role and the specific issues requiring discussion to enable Lay Representatives to make a more meaningful contribution.

Commissioning meetings:

- Encourage attendance from Chief Executives to increase their engagement with the process and ensure that education and training issues are given appropriate consideration at Executive Board level within LEPs.
- Consider how best to develop links between postgraduate and undergraduate education and training to create a more collaborative approach moving forwards.
- Provide place cards displaying individuals' names and roles at Commissioning meetings.



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

Meeting Date	21 October 2019	Agenda Item	3.1
Report Title	Quality Management Update Report: Oct 2019		
Report Author	Mandy Martin		
Report Sponsor	Push Mangat		
Presented by	Push Mangat		
Freedom of Information	Open		
Purpose of the Report	This is regular Quarterly update of the current Quality Issues in Postgraduate Medical Training. This report is an amalgamation of		
Key Issues	5 areas are in enhanced Monitoring status. YYF was de-escalated since the last report but Medicine in Wrexham has been escalated to enhanced Monitoring status.		
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 		

Quality Management Update Report: Oct 2019

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 EC&QC Team 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 because trainees had previously been removed in 2018 and we have been assessing the suitability for trainees to return. Approval for ST Trainee re-allocation to recommence for October 2019 has been confirmed due to satisfactory progress in addressing concerns and assurance around the experience. Monitoring arrangements have been put in place. This issue will remain in Enhanced Monitoring in the interim with close monitoring in place. A formal Targeted Visit will be arranged for April 2020.
- Trauma and Orthopaedics Morriston Hospital: This department was placed in enhanced monitoring in Jan 2019 because of concerns about Clinical Supervision, Supportive environment, Adequate Experience, Induction and Workload. Informally, the Health Board has provided a full response to the concerns. A further visit will take place on November 2019 in order to monitor progress more formally.
- Obstetrics & Gynaecology Royal Glamorgan Hospital/Prince Charles Hospital: This department has been in “enhanced monitoring” for 12 months for concerns relating to Clinical Supervision and Reconfiguration of services. The department has been the subject of a critical report by the RCOG into Obstetric Services more generally. The training issues however were considered to have improved. A further Targeted Visit was undertaken with GMC presence on 18th July 2019 in order to review the training environment. Given that services have reconfigured to a single site it was agreed with the GMC that it would be appropriate to apply Enhanced Monitoring status to both Prince Charles Hospital and Royal Glamorgan Hospital. At the visit an immediate patient safety issue was raised in relation to the management of gynaecology patients within the Emergency Department in Prince Charles Hospital with a request for urgent

assurance being made at the visit. In terms of the general experience there was evidence that the situation was improving with the higher trainees being satisfied with their experience. The panel noted that a lot of effort had gone into improvements in Obstetrics. However, there was a need for further input into gynaecology which was impacting on the experience of the more junior trainees in some areas. The panel noted that there were plans in place to address the concerns to ensure that the experience was more relevant for GP trainees in particular. More generally, the panel noted that where concerns were raised through the Datix system there was an absence of feedback to the reporter. However, the panel were advised that a new approach to incident reporting was being introduced. A further visit will take place on 23rd October 2019. This will be accompanied by the GMC and a member of the Oversight group who is looking into Obstetric Services in Cwm Taf for WG

- Obstetrics & Gynaecology Princess of Wales Hospital; This department has been in “enhanced monitoring” for 12 months for concerns relating to Clinical Supervision, Adequate Experience, Curriculum Coverage and Reconfiguration of services. A further visit will take place on 23rd October in order to monitor progress more formally
- Medicine Wrexham Maelor Hospital. A planned visit was undertaken on 19th July 2019 at which it was noted that whilst the trainees were extremely complimentary about the support they received from the Consultant body, significant workload pressures exacerbated by organisational issues had resulted in the prioritisation of service to the detriment of training provision. Whilst there had been some progress in other areas, the longstanding nature of the concerns around the balance between service and education resulted in the need for this issue to be escalated to Enhanced Monitoring status with the GMC. Consideration of the role that the non-medical workforce can play in addressing the concerns is likely to be part of the solution to improve training. A further visit will be arranged for February 2020.

4. FINANCIAL IMPLICATIONS

There is no financial risk to HEIW

5. RECOMMENDATION

The Committee is asked to note the content of this 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 This is a regular report for information 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.				
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 ECQ Committee.			
Appendices	Reports from May, June, July and September attached			

Quality Management Update Report: May 2019

Context:

This summary document is broken down into the following four sections:

- Part A – Concerns summary data: Quantitative visit summary by Local Education Provider and specialty group.
- Part B – GMC enhanced monitoring summary.
- Part C – Update on recent Targeted Visits.
- Part D – Summary of future Targeted Visits being scheduled.

Part A: Concerns Summary Data

The two tables below provide a quantitative summary of the number of visits planned and undertaken in the current calendar year as well as providing an overview of the available outcomes to date. Table one provides the information by specialty group and table two provides the information by Local Education Provider.

In considering both tables, it is important to be aware that the number of planned visits can change in line with new intelligence around training environments. In particular, it is predictable that the number of planned visits typically increases following scrutiny of the GMC National Training Surveys results. Additional areas identified for visits following such scrutiny is part of prudent quality management and should not be considered as a cause for concern.

In reviewing both tables it should be noted that it is foreseeable that one department may be visited twice in a year. This is usually to enable the Quality Unit to continue to collaborate with the Local Education Providers and is often part of planned monitoring arrangements, and not necessarily due to concerns over progress. A brief narrative overview of the outcome of recent visits can be seen within part c of this document.

Table One: 2019 Targeted Visits Overview Year To Date By Specialty Group

Specialty Group	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Surgery	4	6	10	3	7	3	2	1	4
Obstetrics & Gynaecology	2	1	3		3			1	2
Paediatrics/ Paeds Surgery			1		1	1			
Radiology		1	1		1		1		
Emergency Medicine	2	3	4	2	2	2	1		1
Medicine	1	2	3	1	2	1	1		1
Anaesthetics/ Intensive Care Medicine	0	1	1	1			1		
Totals	9	14	23	7 (30%)	16 (70%)	7 (30%)	6 (26%)	2 (9%)	8 (35%)

Table Two: 2019 Targeted Visits Overview Year To Date By Health Board

Health Board	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Aneurin Bevan UHB		3	3	2	1	1	2		
Betsi Cadwaladr UHB	1	1	2		2		1		1
Cardiff & Vale UHB	1	3	4	1	3	3	1		
Cwm Taf Morgannwg UHB	4	4	8	3	5	2	1	1	4
Swansea Bay UHB	2	2	4	1	3		1	1	2
Hywel Dda UHB	1	1	2		2	1			1
Velindre NHS Trust			0						
Totals	9	14	23	7 (30%)	16 (70%)	7 (30%)	6 (26%)	2 (9%)	8 (35%)

Part B: Enhanced Monitoring Issues

The table on the next page provides an overview of the issues which are currently in Enhanced Monitoring status with the GMC. Where there has been a recent escalation of concerns which may warrant specific discussion by the Executive team this is noted in the Board Action column.

Table Three: Enhanced Monitoring Issues

Ref	Specialty & Site	Key Concerns	Status	Board Action
TP242	Paediatric Surgery	<ul style="list-style-type: none"> Access to relevant experience. Paediatric radiology on call cover availability. Sustainable rota's Learning environment 	<p>Monitoring Progress</p> <p>The Health Board have continued to make progress in addressing this issue since the last visit in November. A further visit with GMC and SAC presence took place on 20th March 2019 in order to consider the appropriateness of re-allocating the trainees. Whilst it was evident that there had been a significant improvement in the training environment there was insufficient evidence around the extent to which ST trainees could achieved the required number of cases if reallocated. Further evidence is currently being collected by the Health Board and we will review the interim data within HEIW in May with the full data set being reviewed with the SAC in June 2019. Following this a decision around the potential to reallocate trainees for October 2019 will be made.</p>	To note
TP245	Obstetrics & Gynaecology Royal Glamorgan Hospital	<ul style="list-style-type: none"> Clinical supervision Embedding training into service reconfiguration. 	<p>Checking sustainability</p> <p>We are currently arranging the previously planned Targeted Visit for July 2019 in order to monitor the training experience at the Royal Glamorgan and Prince Charles following the service reconfiguration.</p>	To note
TV170	Medicine Ysbyty Ystrad Fawr	<ul style="list-style-type: none"> Rota challenges History of access to experience concerns. 	<p>De-escalating to routine monitoring</p> <p>A further visit was undertaken on 2nd May 2019 at which it was noted that the Health Board had continued to make progress in improving the training experience and the panel were confident that these improvements could be sustained. Given the sustained improvement we will be contacting the GMC in order to make arrangements for this issue to be de-escalated from Enhanced Monitoring status. The panel had ongoing concerns about the inappropriate road signage which advertises the site as being a local emergency centre. This has implications for patient safety</p>	To note

			due to inappropriate admissions and delays in ambulatory transfers resulting in trainees managing patients without adequate facilities. This issue has previously been escalated to Welsh Government and further correspondence will be sent to highlight the ongoing concern.	
TP308	Trauma & Orthopaedics Morrison Hospital	<ul style="list-style-type: none"> • Clinical Supervision • Supportive environment • Clinical Supervision • Adequate Experience • Induction • Workload 	Monitoring Progress A visit to review progress was undertaken on 16 th January 2019. At the meeting it was noted that patient safety was being compromised due to inadequate clinical supervision on the wards. In addition, there were ongoing difficulties in ensuring that trainees could access the required level of experience. The Health Board has provided a full response to the concerns. A further visit will be arranged for November 2019 in order to monitor progress more formally with remote monitoring in the interim.	To note
TP344	Obstetrics & Gynaecology Princess of Wales Hospital	<ul style="list-style-type: none"> • Clinical supervision • Adequate experience • Curriculum coverage 	Monitoring Progress The third in a series of visits was undertaken to review progress on 16 th January 2019. Whilst at the previous visit progress had been made in relation to some of the initial concerns, there were persistent concerns around the ability of trainees to access experience relevant to their needs and patient safety concerns were also identified. Therefore, this issue has been escalated to Enhanced Monitoring status with the GMC. A further visit will be arranged for November 2019 in order to monitor progress more formally with remote monitoring in the interim. An initial response to the immediate patient safety recommendations has been received.	To note

Part C: Recent visits Update:

- **Medicine, University Hospital of Wales**

A Targeted Visit was undertaken on 1st May and whilst trainee engagement with the visit was low, evidence from other sources indicated that the majority of issues related to the on-call work and acute medical take, in particular rota design and workload. New rotas had been designed and should be operational for the August rotation. These should provide scheduled access to acute medicine without compromising specialty daytime

opportunities along with scheduled clinics. It was clear that work was ongoing to address concerns and a review visit was recommended to ensure progress, particularly in light of recent senior staff changes.

- **Foundation Surgery, Princess of Wales Hospital**

A Targeted Visit was undertaken on 14th May in order to review persistent adverse feedback around clinical supervision. The full visit report is currently being prepared. Overall the visit was positive with the panel noting that initial action plans to address the concerns had been developed locally and steps were being taken to improve the training experience. Concerns relating to clinical supervision largely related to busy periods and recommendations around the need for clear written escalation protocols have been made. It has been noted locally that following the boundary change reporting systems lack feedback to the individual raising concerns thereby restricting the ability to learn from events and potentially impacting on people's perception of the organisation's reporting culture. A number of recommendations have been made and we will monitor progress through the Faculty Team.

- **Medicine Ysbyty Ystrad Fawr, 2nd May 2019**

As indicated within the Enhanced Monitoring section above a further visit to Medicine training in Ysbyty Ystrad Fawr was very positive on the whole and it was recommended that the risk be de-escalated from Enhanced Monitoring status. There continues to be concern regarding local signage which refers to a local emergency centre resulting in inappropriate walk-ins. It was agreed that a letter from HEIW would be sent to Welsh Government highlighting the concerns and the impact on patient safety and this is being escalated to Welsh Government. Staffing issues had impacted on access to training opportunities however recent appointments should improve this access from May. While trainees always had access to their seniors it was nonetheless recommended that there is a daily registrar or consultant review of ward patients to support the juniors further. No further visits are planned but we will continue to monitor through Faculty Team.

- **Surgery, Nevill Hall Hospital**

A Targeted Visit was undertaken on 14th May 2019. Feedback from the higher trainees in General Surgery and Trauma and Orthopaedics training in Nevill Hall was positive and they were meeting their training requirements. Junior trainees were complimentary about induction and the orthogeriatrician service. However, there was a lack of understanding of educational governance from the trainers and the visit highlighted concerns regarding proactive senior support for the junior trainees. It was recommended that the local faculty team works with the department to introduce educational governance processes. A further review visit will be arranged in order to monitor progress.

Part D: Planned Visit Activity:

Over the coming months the following visits are planned in order to review the training experience. The table below excludes any visits which may be part of the Enhanced Monitoring issues highlighted in table one:

Table Four: Targeted Visit Schedule

Ref	Specialty & Site	Grade	Key Issues	Current Status	Visit Timeframe
TP232	General Surgery University Hospital of Wales	Higher	<ul style="list-style-type: none">• New rota intensity with implications for patient safety and trainee exposure.• Undermining• Management of rota gaps.	Checking sustainability	Follow up visit to be arranged for November 2019
TP063	Trauma & Orthopaedics Ysbyty Gwynedd	Foundation Core	<ul style="list-style-type: none">• Access to theatre and clinics• Staffing levels• Concern around ability to deliver IST	Monitoring Progress	Feedback obtained in the coming months will inform the need for a revisit.
TP256	Emergency Medicine Prince Charles Hospital	All	<ul style="list-style-type: none">• Supervision• Staffing levels	Monitoring Progress	Follow up visit to be arranged for November 2019
TP123	Emergency Medicine Morriston Hospital	All	<ul style="list-style-type: none">• Workload• Handover• Rotas	Monitoring Progress	Follow up visit being arranged for November 2019
TP299 & TP206	Trauma & Orthopaedics & General Surgery Nevill Hall Hospital	All	<ul style="list-style-type: none">• Clinical Supervision• Workload• Induction• Handover	Monitoring Progress	Initial visit took place on 14 th May 2019. Follow up visit to be scheduled.
TP365	Medicine University Hospital of Wales	All	<ul style="list-style-type: none">• Emphasis upon service provision impacting upon the ability of the trainees to achieve the necessary competencies.	Monitoring Progress	Initial visit took place on 1 st May 2019. Follow up visit to be scheduled.
TP078	Ophthalmology Royal Glamorgan Hospital	Foundation & Higher	<ul style="list-style-type: none">• Curriculum coverage• Adequate experience• Teamwork• Local Teaching	Action Planning	Follow up visit to be arranged for November 2019.

			<ul style="list-style-type: none"> • Rotas • Educational Supervision 		
TP192 & TP278	General Surgery Glangwili Hospital	All	<ul style="list-style-type: none"> • Clinical Supervision 	Monitoring Progress	Follow up visit to be arranged for November 2019
TP303	Medicine Wrexham	All	<ul style="list-style-type: none"> • Induction • Handover • Workload • Adequate Experience • Time for educational roles 	Monitoring Progress	Follow up visit being arranged for June 2019 potential to Enhanced Monitoring status with the GMC.

Mandy Martin, May 2019

Quality Management Update Report: June 2019

Context:

This summary document is broken down into the following four sections:

- Part A – Concerns summary data: Quantitative visit summary by Local Education Provider and specialty group.
- Part B – GMC enhanced monitoring summary.
- Part C – Update on recent Targeted Visits.
- Part D – Summary of future Targeted Visits being scheduled.
- Part E – Other points to note

Part A: Concerns Summary Data

The two tables below provide a quantitative summary of the number of visits planned and undertaken in the current calendar year as well as providing an overview of the available outcomes to date. Table one provides the information by specialty group and table two provides the information by Local Education Provider.

In considering both tables, it is important to be aware that the number of planned visits can change in line with new intelligence around training environments. In particular, it is predictable that the number of planned visits typically increases following scrutiny of the GMC National Training Surveys results. Additional areas identified for visits following such scrutiny is part of prudent quality management and should not be considered as a cause for concern.

In reviewing both tables it should be noted that it is foreseeable that one department may be visited twice in a year. This is usually to enable the Quality Unit to continue to collaborate with the Local Education Providers and is often part of planned monitoring arrangements, and not necessarily due to concerns over progress. A brief narrative overview of the outcome of recent visits can be seen within part c of this document.

Table One: 2019 Targeted Visits Overview Year To Date By Specialty Group

Specialty Group	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Surgery	4	6	10	3	7	3	2	1	4
Obstetrics & Gynaecology	2	1	3		3			1	2
Paediatrics/ Paeds Surgery		1	1		1	1			
Radiology		1	1		1		1		
Emergency Medicine	2	2	4	2	2	2	1		1
Medicine	1	2	3	1	2	1	1		1
Anaesthetics/ Intensive Care Medicine	0	1	1	1			1		
Totals	9	14	23	7 (30%)	16 (70%)	7 (30%)	6 (26%)	2 (9%)	8 (35%)

Table Two: 2019 Targeted Visits Overview Year To Date By Health Board

Health Board	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Aneurin Bevan UHB		3	3	2	1	1	2		
Betsi Cadwaladr UHB	1	1	2		2		1		1
Cardiff & Vale UHB	1	3	4	1	3	3	1		
Cwm Taf Morgannwg UHB	4	4	8	3	5	2	1	1	4
Swansea Bay UHB	2	2	4	1	3		1	1	2
Hywel Dda UHB	1	1	2		2	1			1
Velindre NHS Trust			0						
Totals	9	14	23	7 (30%)	16 (70%)	7 (30%)	6 (26%)	2 (9%)	8 (35%)

Part B: Enhanced Monitoring Issues

The table on the next page provides an overview of the issues which are currently in Enhanced Monitoring status with the GMC. Where there has been a recent escalation of concerns which may warrant specific discussion by the Executive team this is noted in the Board Action column.

Table Three: Enhanced Monitoring Issues

Ref	Specialty & Site	Key Concerns	Status	Board Action
TP242	Paediatric Surgery	<ul style="list-style-type: none"> Access to relevant experience. Paediatric radiology on call cover availability. Sustainable rotas Learning environment 	Monitoring Progress A review of the local case data was undertaken on 17 th June 2019 in order to consider whether trainees if reallocated could achieve the requirements of the curriculum. Further discussions have been had with the SAC following this and they have informally agreed that ST trainees can return in October 2019 subject to agreed conditions. Close monitoring will be in place following reallocation both locally and through a further Targeted Visit the timings for which have to be established. We are currently awaiting formal confirmation from the SAC prior to liaising with Cardiff & Vale University Health Board.	To note
TP245	Obstetrics & Gynaecology Royal Glamorgan Hospital	<ul style="list-style-type: none"> Clinical supervision Embedding training into service reconfiguration. 	Checking sustainability A further Targeted Visit will be undertaken on 18 th July 2019 in order to monitor the training environment. The GMC will be attending this visit and this is common practice for issues under Enhanced Monitoring.	To note
TV170	Medicine Ysbyty Ystrad Fawr	<ul style="list-style-type: none"> Rota challenges History of access to experience concerns. 	De-escalating to routine monitoring The GMC have confirmed that this issue will be taken out of Enhanced Monitoring status with formal written confirmation being provided to the Postgraduate Dean in due course. Whilst we will continue to monitor through routine processes, no further updates will be provided within further iterations of this report.	To note
TP308	Trauma & Orthopaedics Morriston Hospital	<ul style="list-style-type: none"> Clinical Supervision Supportive environment Clinical Supervision Adequate Experience Induction 	Monitoring Progress A visit to review progress was undertaken on 16 th January 2019. At the meeting it was noted that patient safety was being compromised due to inadequate clinical supervision on the wards. In addition, there were ongoing difficulties in ensuring that	To note

		<ul style="list-style-type: none"> Workload 	trainees could access the required level of experience. The Health Board has provided a full response to the concerns. A further visit will be arranged for November 2019 in order to monitor progress more formally with remote monitoring in the interim. Initial indications are that progress is being made.	
TP344	Obstetrics & Gynaecology Princess of Wales Hospital	<ul style="list-style-type: none"> Clinical supervision Adequate experience Curriculum coverage 	<p>Monitoring Progress</p> <p>The third in a series of visits was undertaken to review progress on 16th January 2019. Whilst at the previous visit progress had been made in relation to some of the initial concerns, there were persistent concerns around the ability of trainees to access experience relevant to their needs and patient safety concerns were also identified. Therefore, this issue has been escalated to Enhanced Monitoring status with the GMC. A further visit will be arranged for November 2019 in order to monitor progress more formally with remote monitoring in the interim. An initial response to the immediate patient safety recommendations has been received. Initial indications are that progress is being made.</p>	To note

Part C: Recent visits Update:

No visits have been undertaken during the month of June.

Part D: Planned Visit Activity:

Over the coming months the following visits are planned in order to review the training experience. The table below excludes any visits which may be part of the Enhanced Monitoring issues highlighted in table one. Given the pending publication of the 2019 GMC National Training Survey results there is the potential for this list to increase due to the volume of data received at this time of year.

Table Four: Targeted Visit Schedule

Ref	Specialty & Site	Grade	Key Issues	Current Status	Visit Timeframe
TP232	General Surgery University Hospital of Wales	Higher	<ul style="list-style-type: none"> New rota intensity with implications for patient safety and trainee exposure. 	Checking sustainability	Follow up visit to be arranged for November 2019

			<ul style="list-style-type: none"> • Undermining • Management of rota gaps. 		
TP063	Trauma & Orthopaedics Ysbyty Gwynedd	Foundation Core	<ul style="list-style-type: none"> • Access to theatre and clinics • Staffing levels • Concern around ability to deliver IST 	Monitoring Progress	Feedback obtained in the coming months will inform the need for a revisit.
TP256	Emergency Medicine Prince Charles Hospital	All	<ul style="list-style-type: none"> • Supervision • Staffing levels 	Monitoring Progress	Follow up visit to be arranged for November 2019
TP123	Emergency Medicine Morriston Hospital	All	<ul style="list-style-type: none"> • Workload • Handover • Rotas 	Monitoring Progress	Follow up visit being arranged for November 2019
TP299 & TP206	Trauma & Orthopaedics & General Surgery Nevill Hall Hospital	All	<ul style="list-style-type: none"> • Clinical Supervision • Workload • Induction • Handover 	Monitoring Progress	Initial visit took place on 14 th May 2019. Follow up visit to be scheduled.
TP365	Medicine University Hospital of Wales	All	<ul style="list-style-type: none"> • Emphasis upon service provision impacting upon the ability of the trainees to achieve the necessary competencies. 	Monitoring Progress	Initial visit took place on 1 st May 2019. Follow up visit to be scheduled.
TP078	Ophthalmology Royal Glamorgan Hospital	Foundation & Higher	<ul style="list-style-type: none"> • Curriculum coverage • Adequate experience • Teamwork • Local Teaching • Rotas • Educational Supervision 	Action Planning	Follow up visit to be arranged for November 2019.
TP192 & TP278	General Surgery Glangwili Hospital	All	<ul style="list-style-type: none"> • Clinical Supervision 	Monitoring Progress	Follow up visit to be arranged for November 2019
TP303	Medicine Wrexham	All	<ul style="list-style-type: none"> • Induction • Handover • Workload • Adequate Experience • Time for educational roles 	Monitoring Progress	Follow up visit arranged for July 2019 with potential to move to Enhanced Monitoring status with the GMC.

Part E: Other Points To Note:

GMC Quality Assurance Review

HEIW are participating in the pilot of the GMC's revised approach to quality assurance. The process has a greater emphasis upon self-assessment with the GMC having a toolkit in order to verify the information provided. The GMC have confirmed that they will review the following HEIW events:

- STEME Conference
- Trainee Think Tank
- General Practice Regional Training Day

Further feedback will be provided as and when it is available.

GMC National Training Surveys

The GMC have advised that due to a delay in finalising the National Training Surveys key findings report that the planned publication of the results on 1st July will be delayed. At the time of reporting the revised launch date had not been confirmed although there was a commitment to minimising the delay.

Quality Management Update Report: July 2019

Context:

This summary document is broken down into the following four sections:

- Part A – Concerns summary data: Quantitative visit summary by Local Education Provider and specialty group.
- Part B – GMC enhanced monitoring summary.
- Part C – Update on recent Targeted Visits.
- Part D – Summary of future Targeted Visits being scheduled.
- Part E – Other points to note

Part A: Concerns Summary Data

The two tables below provide a quantitative summary of the number of visits planned and undertaken in the current calendar year as well as providing an overview of the available outcomes to date. Table one provides the information by specialty group and table two provides the information by Local Education Provider.

In considering both tables, it is important to be aware that the number of planned visits can change in line with new intelligence around training environments. In particular, it is predictable that the number of planned visits typically increases following scrutiny of the GMC National Training Surveys results. Additional areas identified for visits following such scrutiny is part of prudent quality management and should not be considered as a cause for concern.

In reviewing both tables it should be noted that it is foreseeable that one department may be visited twice in a year. This is usually to enable the Quality Unit to continue to collaborate with the Local Education Providers and is often part of planned monitoring arrangements, and not necessarily due to concerns over progress. A brief narrative overview of the outcome of recent visits can be seen within part c of this document.

Table One: 2019 Targeted Visits Overview Year To Date By Specialty Group

Specialty Group	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Surgery	4	6	10	3	7	3	2	1	4
Obstetrics & Gynaecology	1	2	3		3	1		1	1
Paediatrics/ Paeds Surgery		1	1		1	1			
Radiology		1	1		1		1		
Emergency Medicine	2	2	4	2	2	2	1		1
Medicine	0	3	3	1	2	1	1	1	
Anaesthetics/ Intensive Care Medicine	0	1	1	1			1		
Totals	9	14	23	7 (30%)	16 (70%)	7 (30%)	6 (26%)	2 (9%)	8 (35%)

Table Two: 2019 Targeted Visits Overview Year To Date By Health Board

Health Board	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Aneurin Bevan UHB		3	3	2	1	1	2		
Betsi Cadwaladr UHB		2	2		2		1	1	1
Cardiff & Vale UHB	1	3	4	1	3	3	1		
Cwm Taf Morgannwg UHB	3	5	8	3	5	3	1	1	3
Swansea Bay UHB	2	2	4	1	3		1	1	2
Hywel Dda UHB	1	1	2		2	1			1
Velindre NHS Trust			0						
Totals	9	14	23	7 (30%)	16 (70%)	7 (30%)	6 (26%)	2 (9%)	8 (35%)

Part B: Enhanced Monitoring Issues

The table on the next page provides an overview of the issues which are currently in Enhanced Monitoring status with the GMC. Where there has been a recent escalation of concerns which may warrant specific discussion by the Executive team this is noted in the Board Action column.

Table Three: Enhanced Monitoring Issues

Ref	Specialty & Site	Key Concerns	Status	Board Action
TP242	Paediatric Surgery	<ul style="list-style-type: none"> Access to relevant experience. Paediatric radiology on call cover availability. Sustainable rotas Learning environment 	Monitoring Progress ST Trainee re-allocations will re-commence for October 2019 due to satisfactory progress in addressing concerns and assurance around the experience. Monitoring arrangements have been put in place. This issue will remain in Enhanced Monitoring in the interim.	To note
TP245	Obstetrics & Gynaecology Royal Glamorgan Hospital	<ul style="list-style-type: none"> Clinical supervision Embedding training into service reconfiguration. 	Checking sustainability A further Targeted Visit was undertaken with GMC presence on 18 th July 2019 in order to monitor the training environment. Given that services have reconfigured to a single site it was agreed with the GMC that it would be appropriate to apply Enhanced Monitoring status to both sites. At the visit an immediate patient safety issue was raised in relation to the management of gynaecology patients within the Emergency Department with a request for urgent assurance being made at the visit. In terms of the general experience there was evidence that the situation was improving with the higher trainees being satisfied with their experience. The panel noted that a lot of effort had gone into improvements in Obstetrics. However, there was a need for further input into gynaecology which was impacting on the experience of the more junior trainees in some areas. The panel noted that there were plans in place to address the concerns to ensure that the experience was more relevant for GP trainees in particular. More generally, the panel noted that where concerns were raised through the Datix system there was an absence of feedback to the reporter. However, the panel were advised that a new approach was being introduced. A further visit will be arranged for October 2019.	To note

TP308	Trauma & Orthopaedics Morriston Hospital	<ul style="list-style-type: none"> • Clinical Supervision • Supportive environment • Clinical Supervision • Adequate Experience • Induction • Workload 	Monitoring Progress The Health Board has provided a full response to the concerns. A further visit will be arranged for November 2019 in order to monitor progress more formally with remote monitoring in the interim.	To note
TP344	Obstetrics & Gynaecology Princess of Wales Hospital	<ul style="list-style-type: none"> • Clinical supervision • Adequate experience • Curriculum coverage 	Monitoring Progress Initial indications are that there has been some improvement and we will continue to monitor progress with the local team. A further visit will be arranged for November 2019 in order to monitor progress more formally with remote monitoring in the interim.	To note

Part C: Recent visits Update:

- **Obstetrics & Gynaecology, Cwm Taf University Health Board, 18th July 2019**

As indicated within the update provided in the Enhanced Monitoring section above a further visit to Obstetrics and Gynaecology was undertaken on 18th July 2019. The final report around the visit is currently being prepared but the key recommendations arising from the visit will be focussed around the following key areas:

- Urgent resolution of the management of gynaecology patients within Emergency Medicine. Immediate assurance around this was sought on the day of the visit with further written protocols being requested by 1st August 2019.
- That there must be senior input in gynaecology patients.
- The need to improve the environment in order to ensure that the juniors feel part of the team.
- To ensure that there appropriate balance service provision and education.
- To ensure that changes to the rota are minimised and that where changes are made they are clearly communicated.
- To ensure that where critical incidents are raised that there is feedback to the reporter.
- To ensure that the junior trainees receive appropriate feedback on their clinical activity.
- That given the service reconfiguration, Enhanced Monitoring status will apply to both training sites.
- That a further review visit will be arranged in October 2019.

- **Medicine Wrexham, 19th July 2019**

A further visit to consider training in medicine at Wrexham Maelor Hospital was undertaken on 19th July 2019. At the visit it was evident that there had been progress in some areas and the feedback on the support from the consultant body was extremely complimentary. However, given that there were ongoing challenges largely in relation to the inappropriate balance between service provision and education provision this issue will be referred for Enhanced Monitoring. The full visit report is currently being prepared but the recommendations will focus upon the following key areas:

- Increased efforts to improve the non-medical workforce in particular and expansion of Healthcare Assistants/Physicians Associates
- The need to strengthen the consultant workforce. This was a work in progress but needs emphasising.
- To consider options to facilitate the reallocation of medical outliers in order to ease workload pressures.
- To consider the impact of vascular reconfiguration on medicine in particular the referral pathways into and out of vascular.
- Improve access to senior review to improve workload.
- Access to clinic facilities.
- To revisit efforts to reduce the inappropriate paging of juniors.
- To consider a review of directorate management structure to streamline workload and training COTE, Endocrine and Rheum were in one directorate, there were discussions around putting acute medicine into another and all the rest goes into a separate structure.
- Enhanced monitoring due to the longstanding issues.
- Further visit in early 2020

Part D: Planned Visit Activity:

Over the coming months the following visits are planned in order to review the training experience. The table below excludes any visits which may be part of the Enhanced Monitoring issues highlighted in table one. Given the pending publication of the 2019 GMC National Training Survey results there is the potential for this list to increase due to the volume of data received at this time of year.

Table Four: Targeted Visit Schedule

Ref	Specialty & Site	Grade	Key Issues	Current Status	Visit Timeframe
TP232	General Surgery University Hospital of Wales	Higher	<ul style="list-style-type: none"> • New rota intensity with implications for patient safety and trainee exposure. • Undermining • Management of rota gaps. 	Checking sustainability	Follow up visit to be arranged for November 2019

TP063	Trauma & Orthopaedics Ysbyty Gwynedd	Foundation Core	<ul style="list-style-type: none"> • Access to theatre and clinics • Staffing levels • Concern around ability to deliver IST 	Monitoring Progress	Feedback obtained in the coming months will inform the need for a revisit.
TP256	Emergency Medicine Prince Charles Hospital	All	<ul style="list-style-type: none"> • Supervision • Staffing levels 	Monitoring Progress	Follow up visit to be arranged for November 2019
TP123	Emergency Medicine Morriston Hospital	All	<ul style="list-style-type: none"> • Workload • Handover • Rotas 	Monitoring Progress	Follow up visit being arranged for November 2019
TP299 & TP206	Trauma & Orthopaedics & General Surgery Nevill Hall Hospital	All	<ul style="list-style-type: none"> • Clinical Supervision • Workload • Induction • Handover 	Monitoring Progress	Initial visit took place on 14 th May 2019. Follow up visit to be scheduled.
TP365	Medicine University Hospital of Wales	All	<ul style="list-style-type: none"> • Emphasis upon service provision impacting upon the ability of the trainees to achieve the necessary competencies. 	Monitoring Progress	Initial visit took place on 1 st May 2019. Follow up visit to be scheduled.
TP078	Ophthalmology Royal Glamorgan Hospital	Foundation & Higher	<ul style="list-style-type: none"> • Curriculum coverage • Adequate experience • Teamwork • Local Teaching • Rotas • Educational Supervision 	Action Planning	Follow up visit to be arranged for November 2019.
TP192 & TP278	General Surgery Glangwili Hospital	All	<ul style="list-style-type: none"> • Clinical Supervision 	Monitoring Progress	Follow up visit to be arranged for November 2019
TP303	Medicine Wrexham	All	<ul style="list-style-type: none"> • Induction • Handover • Workload • Adequate experience • Time for educational roles 	Monitoring Progress	Follow up visit arranged for July 2019 with potential to move to Enhanced Monitoring status with the GMC.
TP346	Haematology Singleton	Core & Specialty	<ul style="list-style-type: none"> • Adequate experience • Curriculum coverage 	Monitoring Progress	Follow up visit to be scheduled
TP410	Trauma & Orthopaedics	All	<ul style="list-style-type: none"> • Workload • Clinical Supervision 	New Visit	Timings to be confirmed

	University Hospital of Wales and University Hospital Llandough		<ul style="list-style-type: none"> Teamwork 		
TV135	Anaesthetics University Hospital of Wales	All	<ul style="list-style-type: none"> Workload Teamwork Educational governance Induction Local teaching 	New visit	Timings to be confirmed
TP241	Intensive Care Medicine, University Hospital of Wales		<ul style="list-style-type: none"> Workload Teamwork Handover Study leave 	New visit	Timings to be confirmed
TP385	General Internal Medicine, Morriston Hospital		<ul style="list-style-type: none"> Clinical supervision Induction Educational supervision 	New visit	Timings to be confirmed
TP416	Medicine, University Hospital Llandough		<ul style="list-style-type: none"> Workload Induction Educational supervision 	New visit	Timings to be confirmed
TP316	Trauma & Orthopaedics Prince Charles Hospital & Royal Glamorgan Hospital		<ul style="list-style-type: none"> Clinical supervision Local teaching Study leave 	New visit	Timings to be confirmed
TP405	Emergency Medicine, Wrexham		<ul style="list-style-type: none"> Clinical supervision Workload 	New visit	Timings to be confirmed

Part E: Other Points To Note:

GMC Quality Assurance Review

The GMC have provided feedback on the self-assessment completed as part of the revised quality assurance process. The feedback indicates that the GMC are satisfied that a comprehensive response has been provided for all areas and that no concerns have been identified at the current stage.

GMC National Training Surveys

The GMC have now released the results of the National Training Surveys on their online reporting tool. Initial scrutiny meetings around the results have been undertaken with feedback to Local Education Providers currently being prepared.

Quality Management Update Report: September 2019

Context:

This summary document is broken down into the following four sections:

- Part A – Concerns summary data: Quantitative visit summary by Local Education Provider and specialty group.
- Part B – GMC enhanced monitoring summary.
- Part C – Update on recent Targeted Visits.
- Part D – Summary of future Targeted Visits being scheduled.
- Part E – Other points to note

Part A: Concerns Summary Data

The two tables below provide a quantitative summary of the number of visits planned and undertaken in the current calendar year as well as providing an overview of the available outcomes to date. Table one provides the information by specialty group and table two provides the information by Local Education Provider.

In considering both tables, it is important to be aware that the number of planned visits can change in line with new intelligence around training environments. In particular, it is predictable that the number of planned visits typically increases following scrutiny of the GMC National Training Surveys results. Additional areas identified for visits following such scrutiny is part of prudent quality management and should not be considered as a cause for concern.

In reviewing both tables it should be noted that it is foreseeable that one department may be visited twice in a year. This is usually to enable the Quality Unit to continue to collaborate with the Local Education Providers and is often part of planned monitoring arrangements, and not necessarily due to concerns over progress. A brief narrative overview of the outcome of recent visits can be seen within part c of this document.

Table One: 2019 Targeted Visits Overview Year To Date By Specialty Group

Specialty Group	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Surgery	5	6	11	3	8	3	2	1	5
Obstetrics & Gynaecology	2	2	4		4	1		1	2
Paediatrics/ Paeds Surgery		1	1		1	1			
Radiology		1	1		1		1		
Emergency Medicine	3	2	5	3	2	2	1		2
Medicine	1	3	4	1	3	1	1	1	1
Anaesthetics/ Intensive Care Medicine	0	1	1	1			1		
Totals	11	16	27	8 (29%)	19 (70%)	8 (30%)	6 (22%)	3 (11%)	10 (37%)

Table Two: 2019 Targeted Visits Overview Year To Date By Health Board

Health Board	Total Number of Visits Planned (Future Date)	Total Number of Targeted Visits Undertaken	Total Visits Planned & Undertaken	Visit Type		Targeted Visit Outcome By Status			
				Number of New Visits	Number of Follow Up Visits	Monitoring Progress	De-escalated to Routine Monitoring	Concerns Over Progress	Visit Outcome Awaited
Aneurin Bevan UHB	1	3	4	2	2	1	2		1
Betsi Cadwaladr UHB	1	2	3	1	2		1	1	1
Cardiff & Vale UHB	2	3	5	1	4	2	1		2
Cwm Taf Morgannwg UHB	4	5	9	3	6	3	1	1	4
Swansea Bay UHB	2	2	4	1	3		1	1	2
Hywel Dda UHB	1	1	2		2	1			1
Velindre NHS Trust			0						
Totals	11	16	27	8 (30%)	19 (70%)	7 (26%)	6 (22%)	3 (11%)	11 (41%)

Part B: Enhanced Monitoring Issues

The table on the next page provides an overview of the issues which are currently in Enhanced Monitoring status with the GMC. Where there has been a recent escalation of concerns which may warrant specific discussion by the Executive team this is noted in the Board Action column.

Table Three: Enhanced Monitoring Issues

Ref	Specialty & Site	Key Concerns	Status	Board Action
TP242	Paediatric Surgery	<ul style="list-style-type: none"> Access to relevant experience. Paediatric radiology on call cover availability. Sustainable rotas Learning environment 	<p>Checking sustainability</p> <p>Approval for ST Trainee re-allocation to recommence for October 2019 has been confirmed due to satisfactory progress in addressing concerns and assurance around the experience. Monitoring arrangements have been put in place. This issue will remain in Enhanced Monitoring in the interim with close monitoring in place. A formal Targeted Visit will be arranged for April 2020.</p>	To note
TP245	Obstetrics & Gynaecology Royal Glamorgan and Prince Charles Hospitals	<ul style="list-style-type: none"> Clinical supervision Embedding training into service reconfiguration. 	<p>Checking sustainability</p> <p>A further Targeted Visit was undertaken with GMC presence on 18th July 2019 in order to monitor the training environment. Given that services have reconfigured to a single site it was agreed with the GMC that it would be appropriate to apply Enhanced Monitoring status to both sites. At the visit an immediate patient safety issue was raised in relation to the management of gynaecology patients within the Emergency Department with a request for urgent assurance being made at the visit. In terms of the general experience there was evidence that the situation was improving with the higher trainees being satisfied with their experience. The panel noted that a lot of effort had gone into improvements in Obstetrics. However, there was a need for further input into gynaecology which was impacting on the experience of the more junior trainees in some areas. The panel noted that there were plans in place to address the concerns to ensure that the experience was more relevant for GP trainees in particular. More generally, the panel noted that where concerns were raised through the Datix system there was an absence of feedback to the reporter. However, the panel were advised that a</p>	To note

			new approach was being introduced. A further visit will take place on 23 rd October 2019.	
TP308	Trauma & Orthopaedics Morrison Hospital	<ul style="list-style-type: none"> • Clinical Supervision • Supportive environment • Clinical Supervision • Adequate Experience • Induction • Workload 	Monitoring Progress The Health Board has provided a full response to the concerns. A further visit will take place on 21 st October 2019 in order to monitor progress more formally.	To note
TP344	Obstetrics & Gynaecology Princess of Wales Hospital	<ul style="list-style-type: none"> • Clinical supervision • Adequate experience • Curriculum coverage 	Monitoring Progress A further visit will take place on 23 rd October in order to monitor progress more formally.	To note
TP303	Medicine Wrexham Maelor Hospital	<ul style="list-style-type: none"> • Adequate experience • Balance between service and education 	Monitoring Progress A further visit was undertaken on 19 th July 2019 at which it was noted that whilst the trainees were extremely complimentary about the support they received from the Consultant body, significant workload pressures exacerbated by organisational issues had resulted in the prioritisation of service to the detriment of training provision. Whilst there had been some progress in other areas, the longstanding nature of the concerns around the balance between service and education resulted in the need for this issue to be escalated to Enhanced Monitoring status with the GMC. Consideration of the role that the non-medical workforce can play in addressing the concerns is likely to be part of the solution to improve training. A further visit will be arranged for February 2020.	

Part C: Recent visits Update:

No visits have been undertaken since the last report and these will recommence during October 2019

Part D: Planned Visit Activity:

Over the coming months the following visits are planned in order to review the training experience. The table below excludes any visits which may be part of the Enhanced Monitoring issues highlighted in table one.

Table Four: Targeted Visit Schedule

Ref	Specialty & Site	Grade	Key Issues	Current Status	Visit Timeframe
TP232	General Surgery University Hospital of Wales	Higher	<ul style="list-style-type: none"> New rota intensity with implications for patient safety and trainee exposure. Undermining Management of rota gaps. 	Checking sustainability	Follow up visit to be arranged for November 2019
TP256	Emergency Medicine Prince Charles Hospital	All	<ul style="list-style-type: none"> Supervision Staffing levels 	Monitoring Progress	Follow up visit to be arranged for November 2019
TP123	Emergency Medicine Morriston Hospital	All	<ul style="list-style-type: none"> Workload Handover Rotas 	Monitoring Progress	Follow up visit being arranged for November 2019
TP299 & TP206	Trauma & Orthopaedics & General Surgery Nevill Hall Hospital	All	<ul style="list-style-type: none"> Clinical Supervision Workload Induction Handover 	Monitoring Progress	Initial visit took place on 14 th May 2019. Follow up visit to be scheduled for November 2019
TP365	Medicine University Hospital of Wales	All	<ul style="list-style-type: none"> Emphasis upon service provision impacting upon the ability of the trainees to achieve the necessary competencies. 	Monitoring Progress	Initial visit took place on 1 st May 2019. Follow up visit to be scheduled for January 2019.
TP078	Ophthalmology Royal Glamorgan Hospital	Foundation & Higher	<ul style="list-style-type: none"> Curriculum coverage Adequate experience Teamwork Local Teaching Rotas Educational Supervision 	Action Planning	Follow up visit to be arranged for November 2019.
TP192 & TP278	General Surgery Glangwili Hospital	All	<ul style="list-style-type: none"> Clinical Supervision 	Monitoring Progress	Follow up visit to be arranged for December 2019
TP346	Haematology Singleton	Core & Specialty	<ul style="list-style-type: none"> Adequate experience Curriculum coverage 	Monitoring Progress	Follow up visit to be scheduled for March 2020
TP410	Trauma & Orthopaedics	All	<ul style="list-style-type: none"> Workload 	New Visit	Targeted Visit to be arranged for April 2020

	University Hospital of Wales and University Hospital Llandough		<ul style="list-style-type: none"> • Clinical Supervision • Teamwork 		
TV135	Anaesthetics University Hospital of Wales	All	<ul style="list-style-type: none"> • Workload • Teamwork • Educational governance • Induction • Local teaching 	New visit	Targeted Visit to be confirmed for April 2020
TP241	Intensive Care Medicine, University Hospital of Wales		<ul style="list-style-type: none"> • Workload • Teamwork • Handover • Study leave 	New visit	Targeted visit to be scheduled for February 2020
TP385	General Internal Medicine, Morriston Hospital		<ul style="list-style-type: none"> • Clinical supervision • Induction • Educational supervision 	New visit	Targeted visit to be scheduled for March 2020
TP416	Medicine, University Hospital Llandough		<ul style="list-style-type: none"> • Workload • Induction • Educational supervision 	New visit	Targeted Visit to be arranged for May 2020
TP316	Trauma & Orthopaedics Prince Charles Hospital & Royal Glamorgan Hospital		<ul style="list-style-type: none"> • Clinical supervision • Local teaching • Study leave 	New visit	Visit to be arranged for February 2020
TP405	Emergency Medicine, Wrexham		<ul style="list-style-type: none"> • Clinical supervision • Workload 	New visit	Visit to be arranged for January 2020.

Part E: Other Points to Note:

GMC National Training Surveys

Quality management activity in recent weeks has largely been focussed upon scrutiny of the 2019 GMC National Training Survey results. These results have been triangulated with existing data sources with revised risk reports going out to all Local Education Providers to enable them to commence action planning. In addition, a review of the most significant results has taken place with the GMC at an Annual Review Meeting. At this meeting it was evident that HEIW had appropriately identified the key issues arising out of the results. Whilst most feedback is based around particular departments which will be taken forward

through the Targeted Process. A separate report has been produced to identify the key messages for Wales arising out of the GMC National Trainee Survey Results. In terms of key areas to take forward action planning on the following have been identified.

- Reporting systems – The overall score for Wales has seen a gradual erosion in the last four years.
- Differential Attainment – The GMC Visits and Monitoring Teams will be maintaining an oversight on progress in considering the data around differential attainment and will require periodic updates on progress in utilising the information.

Commissioning

Commissioning Visits to all Local Education Providers are currently being arranged for early 2020. In preparation for these self-reporting templates are currently being populated with evidence from across the Medical Deanery prior to being disseminated to Local Education Providers for completion.



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

Meeting Date	21 October 2019	Agenda Item	3.2
Report Title	2019 GMC National Training Survey Results: Key Themes for Wales		
Report Author	Quality Team Medical Deanery		
Report Sponsor	Push Mangat		
Presented by	Push Mangat		
Freedom of Information	Open		
Purpose of the Report	To inform the Education, Commissioning and Quality Committee of the results of the GMC National Training Survey and its implications for the Medical Deanery in HEIW and those training in Postgraduate Medicine in Wales.		
Key Issues	This report summarises Trainee and Trainer feedback in Wales and for the first time voluntary questions have been added relating to "Burnout" amongst Trainees and Trainers.		
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 		

2019 GMC National Training Survey Results

Key Themes for Wales

1. INTRODUCTION AND BACKGROUND

The GMC have recently released the results of the 2019 National Training Surveys, the outcomes of which provide a valuable insight into training grade doctors' perceptions of the quality of their training. In addition, the results also provide an indication on the extent to which trainers consider that they are supported in their training role.

The 2019 response rate for Wales was consistently high with a trainee response rate of 97.5% against a UK average of 94.6% and a trainer response rate of 61.6% against a UK average of 44.8%. Whilst these response rates are positive, trainee engagement with the surveys was noted to be more challenging this year across all of the four home nations.

In reporting the survey results the GMC have enabled end users to scrutinise the results in varying levels of detail from country level right down to how various cohorts of trainees responded to specific questions. This level of granularity ensures that areas which may require a more strategic approach can be identified. This report provides an overview of the key themes for Wales arising from the results.

2. TRAINEE SURVEY KEY MESSAGES

In considering the results by UK country, the results for Wales are generally consistent with the rest of the UK with all indicator scores reported in the interquartile range. Whilst on the surface these results may not appear to be significantly different, through greater scrutiny the following key points have been identified:

- Firstly, overall satisfaction in Wales has resumed its traditional position of being the highest in the UK following a minor decrease in 2018. This positive feedback is likely to be aligned to the fact that despite widely publicised service pressures and challenging rotas in some areas, the training experience for the majority of trainees remains high with results for adequate experience also being reported as the highest in the UK. The detailed responses underpinning the adequate experience and overall satisfaction indicators highlight that 87% of trainees in Wales are confident that their posts will enable them to acquire the competencies they need at their current stage of training and 90.69% of trainees report that their posts will be useful for their future careers.
- Although the score for clinical supervision during the daytime has had a minor decrease from 89.22% in 2018 to 88.87% in 2019, this result should be considered in the context of the overall trajectory from 2012. Over the last seven years there has been a gradual improvement in the scores

around the quality of clinical supervision and this year's results indicate that this improvement has been sustained.

- Whilst the scores for clinical supervision out of hours are consistent with the rest of the UK in terms of quartile reporting, the overall percentage score for Wales in 2019 is the lowest in the UK and also the lowest score that Wales has had reported since the indicator was introduced in 2015. In terms of the pressure points in relation to clinical supervision the results indicate that the most significant challenges are within emergency medicine, obstetrics and gynaecology and some areas of medicine and these will require further review in order to triangulate the findings.
- Workload continues to be reported to be high in Wales and other parts of the UK. The results indicate that workload pressures appear to be impacting upon the ability of trainees to access study leave with 26% of trainees reporting that either local rota policies or difficulties in finding prospective cover had been a barrier to accessing study leave. Encouragingly, the proportion of trainees reporting that they are able to access sufficient funds to cover the cost of courses they have been advised to complete has consistently risen from 41% in 2012 to 56.47% in 2019, while the range across the four home nations is 54.86% to 64.18%.
- An indicator around reporting systems was introduced into the GMC Survey in 2016. Whilst the score for Wales continues to be reported within the interquartile range, it is nevertheless the lowest score in the UK. In addition, Wales is the only home nation whose score has seen a gradual erosion in the last four years with scores for all questions that underpin this indicator having declined. Table one below provides an overview of the responses to the questions by UK country illustrating that responses to all question areas are lower than the rest of the UK.

Table One: Reporting Systems Responses (UK Wide)

Survey Question	Wales	England	Scotland	Northern Ireland
Percentage agreeing that they are aware how to report concerns	82.84%	90.43%	90.35%	87.44%
Percentage agreeing that there is a culture of proactively reporting concerns.	73.04%	80.9%	79.61%	78.77%
Percentage agreeing that there is a culture of learning lessons.	77.01%	81.67%	83.2%	83.66%
Percentage having confidence that concerns will be dealt with.	59.05%	66.48%	69.1%	68.72%
Percentage agreeing that when concerns are raised actions are fed back appropriately	54.9%	61.05%	62.48%	60.73%

- In terms of rota design there has been a slight improvement on the trainees' perception of the extent to which rotas are supportive of ensuring trainees can access training opportunities. However, as this is only the second year that this indicator has been reported it is difficult to establish whether this is a minor fluctuation or indicates an improvement trajectory.
- Whilst many areas of progress and good quality training have been reported, inevitably there will be areas that require further review through the quality management framework. The survey results will be triangulated within existing evidence through a series of scrutiny meetings and following this, key areas of priority will be identified. Based upon initial impressions, Obstetrics and Gynaecology and surgery are likely to remain as priority areas for the coming year together with some areas of medicine. However, it is important to note that whilst there is evidence of concern in these specialty areas there is also evidence of progress at specific sites which have received Targeted Visits. In terms of the positive specialty areas Core Anaesthetics, Plastic Surgery, Palliative Medicine, Clinical Radiology, Clinical Genetics and some areas of Psychiatry continue to perform well. Encouragingly, despite challenges with recruitment the results for Core Medical Training suggest improvement in terms of curriculum coverage and educational supervision. Similarly, Renal Medicine and Vascular Surgery also show signs of improvement.

3. TRAINER SURVEY KEY MESSAGES

Identifying geographical comparisons between Wales and other parts of the UK from the trainer survey results is more challenging than the trainee data. Whilst nearly two thirds of trainers in Wales responded to the survey, this is not universally the case across much of the UK. In addition, results for particular groups are challenging as the majority of scores are reported within the interquartile range. However, those messages that have been obtained are provided below:

- Overall trainers continue to report relatively high levels of overall satisfaction and the results illustrate that there continues to be a strong willingness to train with 90.7% of trainers reporting that they enjoy their training role.
- Both primary and secondary care trainers report 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. In relation to primary care, 19% reported that they didn't have sufficient time in their working week for their educational role and 67% reported that they were able to use the time for the purpose it was intended. The variance between primary and secondary care may be attributable to the relative formality of primary care trainer roles compared to secondary care. The disparity in the formality of trainer roles, it is also evident in the roles of those who lead on the management and delivery of education and training. Within primary care, there is a consistent model for ensuring that GP Programme Directors are remunerated for the time that they need to undertake their roles. However, within secondary care, the role of the Training Programme Director in Wales has traditionally been undertaken on a voluntary basis. This is despite Training Programme Directors having a pivotal role in the provision of support for trainees and trainers across Wales as well as a clear structure to support HEIW's Quality Management Framework. Undertaking work to address this deficit would be a key step in addressing the inequality between primary and secondary care.
- Satisfaction with access to relevant learning and development opportunities when required consistently remains relatively high for all trainers with 80% of secondary care trainers indicating that this was the case and 86.72% of primary care trainers.
- Work intensity continues to be a challenge for trainers with 63% of secondary care trainers rating their workloads as heavy or very heavy during the day and 69% working beyond rostered hours on a daily or weekly basis. The results for primary care are particularly concerning with 83% reporting that their workload to be heavy or very heavy and 85% working beyond their rostered hours. Within secondary care the results indicate that work intensity is a particular challenge for Emergency Medicine trainers across the UK. Specifically, within Wales the results indicate that Intensive Care Medicine is a particularly challenging area.
- Trainer clarity of their educational responsibilities varied with 80% of secondary care trainers reporting that their educational responsibilities were clearly defined compared to 96% within primary care. This finding is not dissimilar to other parts of the UK.
- Within Wales a system of whole practice appraisal exists and encouragingly the results indicate that the majority of trainers had received an appraisal for their educational role. In considering the effectiveness of educational appraisal, approximately two thirds of both primary and secondary care trainers consider that appraisal for their educational role is effective. The remaining proportion were largely ambivalent about its effectiveness with just 6.69% of secondary care trainers reporting appraisal for their educational role to be ineffective. No primary care trainers reported educational appraisal to be ineffective.

4. BURNOUT DATA

Over the last two years, the GMC has collected information on burnout from trainees and trainers and this is likely to continue to be a priority area. The questions that are asked of trainees and trainers are based upon the Copenhagen Burnout Inventory which is a worldwide tool utilised to measure burnout amongst health professionals. Responses to the burnout questions are voluntary although completion rates were relatively strong with 67% of trainees and 79.5% of trainers opting to complete the questions.

The GMC report the data in terms of whether trainees and trainers are reporting low, moderate or high rates of burnout. Table one below provides a summary of how trainees rated their level of burnout and as can be seen the proportion of trainees in Wales rating their level of burnout as high is lower than the UK average with a higher proportion being in the moderate category.

Table One: Trainee Burnout by UK Country

Country	Trainee Denominator	Burnout Category		
		Low	Moderate	High
Wales	1545	40.0%	52.6%	7.4%
England	29544	43.3%	48.1%	8.6%
Northern Ireland	1086	41.7%	51.3%	7.0%
Scotland	3515	47.3%	46.1%	6.6%
UK	35690	43.5%	48.2 %	8.3%

Unfortunately, the GMC do not report the same data for trainers. However, the data is available by specialty for trainees and trainers and this highlights some variation between Wales and the average for the UK in terms of positive and adverse findings, information on which is provided within the rest of this section of the report.

Whilst the existence of any burnout is not desirable, in terms of a starting point to work with the data, it would be prudent to consider where there are significant variances in Wales compared to the UK. Therefore, for the purposes of this report an arbitrary variance of 5% between the score for Wales and the specialty average has been applied to the 'high' category.

In considering the trainee burnout data those specialties with burnout data that is higher than the specialty average appear to be closely aligned to those programmes which have adverse feedback reported within the survey results with emergency medicine, obstetrics and gynaecology and some areas of surgery being highlighted. Clinical Genetics, Public Health Medicine, Psychiatry and Rheumatology results generally report lower levels of burnout than other specialty areas both in Wales and across the UK. In terms of Wales specific feedback the results for Clinical and Medical Oncology are

reported as lower than the rest of the UK. The full set of trainee data is provided within appendix one.

The application of an arbitrary 5% variance to the trainer data highlights that all psychiatric specialties compare well to the specialty average. In contrast, several areas of medicine have an adverse variance with particular pressures being noted in Intensive Care Medicine. In terms of pressures which are more widely published within the media, Emergency Medicine and General Practice are often highlighted. It should be noted that whilst applying the arbitrary 5% variance does not flag these specialties, the data does indicate that high burnout levels within these groups are slightly higher in Wales than the UK average. HEIW has already started work to expand GP Training Practice capacity through, 'The Strategic Programme for Primary Care' (2018). This work programme is an important step in addressing some of the widely publicised challenges within primary care which inevitably have an impact upon emergency departments.

5. REGULATOR REVIEW

The GMC's Initial Findings Report also provides an overview of the survey results with some reference to UK figures. Whilst the purpose of this report is to provide a Wales specific perspective without duplicating the standard GMC report, the areas highlighted by the GMC provide some insight into the evolving focus of the regulator. Over the last two years there has been an increased emphasis upon burnout data by the regulator. This year's report indicates a move towards a focus upon the general wellbeing of trainees and trainers through highlighting data around the extent to which trainees and trainers know how to access support in relation to their health and wellbeing. In addition, to accessing support the GMC's inclusion of data around access to rest facilities, catering facilities in and out of hours as well as travel arrangements around long or out of hours shifts also suggests that there may be an increased focus on the general wellbeing of our trainees and trainers. Whilst these things may not be explicit within the standards, indirectly working to support the wellbeing of our trainers and trainees can positively impact on patient safety.

6. NEXT STEPS

The following steps will be taken within the Quality Unit in order to utilise and cascade these results:

- As is standard practice, scrutiny meetings have already been undertaken in order to triangulate the survey results. The outcomes of these meetings have been utilised in order to inform the need for new concerns on the risk register as well as to consider whether existing risks can be escalated or de-escalated.
- Work to address any ongoing concerns will continue to be undertaken through the HEIW quality management framework. Targeted Visits will be scheduled where appropriate in order to collaborate with Local Education

Providers around medium to high risk issues. In addition, HEIW will liaise with Local Education Providers to ensure that lower risk issues are reviewed. Broader concerns such as reporting systems, trainer support and burnout will be incorporated into the Commissioning Process.

- There will be clear communication to Chief Executive Officers, Medical Directors and key education leads regarding Local Education Provider results. This communication will highlight areas which have been identified as being particularly positive as well as ensuring that there is transparency around any areas which may require more urgent action. In addition, we will also contact trainees and trainers to highlight the release of the results and provide an overview of how their feedback will be used.
- The themes arising from this report will be escalated outside of the Quality Unit within HEIW to consider whether they have any bearing on broader strategies around the healthcare workforce.
- As is standard practice HEIW's Quality Unit will continue to provide updates to the GMC on progress in addressing training concerns in line with agreed protocols.
- HEIW will continue to take forward activity to expand evidence to support the local quality control of trainer recognition in the coming year. This in turn will support quality management activity in this area.
- HEIW will consider options to redress the apparent inequity between those undertaking lead training roles in primary and secondary care. In particular, HEIW will consider options to ensure that secondary care Training Programme Directors are appropriately supported in terms of time to undertake their essential role in supporting the delivery of sustainable training programmes across Wales.
- HEIW will continue to take forward, 'The Strategic Programme for Primary Care' (2018) which will enable:
 - The improvement and expansion of GP Specialty Training. This will be achieved through refining the prevailing UK wide three year structure of eighteen months in secondary care and eighteen months in General Practice. This refined, '1 + 2 Model' comprises a year in a hospital training posts and two years in General Practice posts; the first and the second year of training are equally split between primary and secondary care. This Welsh model is appropriate under UK Statute and is being rolled out on a district scheme by scheme basis over the next few years.
 - The implementation of innovative developments in integrated training for Pharmacists at Undergraduate; Pre-registration; Foundation and Advanced Practice levels.

- The expansion of community based elements of Medical Foundation Training by means of both conventional four month GP placements and more innovative Longitudinal Integrated Foundation Training (LIFT).

7. GOVERNANCE AND RISK ISSUES

HEIW and the GMC have already met to agree the findings of the report and its relevance to the Welsh region. There was no area that the GMC highlighted as a concern that had not already been identified by HEIW. Hence the “next steps” described above have been agreed with the GMC.

The information from the GMC National Trainee surveys has a significant influence on the reputation Wales as a place to undertake Postgraduate Medical Training. Recruiting Medical Trainees is a highly competitive process and any adverse findings in the NTS (which is publicly available) can hinder recruitment in Wales.

8. FINANCIAL IMPLICATIONS

There is no financial risk to HEIW, but if the results from the NTS survey should result in low application rates, the resulting rota gaps can drive up agency costs and result on cost pressures for the wider NHS in Wales.

9. RECOMMENDATION

The Committee is asked to note the content of this 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 This is a regular report for information. 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.				
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 report to Executive Team and ECQ Committee.			
Appendices	Appendix 1 - NTS Patient Safety Concerns Appendix 2 - Trainee Burnout by Programme Specialty Appendix 3 - Trainee Burnout by Programme Specialty			

Patient Safety Concerns in Wales

Reported via the 2019 GMC National Trainee Survey

CONTENTS

Background and Overview	Pages 1 - 3
Comparative Data	Pages 4
Key Themes Arising from the 2019 GMC National Trainee Survey	Pages 5 - 6

Background to the GMC National Trainee Survey

The GMC run a National Trainee Survey on an annual basis which provides trainees with the opportunity to influence training by providing their views on the standard of postgraduate medical education and training within Wales and particularly, the quality of training received in their post.

The comprehensive survey asks a range of questions on areas including induction; handover; supervision; working hours; rota, experience; study leave and feedback. In addition to this, trainees are also asked to provide information on any patient safety issues that they are aware of at their organisation. A second free text option invites comments on any undermining concerns. Comparative data for the last five years can be found on page 4.

Data gathered from free text comments throughout the survey is monitored on a real time basis and assessed within HEIW before being raised with the Local Education Provider (LEP) concerned. Responses are requested from the LEP along with, where necessary, action plans with regard to dealing with the specific concern. These are then monitored via HEIW's Quality Management Framework.

Patient Safety Concerns

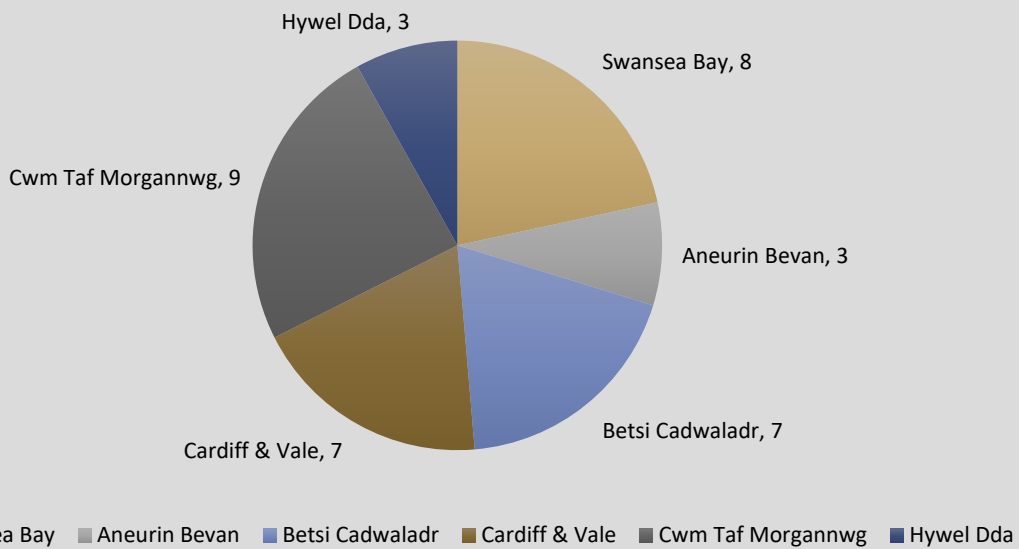
The following report provides information on the patient safety issues raised by trainees via the 2019 National Trainee Survey.

A total of 2,247 trainees completed the survey in 2019. Of these, a total of 37 trainees reported patient safety issues. There were also 5 bullying and undermining concerns. This brings the total number of free text comments up to 42 in 2019 which is 1.86% of trainees who took the survey. The number of comments received is a lot lower than the previous year; in 2018 a total of 66 free text comments were received.

Number of Concerns Raised in Relation to Each Local Education Provider

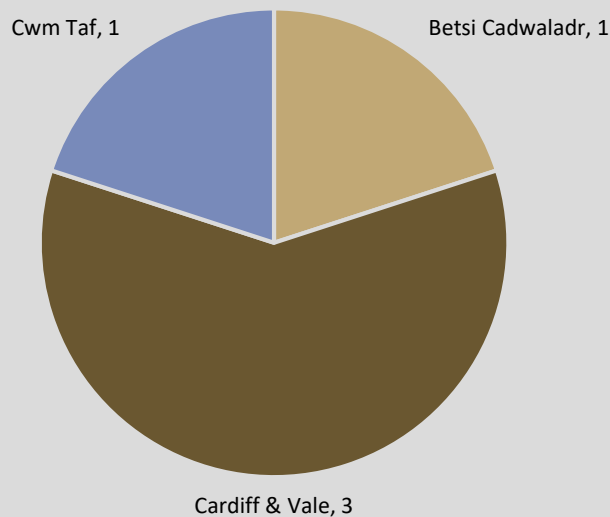
The chart below shows the number of trainees based at each LEP who reported patient safety concerns via the 2019 GMC National Trainee Survey. No comments were made in relation to Powys Teaching Health Board, Public Health Wales NHS Trust or Velindre NHS Trust. It is important to note that there has been a change in Health Boards since April 2019 and Abertawe Bro Morgannwg University Health Board (ABMU) has become Swansea Bay University Health Board and Cwm Taf University Health Board is now Cwm Taf Morgannwg University Health Board. The only Hospital Site this affects is Princess of Wales Hospital which is now part of Cwm Taf Morgannwg University Health Board. However, no free text comments in 2019 or in 2018 related to the Princess of Wales Hospital. It is important to remember that prior to 2018 any Princess of Wales comments are recorded under Swansea Bay University Health Board in the statistics shown in this report as it was previously part of ABMU, and the survey should have been completed based on the training post occupied on 19th March 2019.

Free Text comments by LEP



In relation to Bullying and Undermining comments the below chart shows the number of comments received by each LEP.

Bullying Comments



Summary of Key Themes

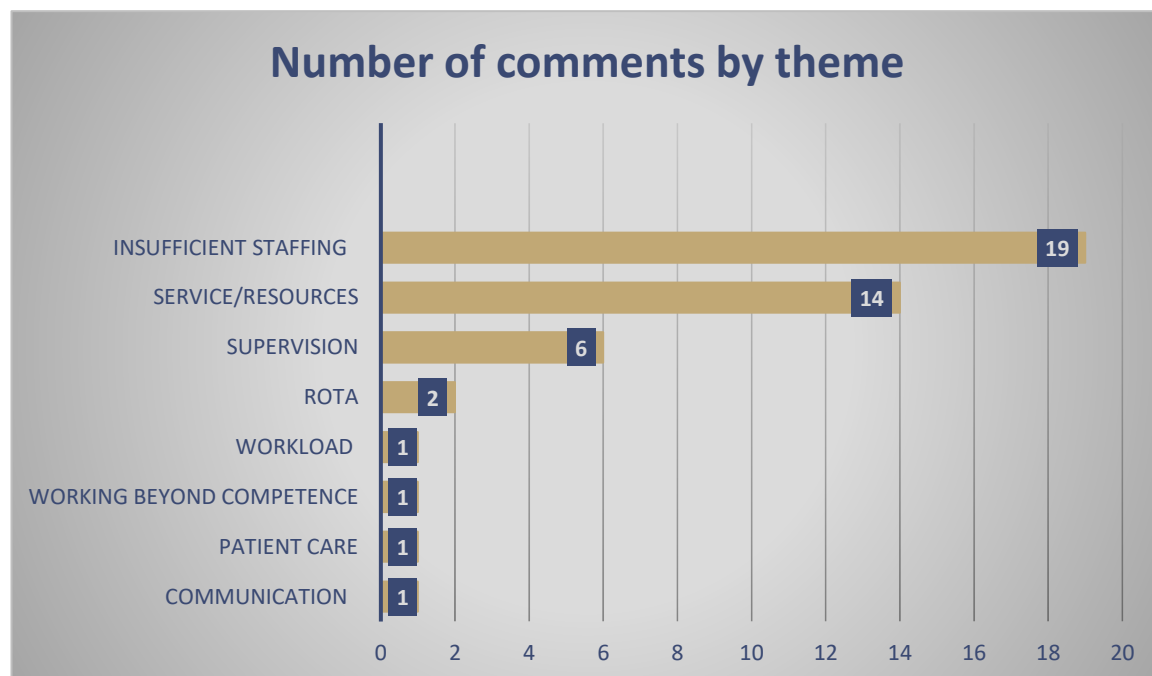
The trainee patient safety comments from 2019 could generally be grouped under eight key themes, with some trainees identifying more than one issue. It was clear that some comments categorised under one key theme were often linked to and impacted on by others.

The eight key themes arising from the survey were as follows:

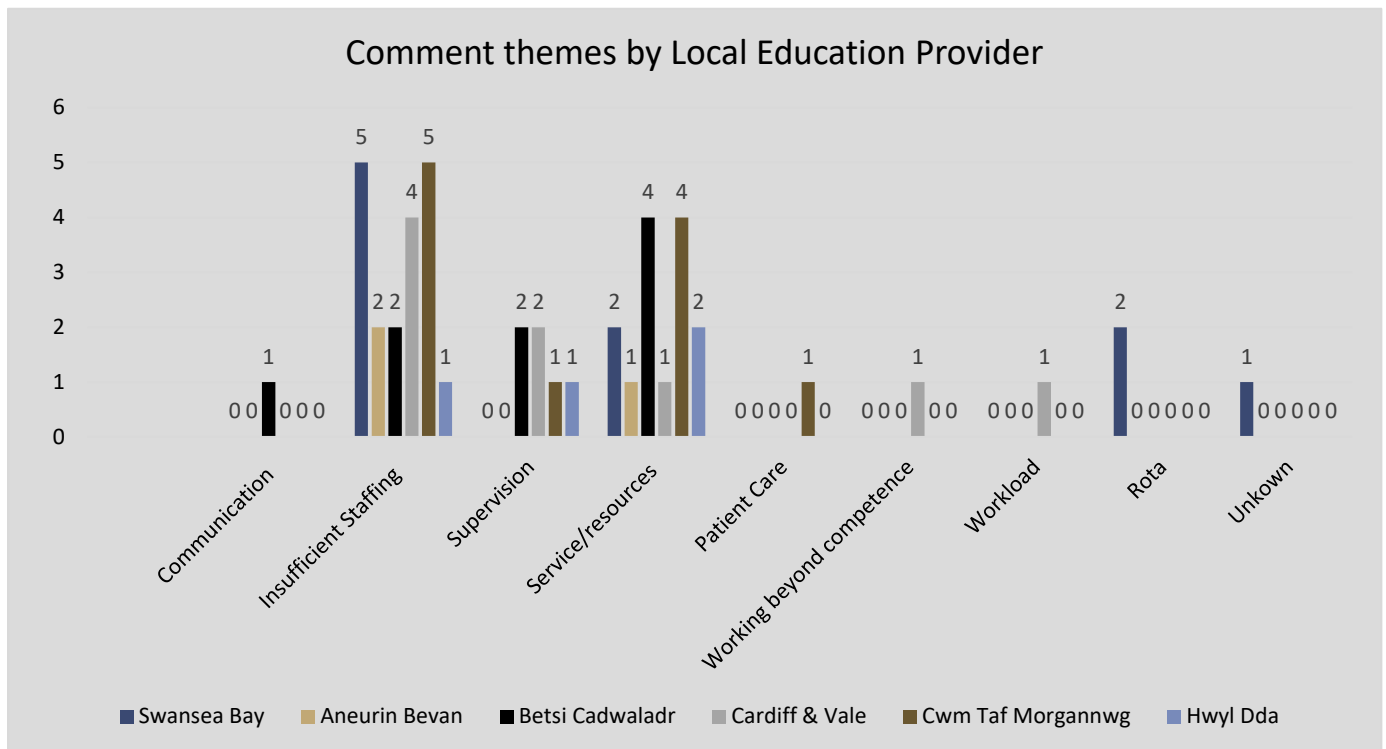
- Insufficient Staffing
- Supervision
- Service/Resources
- Patient care
- Working beyond competence
- Communication
- Workload
- Rota

There was also one comment which did not specify the concern so this has been classed as “unknown”.

The below chart shows the number of trainee comments made in relation to each of the themes in the 2019 survey. It is interesting to note that the areas of staffing , service/resources and supervision have remained key themes over the last three years. However, other themes have varied; for example, handover was raised by four trainees last year but does not appear in this year’s comments as a key theme.



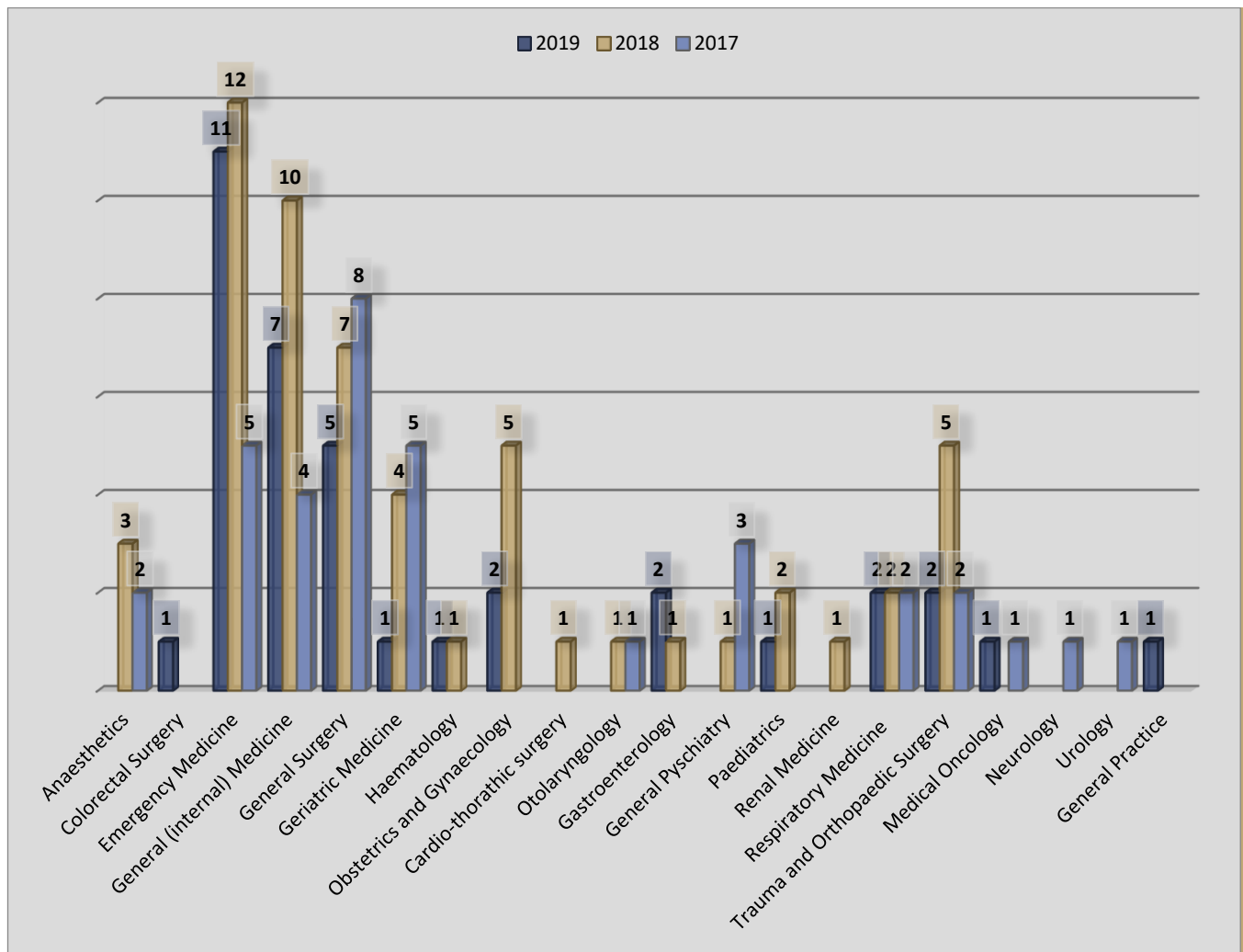
Note: The totals do not reflect the number of comments as some comments covered more than one issue.



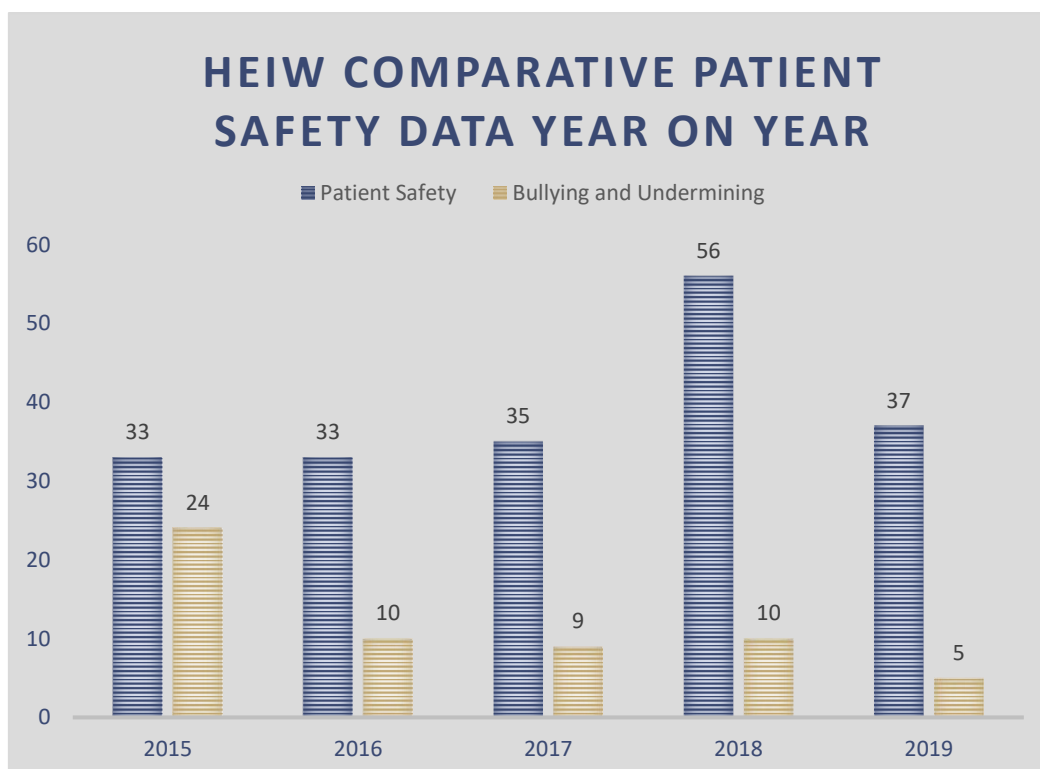
The above chart shows how these comments are split across Local Education Providers.

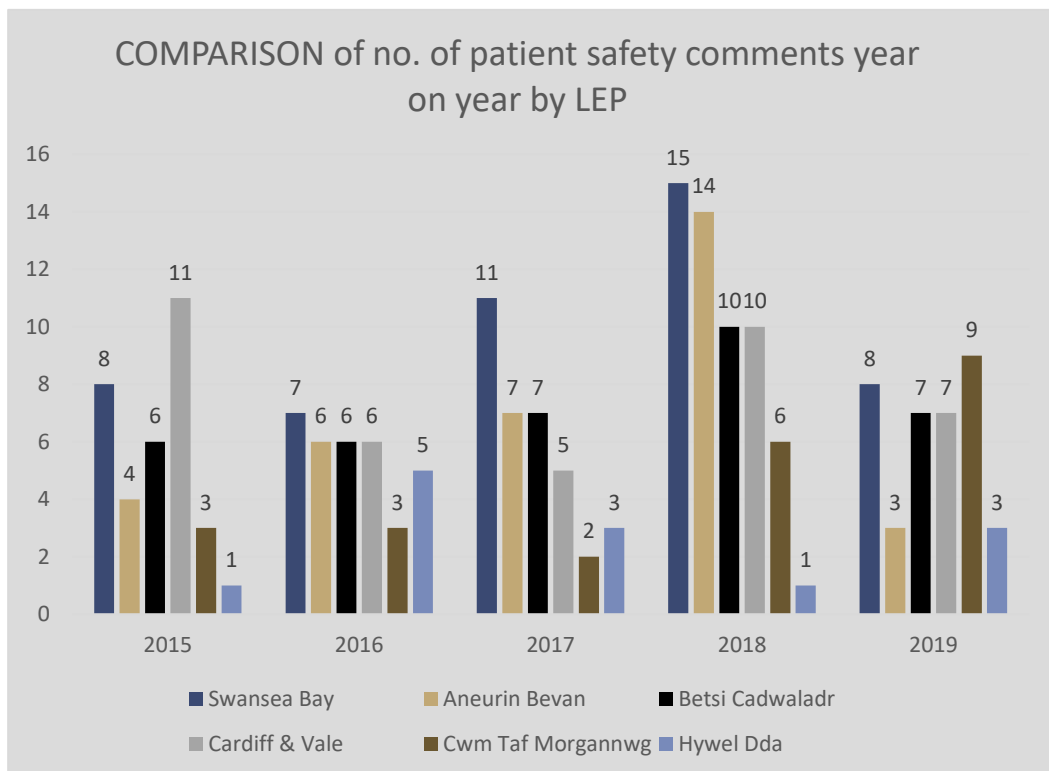
Comparative Data

Below is a comparison of specialty areas that have received patient safety comments over the last three years. As can be seen Emergency Medicine, General (internal) Medicine and General Surgery have consistently received high levels of comments in recent years. Geriatric Medicine, Obstetrics and Gynaecology and Trauma and Orthopaedic Surgery also received higher numbers of comments in previous years but these have decreased substantially in 2019.



A comparison of Patient Safety and Bullying and Undermining concerns over the last 5 years can be seen in the tables below. This year sees the lowest number of bullying and undermining comments for at least five years.





As can be seen from the data there was an increase in patient safety comments in 2018, but in 2019 the level has returned to the equivalent of previous years. The 2018 peak may have been caused by media coverage of the case of Dr Bawa Garba and resulting concern amongst trainees.

Key Themes Arising from the 2019 GMC National Trainee Survey

A summary of concerns around each of the key themes arising from the 2019 GMC National Trainee Survey is provided below. The themes are listed in order of the most commented upon to the least commented upon.

The majority of comments related to insufficient staffing. Below is a summary of each area raised.

Insufficient staffing

As in the previous two years, insufficient staffing was the main theme raised by trainees as part of the survey. 42% of all patient safety comments related to lack of staff and comments related to General and Colorectal Surgery, Emergency Medicine, General (internal) Medicine, Geriatric Medicine, Obstetrics and Gynaecology, Paediatrics, Respiratory Medicine and Trauma and Orthopaedic Surgery.

A recurring theme was an insufficient number of staff to care for large numbers of patients resulting in poor, and sometimes, unsafe, patient care and excessive workloads. Comments implied that understaffing was not a short term issue.

Service/Resource

Concerns raised relate to service within the NHS across six LEP's and a range of specialties. Concerns relate to lack of space, lack of resources, the phlebotomy service, hospitals being overcrowded and unable to cope with demand, patients being cared for in corridors, long waits for services and staffing levels. These concerns have been raised with each LEP at Medical Director level.

Supervision

Issues around inadequate senior support were raised in four LEP's in relation to Emergency Medicine and Obstetrics and Gynaecology. Concerns included lack of consultant presence, lack of senior review of patients, and patients being Registrar-led out of hours, rota gaps resulting in locum cover who are not always invested in supporting junior doctors.

Rota

Two comments from trainees in General (internal) Medicine and Geriatric Medicine raised the issue of rota design leaving wards inadequately staffed and exhausted staff.

Workload

Workload was noted as a concern in relation to A&E cover at night.

Working Beyond Competence

A concern over trainees working beyond their competence was raised in relation to Haematology.

Patient Care

A concern was raised in relation to Psychiatric care, however, this related to a care home which does not come under the remit of an LEP, therefore, this would be raised with the GMC to investigate via more appropriate channels.

Communication

One comment raised a concern over communication within teams resulting in risks to patient safety.

Unknown

One further concern was raised by a trainee but no information was given so it was not possible to investigate this concern.

Conclusion

Responses are requested from all Local Education Providers to each Free Text Comment and responses are fed back to the GMC and monitored via the Quality Management Framework as required. Where comments correlate with existing evidence/risks these are monitored via the risk entry, where this is new evidence it is monitored by the Quality Unit and the LEP until there has been sufficient evidence that the issue has been dealt with appropriately and resolved. In addition, this report will be shared with HIW as the service regulator in Wales as part of our Memorandum of Understanding with them.

Appendix 2

Trainee Burnout by Programme Specialty

The information in the table below provides an overview of how trainees in Wales categorised their level of burnout compared to the UK average for the training programme. An arbitrary variance of 5% has been applied to the scores. Those highlighted in red represent those results where the high burnout category score in Wales is 5% higher than the UK programme average. In contrast, those scores highlighted in green represent those scores where the result in Wales is either reported as 5% lower than the UK average or the score for the high category is zero.

In considering this information it is important to note that this is early data providing an indication of burnout rates amongst trainees. Whilst this information is helpful in the early exploration of burnout amongst training grade doctors, as with all data sets, this information requires further contextualisation and successive data sets will facilitate trend analysis.

Programme Name	Burnout Category					
	Wales			UK Programme Average		
	Low	Moderate	High	Low	Moderate	High
ACCS	37.9%	55.2%	6.9%	37.8%	53.6%	8.6%
Acute Internal Medicine	20%	70%	10%	44.7%	46.9%	8.3%
Anaesthetics	44.4%	52.2%	3.3%	46.1%	48.2%	5.8%
Cardiology	50%	45.5%	4.5%	50.4%	42.1%	7.4%
Cardio-thoracic Surgery	80%	20.0%	0.0%	56.8%	40.5%	2.7%
Clinical Oncology	20%	80.0%	0.0%	48.4%	46.1%	5.5%
Clinical Radiology	71.9%	28.1%	0.0%	55.0%	45.0%	0.0%
Combined Infection Training	50%	50.0%	0.0%	67.0%	29.5%	3.4%
Core Anaesthetics	49.1%	50.9%	0.0%	58.5%	37.5%	4.0%
Core Medical Training	34.9%	56.6%	8.4%	31.5%	57.1%	11.4%
Core Psychiatry	35.3%	58.8%	5.9%	51.4%	42.8%	5.8%
Core Surgical Training	16.3%	72.1%	11.6%	38.1%	50.2%	11.7%
Dermatology	40.0%	20.0%	40.0%	59.1%	33.6%	7.3%
Emergency Medicine	34.1%	59.1%	6.8%	30.7%	55.5%	13.8%
Endocrinology & Diabetes	60.0%	40.0%	0.0%	44.2%	47.9%	7.9%
Foundation Year 1	33.6%	57.3%	9.1%	37.6%	52.8%	9.6%
Foundation Year 2	30.1%	60.2%	9.7%	34.2%	53.8%	12.0%
Gastroenterology	50.0%	37.5%	12.5%	44.6%	46.3%	9.0%
General Psychiatry	61.5%	38.5%	0.0%	39.8%	4.7%	55.5%
General Surgery	56.3%	40.6%	3.1%	49.5%	44.7%	5.8%
Geriatric Medicine	41.9%	45.2%	12.9%	63.6%	33.3%	3.0%
GP in Secondary Care	41.1%	50.0%	8.9%	45.7%	47.6%	6.7%
GP in Primary Care	51.4%	42.2%	6.4%	43.6%	46.3%	10.1%
Haematology	0.0%	83.3%	16.7%	52.0%	42.9%	5.0%
Histopathology	80.0%	20.0%	0.0%	43.0%	51.5%	5.5%
Intensive Care Medicine	25.0%	75.0%	0.0%	45.1%	51.3%	3.6%
Medical Oncology	100.0%	0.0%	0.0%	71.2%	26.9%	1.9%
Neurology	60.0%	40.0%	0.0%	40.3%	54.5%	5.2%
Neurosurgery	33.3%	66.7%	0.0%	0.0%	0.0%	0.0%
Obstetrics & Gynaecology	35.6%	55.6%	8.9%	52.2%	47.8%	0.0%
Old Age Psychiatry	80.0%	0.0%	20.0%	57.0%	41.0%	2.0%

Ophthalmology	56.3%	37.5%	6.3%	55.9%	40.3%	3.8%
Oral & Maxillofacial Surgery	50.0%	50.0%	0.0%	54.2%	40.3%	5.6%
Otolaryngology	75.0%	25.0%	0.0%	53.3%	40.0%	6.7%
Paediatrics	29.9%	63.6%	6.5%	60.0%	40.0%	0.0%
Palliative Medicine	60.0%	40.0%	0.0%	57.1%	39.3%	3.6%
Plastic Surgery	80.0%	20.0%	0.0%	55.4%	38.5%	6.2%
Psychiatry of Learning Disabilities	100.0%	0.0%	0.0%	39.4%	53.4%	7.2%
Public Health Medicine	66.7%	33.3%	0.0%	64.1%	35.2%	0.7%
Renal Medicine	50.0%	40.0%	10.0%	43.9%	46.5%	9.6%
Respiratory Medicine	35.0%	40.0%	25.0%	43.0%	47.4%	9.6%
Rheumatology	50.0%	50.0%	0.0%	53.5%	41.3%	5.2%
Trauma & Orthopaedics	37.5%	58.3%	4.2%	73.3%	26.7%	0.0%
Urology	66.7%	33.3%	0.0%	52.4%	41.4%	6.2%

Key:

	The score for Wales is less 5% lower than the UK average or the high burnout category is reported as zero.
	The score for Wales is 5% higher than the UK average.

Appendix 3

Trainer Burnout by Specialty

The information in the table below provides an overview of how trainers in Wales categorised their level of burnout compared to the UK average for the training programme. As with the trainee data an arbitrary variance of 5% has been applied to the scores. Those highlighted in red represent those results where the high burnout category score in Wales is 5% higher than the UK specialty average. In contrast, those scores highlighted in green represent those scores where the result in Wales is either reported as 5% lower than the UK average or the score for the high category is zero.

As with the trainee data this information requires further contextualisation and successive data sets will facilitate trend analysis.

Specialty	Burnout Category					
	Wales			Specialty Average (UK)		
	Low	Moderate	High	Low	Moderate	High
Acute Internal Medicine	35%	65%	0%	42.3%	51.1%	6.6%
Anaesthetics	50.8%	44.6%	4.6%	46.6%	47.3%	6.1%
Cardiology	70.6%	23.5%	5.9%	48.3%	44.6%	7.1%
Cardiothoracic Surgery	60%	40%	0%	60%	37.6%	2.4%
Chemical Pathology	75%	25%	0%	63.9%	33.3%	2.8%
Child & Adolescent Psychiatry	42.9%	57.1%	0%	41.5%	51.4%	7.1%
Clinical Genetics	66.7%	33.3%	0%	54.3%	42.9%	2.9%
Clinical Oncology	23.5%	70.6%	5.9%	34.9%	56.3%	8.9%
Clinical Radiology	57.1%	39.3%	3.6%	46.0%	46.6%	7.4%
Community Sexual & Reproductive Health	25%	75%	0%	48.4%	45.2%	6.5%
Dermatology	50%	41.7%	8.3%	47.4%	46.8%	5.8%
Emergency Medicine	23.1%	55.8%	21.2%	26.2%	53.8%	20%
Endocrinology & Diabetes	57.9%	36.8%	5.3%	55%	39.8%	5.2%
Gastroenterology	42.1%	52.6%	5.3%	42.5%	51.4%	6.2%
General Internal Medicine	37.5%	37.5%	25%	50%	43%	7%
General Practice	34.9%	52.2%	12.9%	40.4%	50%	9.6%
General Psychiatry	37.2%	58.1%	4.7%	43.1%	47%	9.9%
General Surgery	61.2%	32.7%	6.1%	49.7%	41.6%	8.7%
Geriatric Medicine	48.9%	42.6%	8.5%	43.2%	49.7%	7.1%
Haematology	44.4%	22.2%	33.3%	40.1%	52.9%	7%
Histopathology	28.6%	57.1%	14.3%	55.2%	40.5%	4.3%
Intensive Care Medicine	54.5%	9.1%	36.4%	42%	47.8%	10.2%
Medical Microbiology	33.3%	66.7%	0%	50%	48.7%	1.3%
Medical Oncology	25%	75%	0%	24.2%	62.6%	13.1%
Neurology	41.7%	50%	8.3%	48.3%	43.4%	8.3%
Neurosurgery	41.7%	50%	8.3%	43.3%	47.8%	8.9%
Obstetrics & Gynaecology	40.5%	50%	9.5%	46.3%	45.6%	8.1%
Old Age Psychiatry	37.5%	56.3%	6.3%	47.5%	44.6%	7.9%
Ophthalmology	50%	50%	0%	46.1%	46.7%	7.2%
Oral & Maxillofacial Surgery	54.5%	36.4%	9.1%	35.6%	53.3%	11.1%
Otolaryngology	53.8%	46.2%	0%	56%	39.7%	4.3%
Paediatrics	45.4%	49.5%	5.2%	45.2%	47.3%	7.5%

Palliative Medicine	53.3%	46.7%	0%	42.5%	51.5%	6%
Plastic Surgery	66.7%	16.7%	16.7%	47.1%	43.9%	9%
Psychiatry of Learning Disabilities	14.3%	85.7%	0%	50.6%	44.4%	4.9%
Public Health Medicine	46.2%	53.8%	0%	57.1%	39.6%	3.3%
Renal Medicine	40%	40%	20%	48.5%	46.4%	5.2%
Respiratory Medicine	38.7%	48.4%	12.9%	43.7%	48.7%	7.6%
Rheumatology	22.2%	66.7%	11.1%	55.8%	40.1%	4.1%
Trauma & Orthopaedics	50%	46.4%	3.6%	52.3%	42.1%	5.6%
Urology	38.5%	53.8%	7.7%	48.8%	43.3%	7.9%
Vascular Surgery	25%	75%	0%	38.1%	53.3%	8.6%

Key:

	The score for Wales is less 5% lower than the UK average or the high burnout category is reported as zero.
	The score for Wales is 5% higher than the UK average.



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

Meeting Date	26 September 2019		Agenda Item	4.5
Report Title	Future ways of working - relationship between the Education Commissioning and Quality Committee, the Board and the Audit and Assurance Committee			
Report Author	Dafydd Bebb, Board Secretary			
Report Sponsor	Dafydd Bebb, Board Secretary			
Presented by	Ruth Hall, Chair Education Commissioning and Quality Committee			
Freedom of Information	Open			
Purpose of the Report	To clarify the future ways of working for the Education Commissioning and Quality Committee (EC&QC) in respect of its role with the Board and the Audit and Assurance Committee (A&AC).			
Key Issues	<p>Clarification of the EC&QC's future ways of working is required to ensure that decision making is undertaken at the appropriate level and to avoid any overlaps or gaps in the governance structure.</p> <p>The proposed 'Future Ways of Working' are detailed in para 2.1 of this paper.</p> <p>Subject to Board approval it is proposed that HEIW's Standing Orders (SOs) will be amended to incorporate the approach detailed within the Future Ways of Working.</p> <p>While the Board will formally approve amendments to the SOs they shall first require the consideration of the Audit Committee.</p>			
Specification Required	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to approve:</p> <ul style="list-style-type: none">the Future Ways of Working (detailed in para 2.1 below);that the A&AC be directed to consider the attached SOs which have been amended to incorporate the Future Ways of Working;that the EC&QC be directed to: consider the amendments to its own terms of reference; consider the terms of reference for an internal multi-professional education group and for an External Integrated Group to advise on education and training priorities <ul style="list-style-type: none">that the proposed Future Ways of Working be subject to review in 12 months.			

Education Commissioning and Quality Committee Future Ways of Working

1. INTRODUCTION

The purpose of the Future Ways of Working, detailed in paragraph 2.1 below, is to clarify the working relationship between the Board, the Education Commissioning and Quality Committee (EC&QC), and the Audit & Assurance Committee (A&AC).

This will ensure the EC&QC undertakes an appropriate range and level of work and that governance mechanisms are clearly defined. It is proposed that HEIW's Standing Orders (SOs) (Appendix 1) together with the EC&QCs forward work programme are amended to incorporate the Future Ways of Working.

2. Background

The Future Ways of Working of the EC&QC were considered at a development session on 1 July and Board Development Session (BDS) on 29 August. The proposed ways of working are captured in paragraph 2.1 below.

These aim to draw on the full strength and expertise of the Board while enabling its Committees to review matters in detail and build an in depth knowledge amongst its members.

2.1 Future ways of working

2.1.1 Relationship between the EC&QC and Board

Strategic decision making shall be reserved for the Board. Both the EC&QC and the Board (through the BDS) shall make recommendations to the Board in respect of strategic matters relating to education commissioning and education quality.

The EC&QC shall seek assurance on behalf of the Board in respect of performance, quality and value of education contracts (e.g. recruitments, retention and student satisfaction), assessment of post graduate trainees and assessment of how well they are being educated by Trusts and Health Boards. The EC&QC shall also seek assurance in respect of Quality Improvement training. The EC&QC will highlight any issues out of the ordinary to the Board.

The Board shall retain the role of seeking updates and assurance in respect of the Revalidation process.

The EC&QC shall scrutinise the specification of tender documents relating to education contracts and make recommendations to the Board. Final approval of the specification documents shall be retained by the Board.

The terms of reference for the EC&QC currently delegates final approval of training plans, including investment and disinvestment, (before it is recommended to Welsh Government for approval) to the EC&QC. This will need to be amended so that the EC&QC may recommend to the Board only.

The forward work programme of the EC&QC shall reflect the Future Ways of Working and be subject to Board approval.

2.1.2 Relationship between the EC&QC and the A&AC

The EC&QC shall seek assurance and provide scrutiny on behalf of the Board:

- for ensuring the optimum quality of education within the available resource;
- in respect of risk and direct the Audit Committee to material issues of concern;
- on value for money on expenditure on training and education contracts.

The A&AC shall seek assurance and provide scrutiny on behalf of the Board:

- to ensure that the EC&QC follows the correct processes for ensuring value for money;
- to ensure the contracting and tendering process for education and training contracts has been followed;
- on any areas highlighted by the EC&QC within its terms of reference that requires governance action by the A&AC

Both Committees shall work closely on areas of mutual interest to ensure that overlaps and gaps are avoided.

2.1.3 Relationship between the EC&QC and internal and external stakeholders

The EC&QC shall establish an Internal Multi-professional Education Group to ensure the co-ordination and oversight of all education activity across HEIW. This will have representation from all directorates. The draft terms of reference for this Internal Group shall be considered at the next meeting of the EC&QC and then considered for approval at November Board.

The EC&QC shall make appropriate arrangements for the establishment of an External Integrated Group to advise on education and training priorities. This

group may establish task and finish groups to undertake specific work on areas of identified need. The draft terms of reference for this External Group shall be considered at the next meeting of the EC&QC and then considered for approval at November Board.

This External Integrated Group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities which would be considered by the EC&QC prior to submission to the full Board.

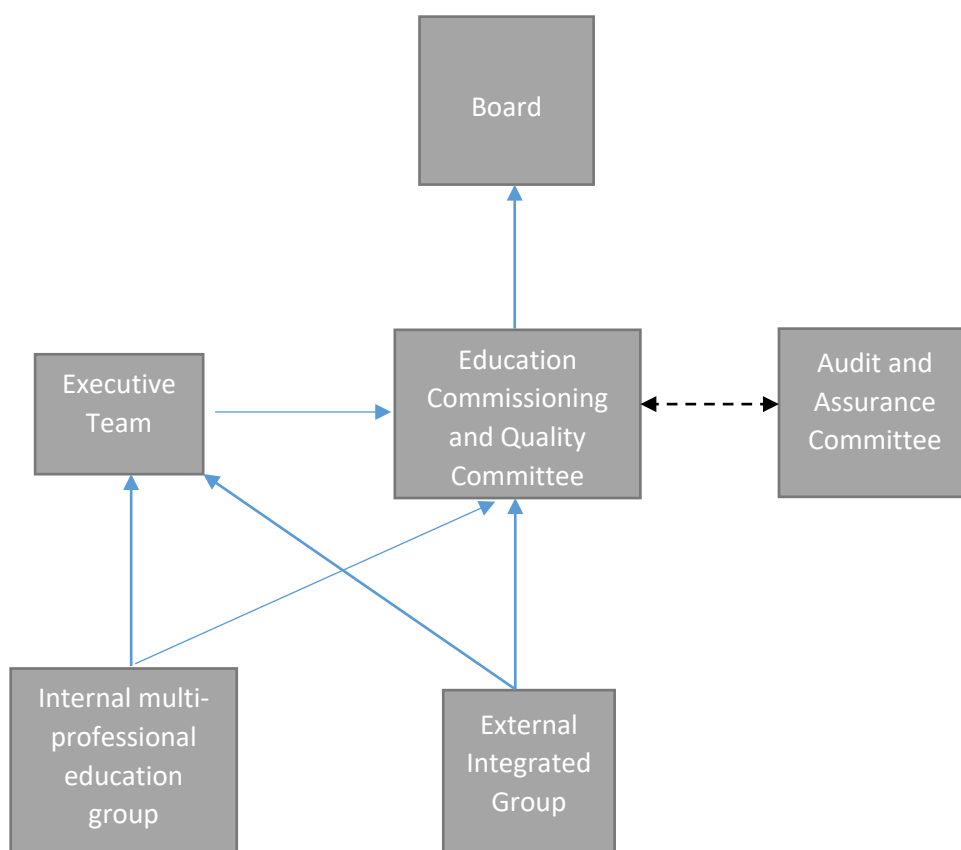
The communication strategy of HEIW will need to consider how it will enhance the overall approach to commissioning.

2.1.4 Membership of the EC&QC

Given that the EC&QC has only 2 independent members, an independent member be nominated to act as a substitute for an absent member of the Committee. Such a substitute when called upon will as a full member of the Committee.

Diagram 1

The relationships between the Board, EC&QC the A&AC, Executive and the internal and external groups are illustrated below:



3. GOVERNANCE AND RISK ISSUES

Clarifying the working relationships between the Board, the EC&QC, and the A&AC will ensure the EC&QC undertakes an appropriate range and level of work. Ensuring that respective governance and accountability mechanisms are clearly defined will reduce the risk of overlap and gaps within the governance structure.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications.

5. RECOMMENDATION

Members are asked to approve:

- the Future Ways of Working (detailed in para 2.1 below);
- that the A&AC be directed to consider the attached Standing Orders which have been amended to incorporate the Future Ways of Working;
- that the EC&QC be directed to:

consider the amendments to its terms of reference;
consider the terms of reference for an internal multi-professional education group and for an External Integrated Group to advise on education and training priorities

- that the proposed future ways of working be subject to review in 12 months.

Governance and Assurance				
Link to corporate objective (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	
Clarifying the working relationships between the Board, the EC&QC, and the Audit & Assurance Committee (Audit Committee) will reduce the risk of overlap and gaps within the governance structure and support HEIW in making fully informed decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.	
Financial Implications	
There are no direct financial implications.	
Legal Implications (including equality and diversity assessment)	
There are no direct legal implications.	
Staffing Implications	
There are no direct staffing implications.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
n/a	
Report History	The Future Ways of Working were considered at the August BDS.
Appendices	Appendix 1 - Draft HEIW Standing Orders amended to include the approach outline within the Future Ways of Working.



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

Standing Orders

Executive Sponsor & Function:

Board Secretary

Document Author:

Dafydd Bebb

Approved by:

HEIW Board

Approval Date:

30 May, 2019

Date of Equality Impact Assessment:

19 March, 2019

Equality Impact Assessment Outcome:

No impact

Review Date:

October, 2019

Version: Final and approved.

Foreword

The Health Education and Improvement Wales 'HEIW' Regulations 2017 provides that HEIW must make standing orders for the regulation of its proceedings and business, including provision for the suspension of all or any of the standing orders.

The HEIW Board must consider and agree to adopt the Standing Orders (SOs) for the regulation of their proceedings and business. They are designed to translate the statutory requirements set out in legislation into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of HEIW.

These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of the HEIW's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for health organisations in Wales.

All HEIW Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within HEIW.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

Contents

□	Foreword	2
□	Section A – Introduction	5
□	Statutory framework	5
□	NHS framework	6
□	Applying Standing Orders	7
□	Variation and amendment of Standing Orders	7
□	Interpretation	7
□	The role of the Board Secretary	8
□	Section B – Standing Orders	9
□	1. HEALTH EDUCATION AND IMPROVEMENT WALES	9
□	1.1 Membership of Health Education and Improvement Wales Board	10
□	<i>Executive Directors</i>	10
□	<i>Independent Members</i>	10
□	<i>Associate Members</i>	10
□	<i>Use of the term ‘Independent Members’</i>	10
□	1.2 Tenure of Board members	10
□	1.3 The Role of the HEIW Board and responsibilities of individual members	11
□	<i>Role</i>	11
□	<i>Responsibilities</i>	11
□	2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS	12
□	2.1 Chair’s action on urgent matters	14
□	2.2 Delegation of Board functions	14
□	2.3 Delegation to officers	14
□	3. COMMITTEES	15
□	3.1 HEIW Committees	15
□	<i>Use of the term ‘Committee’</i>	15
□	3.2 Sub-Committees	15
□	3.3 Committees established by HEIW	15
□	▪ Audit and Assurance; and	16
□	▪ Remuneration and Terms of Service	16
□	3.4 Other Committees	17
□	3.5 Confidentiality	17
□	3.6 Reporting activity to the Board	17
□	4. WORKING IN PARTNERSHIP	17
□	5. MEETINGS	17
□	5.1 Putting Citizens first	17
□	5.2 Annual Plan of Board Business	18
□	<i>Annual General Meeting (AGM)</i>	18
□	5.3 Calling Meetings	19
□	5.4 Preparing for Meetings	19
□	<i>Setting the agenda</i>	19
□	<i>Notifying and equipping Board members</i>	19
□	<i>Notifying the public and others</i>	20
□	5.5 Conducting Board Meetings	20
□	<i>Admission of the public, the press and other observers</i>	20

<input type="checkbox"/>	Addressing the Board, its Committees and Advisory Groups	21
<input type="checkbox"/>	Chairing Board Meetings.....	21
<input type="checkbox"/>	Quorum	22
<input type="checkbox"/>	Dealing with motions	22
<input type="checkbox"/>	Voting	24
<input type="checkbox"/>	5.6 Record of Proceedings	24
<input type="checkbox"/>	5.7 Confidentiality	24
<input type="checkbox"/>	6. VALUES AND STANDARDS OF BEHAVIOUR	25
<input type="checkbox"/>	6.1 Declaring and recording Board members' interests	25
<input type="checkbox"/>	6.2 Dealing with Members' interests during Board meetings	26
<input type="checkbox"/>	6.3 Dealing with officers' interests.....	27
<input type="checkbox"/>	6.4 Reviewing how Interests are handled.....	28
<input type="checkbox"/>	6.5 Dealing with offers of gifts and hospitality.....	28
<input type="checkbox"/>	6.6 Register of Gifts and Hospitality	29
<input type="checkbox"/>	7. SIGNING AND SEALING DOCUMENTS.....	30
<input type="checkbox"/>	7.1 Register of Sealing	30
<input type="checkbox"/>	7.2 Signature of Documents	30
<input type="checkbox"/>	7.3 Custody of Seal.....	31
<input type="checkbox"/>	8. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS	31
<input type="checkbox"/>	8.1 The role of Internal Audit in providing independent internal assurance.....	31
<input type="checkbox"/>	8.2 Reviewing the performance of the Board, its Committees and Advisory Groups	32
<input type="checkbox"/>	8.3 External Assurance	32
<input type="checkbox"/>	9. DEMONSTRATING ACCOUNTABILITY	32
<input type="checkbox"/>	10. REVIEW OF STANDING ORDERS.....	33
<input type="checkbox"/>	Schedule 1.....	34
<input type="checkbox"/>	Scheme of Reservation and Delegation of Powers.....	34
<input type="checkbox"/>	Deciding what to retain and what to delegate.....	35
<input type="checkbox"/>	Handling arrangements for the reservation and delegation of powers.....	36
<input type="checkbox"/>	Scope of these arrangements.....	37
<input type="checkbox"/>	Schedule of matters reserved to the board.....	38
<input type="checkbox"/>	Delegation of powers to Committees and others.....	44
<input type="checkbox"/>	Delegated financial limits.....	49
<input type="checkbox"/>	Schedule 2	51
<input type="checkbox"/>	KEY GUIDANCE, INSTRUCTIONS AND	51
<input type="checkbox"/>	OTHER RELATED DOCUMENTS.....	51
<input type="checkbox"/>	HEIW Framework.....	51
<input type="checkbox"/>	NHS Wales framework	51
<input type="checkbox"/>	Schedule 3.....	53
<input type="checkbox"/>	Board Committee Arrangements	53
<input type="checkbox"/>	Remuneration and Terms of Service Committee Terms of Reference and Operating arrangements.....	54
<input type="checkbox"/>	Standard terms of reference and operating arrangements for all committee of board	57
<input type="checkbox"/>	Terms of reference and operating arrangements Audit and Assurance Committee.....	57
<input type="checkbox"/>	Remuneration and Terms of service Committee terms of reference and operating arrangements.....	65
<input type="checkbox"/>	Education Commissioning and quality Committee.....	67

Section A – Introduction

Statutory framework

- i) Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) “the Establishment Order”.
- ii) The principal place of business of HEIW is – Ty Dysgu, Cefn Coed Parc, Nantgarw, Cardiff. CF15 7QQ.
- iii) All business shall be conducted in the name of HEIW, and all funds received in trust shall be held in the name of HEIW as a corporate Trustee.
- iv) HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW’s functions are set out in the Establishment Order and in Directions issued by Welsh Ministers.
- v) In addition to Directions the Welsh Ministers will issue an annual remit letter and may from time to time issue guidance which HEIW must take into account when exercising any function.
- vi) Under powers set out in paragraph 3(3) of Schedule 5 to the NHS (Wales) Act 2006, the Welsh Ministers has made **the Health Education and Improvement (Wales) Regulations 2017 (S.I. 2017/909 (W.221))** (“the Constitution Regulations”) which make provision concerning the membership and procedures of HEIW.
- vii) In carrying out its duties it will co-operate with others.
- viii) Section 72 of the NHS Act 2006 places a duty on NHS bodies, including an SHA to co-operate with each other in exercising their functions.
- ix) Section 82 of the NHS Act 2006 places a duty on NHS bodies, including an SHA, and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- x) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards relating to the Welsh language. The Welsh Language Standards (No 7) Regulations 2018 for the health sector do not currently apply to HEIW. It will apply at a future date but in the interim HEIW will develop a Welsh Language policy/scheme to deliver commitments relating to Welsh language.
- xi) As a SHA, HEIW is also bound by any other statutes and legal provisions

which govern the way that NHS bodies do business. The powers of NHS bodies established under statute shall be exercised by NHS bodies meeting in public session, except as otherwise provided by these SOs.

- xii) HEIW shall issue an indemnity to any Chair and Independent Member in the following terms: “A Board or Committee member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith”.

NHS framework

- xiii) In addition to the statutory requirements set out above, NHS bodies including SHAs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government’s vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government’s Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiv) Adoption of the principles will better equip NHS bodies to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xv) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *‘Doing Well, Doing Better: Standards for Health Services in Wales’* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xvi) The Welsh Ministers, reflecting their constitutional obligations, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the restructured NHS in all it does. The Well-being of Future Generations (Wales) Act 2015 explains what is meant by sustainable development and requires bodies that are designated as ‘public bodies’ under section 6 of the 2015 Act to set well-being objectives and contribute to the achievement of well-being goals.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of business are also issued in hard copy, usually under cover of a Ministerial letter.

- xviii) HEIW will from time to time agree and approve policy statements which apply to the Board members and/all or specific groups of staff employed by HEIW. The decisions to approve these policies will be recorded in the appropriate Board minute and, where appropriate will be considered to be an integral part of HEIW's SOs and SFIs. Details of the key policy statements will be included in Schedule 2.
- xix) HEIW shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxv below).

Applying Standing Orders

- xx) The SOs of HEIW (together with SFIs and the Values and Standards of Behaviour Framework), will, as far as they are applicable, also apply to meetings of any formal Committees established by HEIW including any Advisory Groups, sub-Committees, joint-Committees and joint sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. Further detail on the Committees may be found in Schedule 3 of these SOs.
- xxi) Full details of any non compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit and Assurance Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

Variation and amendment of Standing Orders

- xxii) Although these SOs are subject to regular, annual review by HEIW, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made by the Board if:
 - The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
 - The proposed variation or amendment has been considered and approved by the Audit and Assurance Committee and is the subject of a formal report to the Board; and
 - A formal notice of motion under Standing Order 5.5.14 has been given.

Interpretation

- xxiii) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of HEIW shall have the final say, provided

that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director responsible for finance (in the case of SFIs).

- xxiv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

- xxv) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within HEIW, and is a key source of advice and support to the HEIW Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within HEIW:
- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
 - Facilitating the effective conduct of HEIW business through meetings of the Board, its Advisory Groups and Committees;
 - Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
 - Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
 - Contributing to the development of an organisational culture that embodies public services values and standards of behaviour; and
 - Monitoring HEIW's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.
- xxvi) As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair and Chief Executive, and reports on a day to day basis to the Chief Executive.
- xxvii) Further details on the role of the Board Secretary within HEIW, including details on how to contact them, are available at www.heiw.nhs.wales

Section B – Standing Orders

1. HEALTH EDUCATION AND IMPROVEMENT WALES

- 1.0.1 **HEIW's principal role is to take a strategic approach to developing the Welsh health workforce for now and for the future. Its functions include:**

Workforce intelligence – HEIW will be the central, recognised source for information and intelligence about the Welsh health workforce;

Workforce planning – HEIW will provide strategic leadership for workforce planning, working with health boards/trusts and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social models of service delivery;

Education commissioning, planning and delivery – HEIW will utilise its funding to ensure value for money and the provision of a workforce which reflects future healthcare needs;

Quality management – HEIW will quality manage education and training provision ensuring it meets required standards, and improvements are made where required;

Supporting regulation – HEIW will play a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. HEIW will also undertake, independently of the Welsh Government, specific regulatory support roles;

Leadership development – HEIW will establish the strategic direction and delivery of leadership development for staff within NHS Wales at all levels;
Careers and widening access – HEIW will provide the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers;

Workforce improvement – HEIW will provide a strategic leadership role for workforce transformation and improvement, and deliver within its functions a ongoing programme to meet that role;

Professional support for workforce and organisational development (OD) in NHS Wales – HEIW will support the professional workforce and OD profession within Wales.

- 1.0.2 HEIW was established by the Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)). HEIW must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it through directions issued by the Welsh Ministers.

- 1.0.3 To fulfil this role, HEIW will work with all its partners and stakeholders in the

best interests of the population of Wales.

1.1 Membership of Health Education and Improvement Wales Board

1.1.1 The membership of the HEIW Board shall be no more than 12 members comprising the Chair (appointed by the Cabinet Secretary for Health and Social Services), the Chief Executive and officer and non officer members. A Vice Chair may also be appointed by the Board from the existing Independent Board Members.

1.1.2 For the purposes of these SOs, the members of the HEIW Board shall collectively be known as “the Board” or “Board members”; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Corporate Services and Finance. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

Officer Members [to be known as Executive Directors]

1.1.3 A total of 5 (including the Chief Executive), appointed by the Board.

Non Officer Members [to be known as Independent Members]

1.1.4 A total of 7 (including the Chair), appointed by the Cabinet Secretary for Health and Social Services.

Associate Members

1.1.5 A total of up to 3 Associate Members may be appointed by the Board to assist in carrying out its functions subject to the agreement of the Cabinet Secretary for Health and Social Services. They will attend Board meetings on an ex-officio basis, but will not have any voting rights.

Use of the term ‘Independent Members’

1.1.6 For the purposes of these SOs, use of the term ‘Independent Members’ refers to the following voting members of the Board:

- Chair
- Vice Chair (if appointed)
- Non Officer Members

unless otherwise stated.

1.2 Tenure of Board members

1.2.1 Independent Members and Associate Members appointed by the Cabinet Secretary for Health and Social Services shall be appointed for a period

specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

- 1.2.2 Any Associate Member appointed to the Board under 1.1.5 will be for a period of up to one year, with a maximum term of four years if re-appointed.
- 1.2.3 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.
- 1.2.4 All Independent Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 1 of the Constitution Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.
- 1.2.5 HEIW will require Independent Board members to confirm in writing their continued eligibility on an annual basis.

1.3 The Role of the HEIW Board and responsibilities of individual members

Role

- 1.3.1 The principal role of HEIW is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:
 - Setting the organisation's strategic direction
 - Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
 - Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of HEIW performance across all areas of activity.

Responsibilities

- 1.3.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.
- 1.3.3 Independent Members appointed to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of delivering education and improvement in the health service.
- 1.3.4 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate

manner at all times, as are their fellow Board members who have voting rights.

- 1.3.5 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting HEIW within the communities it serves.
- 1.3.6 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.3.7 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.3.8 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 1.3.9 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of HEIW. They are the appointed Accountable Officer for HEIW and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.3.10 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by HEIW, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS

- 2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any

delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i Schedule of matters reserved to the Board;
- ii Scheme of delegation to committees and others; and
- iii Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 HEIW retains full responsibility for any functions delegated to others to carry out on its behalf. Where HEIW has a joint duty, it remains fully responsible for its part, and shall agree through the determination of a written Partnership Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

2.0.4 **Shared and Hosted Services Arrangements**

Where HEIW uses a shared or hosted service provided by another NHS organisation to undertake part and/or support it in delivering its functions, the ultimate responsibility remains with HEIW.

From 1st June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

A Senior Management Team, led by the Director of Shared Services, is responsible for the delivery of Shared Services in accordance with an Integrated Medium Term Plan agreed by the Shared Services Committee. The Director of Shared Services holds Accountable officer status, and retains overall accountability in relation to the management of Shared Services.

A Memorandum of Co-operation and Hosting Agreement is in place between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to

the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

The Regulations for the Shared Services Committee presently do not encompass Strategic Health Authority members. HEIW will therefore have observer status on the Committee, until such time as the regulations are amended. Shared Services Partnership was established to provide shared services to the health service in Wales, and therefore can provide shared services to HEIW in accordance with agreed Service Level Agreements, until such time as HEIW becomes a full member of the Shared Services Committee, Memorandum of Co-operation and Hosting Agreement.

2.1 Chair's action on urgent matters

- 2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.
- 2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

- 2.2.1 The Board shall agree the delegation of any of their functions except for those set out within the 'Schedule of Matters reserved to the Board' to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:
 - i By a Committee, sub-Committee or officer of HEIW
- 2.2.2 The Board shall agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees, joint-Committees or joint sub-Committees which it has formally constituted.

2.3 Delegation to officers

- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining

functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.

- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 HEIW Committees

- 3.1.1 The Board may, and where directed by the Welsh Ministers must, appoint Committees of HEIW either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term 'Committee'

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:
- Board Committee
 - joint-Committee
 - sub-Committee
 - joint sub-Committee

3.2 Sub-Committees/ Advisory Groups

- 3.2.1 A Committee appointed by the Board may establish a sub-Committee and/or advisory groups to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.3 Committees established by HEIW

- 3.3.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which covers the

following aspect of Board business:

- Audit and Assurance; and
- Remuneration and Terms of Service

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary. Detailed terms of reference and operating arrangements for the Committees established by the Board are set out in Schedule 3.

3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of HEIW Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the HEIW Board, its staff (subject to the conditions set in Standing Order 3.3.6) or others not employed by HEIW.

3.3.6 Executive Directors or other HEIW officers shall not normally be appointed as Committee Chairs. Designated HEIW officers shall, however, be in attendance at such Committees, as appropriate.

3.4 Other Committees

- 3.4.1 The Board may also establish other Committees to help HEIW conduct its business.

3.5 Confidentiality

- 3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.6 Reporting activity to the Board

- 3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. WORKING IN PARTNERSHIP

- 4.0.1 HEIW shall work constructively in partnership with others to plan and secure the provision and delivery of health education and improvement, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.
- 4.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of HEIW.
- 4.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

5. MEETINGS

5.1 Putting Citizens first

- 5.1.1 HEIW's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. HEIW, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;

- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read and in electronic formats in accordance with its Welsh language and equality requirements and commitments;
- Requesting that attendees notify HEIW of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, and
- In accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and Welsh language requirements.

5.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views of partners and stakeholder and interests of the communities served by HEIW.

5.2 Annual Plan of Board Business

- 5.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.
- 5.2.2 The plan shall set out the arrangements in place to enable HEIW to meet its obligations whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.
- 5.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees.
- 5.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be included as a schedule to these SOs.

Annual General Meeting (AGM)

- 5.2.5 HEIW must hold an AGM in public no later than the 30th September each year. Public notice of the intention to hold the AGM shall be given at least 10 days prior to the meeting, and this notice shall also be made available through community and partnership networks to maximise opportunities for attendance. The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and, if applicable funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, such as HEIW's annual Equality Report. A record of the meeting shall be submitted to the next ordinary

meeting of the Board for agreement.

5.3 Calling Meetings

- 5.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.
- 5.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

5.4 Preparing for Meetings

Setting the agenda

- 5.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees; and the priorities facing HEIW. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.
- 5.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

- 5.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.
- 5.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. Equality impact assessments (EIA) shall be undertaken on all new or revised policies,

strategies, guidance and or practice to be considered by the Board, and the outcome of that EIA shall accompany the report to the Board to enable the Board to make an informed decision.

- 5.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 5.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 5.4.7 Except for meetings called in accordance with Standing Order 5.3, at least 7 days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- At HEIW's principal sites;
 - On the HEIW website, together with the papers supporting the public part of the Agenda; as well as
 - Through other methods of communication as set out in HEIW's communication strategy.
- 5.4.8 When providing notification of the forthcoming meeting, HEIW shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

5.5 Conducting Board Meetings

Admission of the public, the press and other observers

- 5.5.1 HEIW shall encourage attendance at its formal Board meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in HEIW business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and appropriate facilities wherever practicable to maximise accessibility such as an induction loop system.
- 5.5.2 The Board and its Committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from

the meeting. In doing so, the Board shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) F(c.67).

- 5.5.3 In the circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.
- 5.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.
- 5.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

Addressing the Board, its Committees and Advisory Groups

- 5.5.6 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in its work and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

- 5.5.7 The Chair of HEIW will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 5.5.8 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the

meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

- 5.5.9 At least six Board members, at least two of whom are Executive Directors and four are Independent Members (including the Chair), must be present to allow any formal business to take place at a Board meeting.
- 5.5.10 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.
- 5.5.11 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

Dealing with motions

- 5.5.12 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).
- 5.5.13 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where

an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

5.5.14 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

5.5.15 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

5.5.16 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

5.5.17 **Motions under discussion** – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

5.5.18 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

5.5.19 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

5.5.20 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

5.5.21 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

- 5.5.22 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.
- 5.5.23 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals and organisations who represent the interests of stakeholders.
- 5.5.24 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.
- 5.5.25 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

5.6 Record of Proceedings

- 5.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.
- 5.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on HEIW's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, General Data Protection Regulations and HEIW's Communication Strategy and Welsh language requirements.

5.7 Confidentiality

- 5.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on

behalf of the Board and HEIW officials must respect the confidentiality of all matters considered by the Board in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

6. VALUES AND STANDARDS OF BEHAVIOUR

6.0.1 The Board must adopt a set of values and standards of behaviour for HEIW that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of HEIW, including Board members, HEIW officers and others, as appropriate. The framework adopted by the Board will form part of these SOs.

6.1 Declaring and recording Board members' interests

6.1.1 ***Declaration of interests*** – It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Constitution Regulations. Board members must notify the Board of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

6.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

6.1.3 ***Register of interests*** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

6.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be

required to confirm the accuracy and completeness of the register relating to their own interests.

6.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by HEIW are made aware of, and have access to view the HEIW's Register of Interests. This may include publication on the HEIW website.

6.1.6 *Publication of declared interests in Annual Report* – Board members' declared directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in HEIW's Annual Report.

6.2 Dealing with Members' interests during Board meetings

6.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of HEIW and the NHS in Wales.

6.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

6.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:

- i The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
- ii The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
- iii The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
- iv The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered

by the Board.

- 6.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.
- 6.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.
- 6.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
- 6.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must at the meeting and as soon as practicable after its commencement, disclose the interest and must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.
- 6.2.8 The Constitution Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.
- 6.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a HEIW Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

6.3 Dealing with officers’ interests

- 6.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of HEIW officers’ interests in accordance with the Values and Standards of Behaviour Framework.

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

6.4 Reviewing how Interests are handled

- 6.4.1 The Audit and Assurance Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

6.5 Dealing with offers of gifts² and hospitality

- 6.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and HEIW officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.
- 6.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or HEIW officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or HEIW officer. Failure to observe this requirement may result in disciplinary and/or legal action.
- 6.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:
- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
 - **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit HEIW;
 - **Value:** Gifts and benefits of a trivial or inexpensive (below £25), e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
 - **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and

² The term gift refers also to any reward or benefit.

sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits HEIW ; and

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

6.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

6.6 Register of Gifts and Hospitality

6.6.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts and Hospitality to record offers of gifts and hospitality made to Board members. Executive Directors will adopt a similar mechanism in relation to HEIW officers working within their Directorates.

6.6.2 Every Board member and HEIW officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts and hospitality are kept under active review, taking appropriate action where necessary.

6.6.3 When determining what should be included in the Register, individuals shall apply the following principles, subject to the considerations in Standing Order 6.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register. Further detail is provided in the framework policy on standards of behaviour.

6.6.4 Board members and HEIW officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

- Acceptance would further the aims of HEIW;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

6.6.5 The Board Secretary will arrange for a full report of all offers of Gifts and Hospitality recorded by HEIW to be submitted to the Audit and Assurance Committee (or equivalent) at least annually. The Audit and Assurance Committee will then review and report to the Board upon the adequacy of the HEIW's arrangements for dealing with offers of gifts and hospitality.

7. SIGNING AND SEALING DOCUMENTS

7.0.1 The common seal of the HEIW is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board or Committee of the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board or Committee of the Board.

7.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive or Deputy Chief Executive (or another authorised individual) both of whom must witness the seal.

7.1 Register of Sealing

7.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

7.2 Signature of Documents

7.2.1 Where a signature is required for any document connected with legal proceedings involving HEIW, it shall normally be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.

7.2.2 The Chief Executive or Deputy Chief Executive nominated officers may be authorised by the Board to sign on behalf of HEIW any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority in each instance in accordance with the delegated authority.

7.3 Custody of Seal

7.3.1 The Common Seal of HEIW shall be kept securely by the Board Secretary.

8. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS

8.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of HEIW business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit and Assurance Committee.

8.0.3 Assurances in respect of the Shared Services arrangements shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive as agreed. Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of HEIW.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with the Public Sector Internal Audit Standards (PSIAS) and any other requirements determined by the Welsh Ministers.

8.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit and Assurance Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

8.2 Reviewing the performance of the Board, its Committees and Advisory Groups

- 8.2.1 The Board shall introduce a process of regular and rigorous self assessment and evaluation of its own operations and performance and that of its Committees and if established, Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.
- 8.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.
- 8.2.3 The Board shall use the information from this evaluation activity to inform:
- The ongoing development of its governance arrangements, including its structures and processes;
 - Its Board Development Programme, as part of an overall Organisation Development framework; and
 - The Board's report of its alignment with the Assembly Government's Citizen Centred Governance Principles.

8.3 External Assurance

- 8.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on HEIW's operations, e.g., the Auditor General for Wales.
- 8.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.
- 8.3.3 The Board shall keep under review and ensure that, where appropriate, HEIW implements any recommendations relevant to its business made by the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.
- 8.3.4 HEIW shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

- 9.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, HE and FE establishments, regulators, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

9.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

9.0.3 The Board shall also facilitate effective scrutiny of the HEIW's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.4 The Board shall ensure that within HEIW, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

10. REVIEW OF STANDING ORDERS

10.0.1 The Board Secretary shall arrange for an equality impact assessment to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

10.0.2 These SOs shall be reviewed annually by the Audit and Assurance Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the equality impact assessment.

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Scheme of Reservation and Delegation of Powers forms part of, and shall have effect as if incorporated in the Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be given by Welsh Ministers - should make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. The Board may delegate functions to:

- i) a committee, e.g. Remuneration and Terms of Service Committee;
- ii) a sub-committee, Any such delegation would, subject to the Boards authority, usually be via a main committee of the Board;
- iii) a joint committee or sub-committee, e.g., with other Health Bodies, or Universities established to take forward matters relating the development of the health workforce in Wales ; and
- iv) Officers of HEIW (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of HEIW.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

HEIW Standing Orders, Reservation and Delegation of Powers

Status: Draft – September 2018

Page 1 of 26

all of which form part of HEIW's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

•Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions

•The Board must retain that which it is required to retain (whether by statute or as determined by Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management

•Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility

•The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development

•The Board must take appropriate action to assure itself that all matters delegated are effectively carried out

•The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes

•Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others

•The Board may delegate authority to act, but retains overall responsibility and accountability

•When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn,

have powers to further delegate those functions to others.

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT?

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- a proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- effective arrangements are in place for the delegation of HEIW functions within the organisation and to others, as appropriate; and
- arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit & Assurance Committee

The Audit & Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally

- equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- exercising any powers delegated to them in a manner that accords with HEIW's values and standards of behavior.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within HEIW. The Scheme is to be used in conjunction with the system of control and other established procedures within HEIW.

SCHEDULE OF MATTERS RESERVED TO THE BOARD¹

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance to be met by HEIW, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges
4	FULL	OPERATING ARRANGEMENTS	Approve, vary and amend: <ul style="list-style-type: none"> • Standing Orders (SOs); • Standing Financial Instructions (SFIs);

1 Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements

Appendix 1

			<ul style="list-style-type: none"> • Schedule of matters reserved to HEIW; • Scheme of delegation to Committees and others; and • Scheme of delegation to Officers. <p>In accordance with any directions set by Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Approve HEIW's Values and Standards of Behavior Framework
6	FULL	OPERATING ARRANGEMENTS	Approve HEIW's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of HEIW's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with Standing Orders and Standing Financial Instructions

Appendix 1

11	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints
12	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with Standing Financial Instructions
13	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
14	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of HEIW
15	FULL	OPERATING ARRANGEMENTS	Authorise use of the HEIW's official seal
16	FULL	OPERATING ARRANGEMENTS	Seek updates and assurance in respect of the Revalidation Process.
18	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify appointment, discipline and dismissal of the Chief Executive
1	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, discipline and dismissal of the Executive Directors and any other Board level appointments
18	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit & Assurance Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise HEIW's top level organisation structure and corporate policies

Appendix 1

20	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, including any joint committees directly accountable to the Board
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee, joint committee or Group set up by the Board
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees, joint-committees and groups established by the Board
25	FULL	STRATEGY & PLANNING	Determine HEIW's strategic aims, objectives and priorities
26	FULL	STRATEGY & PLANNING	Approve HEIW's annual business plan and three year plan setting out how HEIW will meet the requirements set out in the remit letter.
27	FULL	STRATEGY & PLANNING	Approve HEIW's Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve HEIW's communication plan

29	FULL	STRATEGY & PLANNING	Approve HEIW's partnership and stakeholder engagement and involvement strategies
30	FULL	STRATEGY & PLANNING	<p>Approve the HEIW's key strategies and programmes related to:</p> <ul style="list-style-type: none"> • Workforce and Organisational Development • Health education and training; • Research/evaluation; • Quality of education and training programmes; • Leadership and career development for staff within NHS Wales; • Workforce transformation & improvement; • Infrastructure, including IM &T, Estates and Capital; • Supporting delivery of 'A Healthier Wales including development of a high level strategic workforce plan for Wales in partnership with Social Care Wales.
31	FULL	STRATEGY & PLANNING	Approve HEIW's budget and financial framework (including overall distribution of the financial allocation)
32	FULL	STRATEGY & PLANNING	Proposed commissioning, specification and contract variations on education and training agreements before submission of recommendation to Welsh Government for Cabinet Secretary approval in accordance with delegations set on in the Financial
33	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Financial Delegations
34	FULL	STRATEGY & PLANNING	Approve the National Annual Education and Training Plan before submission of recommendation to the Welsh Government for approval.
35	FULL	STRATEGY & PLANNING	Approve the forward work programme for the Education Commissioning and Quality Committee.
36	FULL	PERFORMANCE & ASSURANCE	Approve HEIW's internal audit and assurance arrangements
37	FULL	PERFORMANCE & ASSURANCE	Receive reports from HEIW's Executive on progress and performance in the delivery of HEIW's strategic aims, objectives and priorities and approve action required, including improvement plans

38	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on HEIW's performance and approve action required, including improvement plans
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37	FULL	PERFORMANCE & ASSURANCE	Receive reports on HEIW's performance produced by external auditors, regulators and inspectors that raise issue or concerns impacting on HEIW's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
38	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of HEIW's Chief Internal Auditor and approve action required, including improvement plans
39	FULL	PERFORMANCE & ASSURANCE	Receive the annual audit report from HEIW's external auditor and approve action required, including improvement plans
40	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on HEIW's performance against appropriate Health and Care Standards for Wales and approve action required, including improvement plans
41	FULL	REPORTING	Approve HEIW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government
42	FULL	REPORTING	Receive, approve and ensure the publication of HEIW reports, including its Annual Report & Accounts

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		
	VICE CHAIR		
	CHAMPION/ NOMINATED LEAD		

	CHAIR		
	VICE CHAIR		
	CHAMPION/ NOMINATED LEAD		

DELEGATION OF POWERS TO COMMITTEES AND OTHERS³

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Any delegated powers to Board Committees are set out in the Terms of reference of the relevant committee, which are appended to these SOs for the following Committees:

- Audit and Assurance Committee
- Remuneration and Terms of Service Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Board's Scheme of Delegation to Committees.

³ As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The HEIW Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	Deputy Chief Executive and Director of Workforce & OD
Receipt and opening of quotations	Director of Finance and Corporate Services
Land, Buildings and assets	Deputy Chief Executive and Director of Workforce & OD
Facilities Management	Deputy Chief Executive and Director of Workforce & OD
Sustainable Development	Deputy Chief Executive and Director of Workforce & OD
Health, Safety & Fire	Deputy Chief Executive and Director of Workforce & OD

Appendix 1

I M & T	Deputy Chief Executive and Director of Workforce & OD
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	Board Secretary
Equality & Human Rights	Deputy Chief Executive and Director of Workforce & OD
Issuing tenders and post tender negotiations	Chief Executive/ Director of Finance and Corporate Services
Budgetary delegation arrangements	Director of Finance and Corporate Services
Banking arrangements	Director of Finance and Corporate Services
Ex-gratia payments	Director of Finance and Corporate Services
Losses and special payments	Director of Finance and Corporate Services
Professional advice on supply of goods and services	Director of Finance and Corporate Services
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	Executive Director of Nursing/ Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance and Corporate Services

Caldicott Guardian	Medical Director
Freedom of Information Act	Board Secretary
Welsh Language	Board Secretary
Legal advice	Board Secretary
Receipt and opening of tenders	Board Secretary
Civil Contingencies /Emergency Planning	Deputy Chief Executive and Director of Workforce & OD
Variation of Funded Establishment	Chief Executive
Responsible Officer for medical trainees	Medical Director

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They should produce a scheme of delegation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

Delegated Financial Limits

Post	Education and Training Contracts with Universities	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)
Board	Above £5m		No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Director of Finance & Corporate Services	up to £2m	£2m	£100,000
Director of Nursing & Medical Director within delegated budget area		£500,000	£50,000
Executive Directors within delegated directorate budget area			£50,000
Deputy Director of Finance		£50,000	£50,000
Delegated Budget Managers (within delegated budget area)			£25,000
Delegated Budget Managers (within delegated budget area)			£10,000
Delegated Budget Managers (within delegated budget area)			£5,000
Delegated Budget Managers (within delegated budget area)			£1,000

Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Schedule forms part of, and shall have effect as if incorporated in the
HEIW Standing Orders**

HEIW Framework

The HEIW governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents agreed by the Board including:***
 - ***Policies, procedures and other written control documents policy and procedure;***
 - ***Equality and Human Rights Policy***
 - ***Welsh Language Scheme;***

These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of HEIW business are also issued in hard copy, usually under cover of a Ministerial Letter.

Schedule 3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the HEIW Standing Orders

The HEIW Shadow Board has agreed initially to set up two committees:

Audit and Assurance Committee; and
Remuneration and Terms of Service Committee

The Terms of Reference and Operating arrangement for each Committee is detailed below:

Audit and Assurance Committee

The **Audit and Assurance Committee** is responsible for reviewing the system of governance and assurance established within HEIW and the arrangements for internal control, including risk management, for the organisation and, in particular, advises on the Annual Governance Statement signed by the Chief Executive.

The Committee also keeps under review the risk approach of the organisation and utilises information gathered from the work of the Board, its own work, the work of other Committees and also other activity in the organisation in order to advise the Board regarding its conclusions in relation to the effectiveness of the system of governance and control

The Committee also has the role of providing *assurance* to the Board in relation to the arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives, legislative responsibilities, e.g., the Data Protection Act, General Data Protection Regulations and Freedom of Information Act; and any relevant requirements and standards determined for the NHS in Wales.

Remuneration and Terms of Service Committee

The **Remuneration and Terms of Service Committee** has the purpose of providing advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and provide *assurance* to the Board in relation to HEIW arrangements for the remuneration and terms of service, including contractual

arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

Standard Terms of Reference and Operating Arrangements for all Committees of the Board	
Date: 1 October 2018	Version: Draft 1.0
Review Date: Annually	
<p>1. Introduction:</p> <p>Section 3.1 of the HEIW standing orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.</p> <p>In line with Section 3.3 of the standing orders, the Board shall as a minimum nominate annually committees which cover the following aspects of Board business:</p> <ul style="list-style-type: none"> • Audit & Assurance; and • Remuneration and Terms of Service. <p>This document includes content common to all committees and should be read alongside the specific terms of reference and operating arrangements for each committee.</p> <p>The provisions of Section 5 of the Standing Orders have also been taken into account when developing the committee Terms of Reference. This relates to transparency of meetings, planning board/committee business, setting agenda’s etc.</p>	
<p>2. Authority:</p> <p>Each Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Authority relevant to the Committee’s remit,</p>	

ensuring staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to co-operate with any reasonable request made by the Committee); and
- any other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

Each Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3. Sub-Committees and Groups

Each Committee may, subject to the approval of the Board, establish sub-committees or groups to carry out on its behalf specific aspects of Committee business.

4. Membership and Attendees:

4.1 Secretariat

As determined by the Board Secretary.

4.2 Member Appointments

- The second and third paragraph of this section 4.2 shall not be applicable to the Remuneration and Terms of Service Committee as section 4.1 of the same Committee's Terms of Reference shall take precedence.
- The membership of each Committee shall be determined by the Board, based on the recommendation of the Chair - taking account of the balance of skills and expertise necessary to deliver each Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The Board shall ensure succession planning arrangements are in place.
- Members shall be appointed to hold office for a period of one year

at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should, as a matter of good practice, review the membership of each Committee every two years in order to ensure each Committee is refreshed on a regular basis whilst maintaining continuity.

- Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) will be in accordance with their terms of appointment to HEIW. Where a member has been co-opted to fulfil a specific function and where they are not Independent Members or employees of HEIW this will be determined by the Board, based upon the recommendation of the Chair and on the basis of advice from the Remuneration and Terms of Service Committee.

4.3 Support to Committee Members

The Board Secretary, on behalf of each Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect relating to the conduct of their role; and
- Ensure the provision of a programme of organisational development for Committee members as part of the overall Organisational Development programme developed by the Deputy Chief Executive.

4.4 Withdrawal of individuals in attendance

Each Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Members and attendees will also withdraw from the meeting, as appropriate, where there is a conflict of interest or a potential conflict of interest.

5. Relationships and accountabilities with the Board and its

Committees/Groups⁴

Although the Board has delegated authority to the Committees for the exercise of certain functions, as set out within each Committee's terms of reference, it retains overall responsibility and accountability for ensuring a strategic approach to developing the Welsh health workforce for now and for the future through the effective governance of the organisation.

Each Committee is directly accountable to the Board for its performance in exercising the functions set out in each Committee's terms of reference.

Each Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

Through acting in accordance with the preceding paragraph, each Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- Each Committee shall embed HEIW values, corporate standards, priorities and requirements through the conduct of its business.

6. Reporting and Assurance Arrangements:

Each Committee Chair shall:

- bring to the Board's specific attention any significant matters under consideration by their Committee
- ensure appropriate escalation arrangements are in place to alert

⁴ Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of the Committee.

the Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent or critical matters that may affect the operation and/or reputation of HEIW.

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports when appropriate, as well as the presentation of an annual report;

The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, or to community partners and other stakeholders, where this is considered appropriate. This could be where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

Terms of Reference and Operating Arrangements Audit and Assurance Committee

Date: 1 October 2018

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the **Audit and Assurance Committee**.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements

applicable to all committees.

2. Purpose

The purpose of the Audit and Assurance Committee (“the Committee”) is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW’s assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales
- Where appropriate, the Committee will **advise** the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- **Approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will comment specifically on the:

- adequacy of HEIW’s strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:
 - the organisations ability to achieve its objectives
 - compliance with relevant regulatory requirements and

other directions and requirements set by the Welsh Government and others

- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)
- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
- Schedule of Losses and Special Payments
- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)
- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity
- anti fraud policies, whistle-blowing (raising concerns) processes and arrangements for special investigations
- issues upon which the Board, its Committees or the Chief Executive may seek advice
- contracting and tendering process
- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities

for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- all risk and control related disclosure statements, in particular the Annual Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;
- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and

provides appropriate independent assurance to the Board and the Chief Executive through the Committee

- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee
- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees
- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply
- systems for financial reporting to the Board, including those of budgetary control, are effective
- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis, and will recommend it to the Board for approval.

4. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership, Attendees and Quorum

5.1 Members

A minimum of three members, comprising:

Chair Independent Member

Members Independent Member x 2

The Chair of the organisation shall not be a member of the Audit and Assurance Committee, but may be invited to attend by the Chair of the Committee as appropriate.

5.2 Attendees

In attendance:

Executive Director of Finance and Corporate Services
Board Secretary
Head of Internal Audit (or representative)
Local Counter Fraud Specialist
Representative of the Auditor General for Wales
Head of Finance

In addition to this others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to

discuss with the Committee the process for assurance that supports the Annual Governance Statement.

5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

6. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW’s annual plan of Board Business. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

7. Relationships and accountabilities with the board and its Committees/Groups:⁵

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board’s other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of HEIW’s overall framework of assurance.

⁵ Reference to the Board’s Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee

8. Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self assessment activity against relevant standards. The report will also record the results of the committee's self assessment and evaluation.

Remuneration and Terms of Service Committee

Terms of Reference and Operating Arrangements

Date: 1 October 2018

Version: Draft 1.0

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders and HEIW's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.

2. Purpose

The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:

- **advice** to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government
- **assurance** to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

The Committee shall have no powers to exercise on behalf of the Board.

3. Delegated Powers

With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently
- objectives for Executive Directors and members of the Executive Team and their performance assessment
- performance management system in place for those in the positions mentioned above and its application
- proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

4. Membership, Attendees and Quorum

4.1 Members

Chair: HEIW Chair

Members: Every Independent Member of HEIW

4.2 By Invitation

As required but usually to include:

Chief Executive

Deputy Chief Executive

Director of Finance and Corporate Services

Board Secretary

The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- any other official;

- and/or any others from within or outside the organisation

4.3 Quorum

At least **three** members must be present to ensure the quorum of the Committee, one of whom must be the Chair (or Vice Chair where appointed).

5. Frequency of Meetings

The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the annual plan of Board Business.

Education, Commissioning and Quality Committee

Terms of Reference and Operating Arrangements

Date: 30 May 2019

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee (“the Committee”) is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

- i. Provide assurance to the Board as to the effective management and improvement of the quality of HEIW’s education and related research activities.
- ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value based commissioning.
- iii. Recommend to the Board the national annual education and training plan.

- iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action, and oversee such action on behalf of the Board.
- v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall include taking a forward looking and strategic view.
- vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.
- vii. Monitor compliance of education and training activities with:
 - a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
 - b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.
- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Scrutinise the specification of education tender documents.
- xii. Recommend the specification of tender documents to

the Board for Education.

- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis, and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1.1 Members

A minimum of two members, comprising:

- Chair - Independent Member
- Members - 1 Independent Member in addition to the Chair

The Chair of the organisation shall not be a member of the Committee, but may be invited to attend by the Chair of the Committee as appropriate.

4.1.2 Deputy Independent Member

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a

Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

4.2 Attendees

In attendance:

- Director of Nursing
- Medical Director
- Director of Finance and Corporate Services
- Board Secretary
- Head of Education, Commissioning and Quality

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

The Committee will review these Terms of Reference after its initial six months.

**HEIW Education, Commissioning and Quality Committee
Forward Work Programme 2019-2020**

11.10.2019 draft v3

16 January 2020	9 April 2020	2 July 2020	8 October 2020
<p><u>Strategic issues</u></p> <ol style="list-style-type: none"> 1. Strategic review of health professional education 2. Widening access to education – apprenticeships, alternative education routes. [Presentation Liz Hargest] 3. Future Funding of Health Professional Education 4. Health Professional Student allocations for 2020/21 <p><u>Education Performance and Quality</u></p> <ol style="list-style-type: none"> 5. Performance Report of Education Contracts 6. PGME 7. Annual Speciality Training Reviews <p><u>For information</u></p> <ol style="list-style-type: none"> 8. TOR internal and External sub groups 9. Forward Work Programme 	<p><u>Strategic issues</u></p> <ol style="list-style-type: none"> 1. Strategic review of health professional education 2. Impact/opportunities of digitalisation on health education <p><u>Education Performance and Quality</u></p> <ol style="list-style-type: none"> 3. Performance Report of Health Professional Education Contracts 4. Quality report health professional Education 5. PGME 6. GMC QA Outcomes <p><u>For information</u></p> <ol style="list-style-type: none"> 7. Reports from Internal and External sub groups 8. Feedback from Quality Committee 	<p><u>Strategic issues</u></p> <ol style="list-style-type: none"> 1. National Education Training plan for 2021/22 2. Strategic review of health professional education <p><u>Education Performance and Quality</u></p> <ol style="list-style-type: none"> 3. PGME <p><u>For information</u></p>	<p><u>Strategic issues</u></p> <ol style="list-style-type: none"> 1. Strategic review of health professional education <p><u>Education Performance and Quality</u></p> <ol style="list-style-type: none"> 2. GMC National Training Survey 3. NSS reports 4. Performance Report of Health Professional Education Contracts <p><u>For information</u></p>