

# Board Meeting (Open) January 2022

Thu 27 January 2022, 10:00 - 12:20

Microsoft Teams


## Agenda

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10:00 - 10:20

20 min

### 1. PRELIMINARY MATTERS

 00 - Board Agenda January (Open) (270122)(F).pdf (2 pages)

#### 1.1. Welcome and Introductions

*Presenter: Chair/Verbal*

#### 1.2. Apologies for Absence

*Presenter: Chair/Verbal*

#### 1.3. Declarations of Interest

*Presenter: Chair/Verbal*

#### 1.4. Improvement Story

*Presenter: Director of Nurse and Health Professional Education/Verbal*

#### 1.5. Draft Minutes of the Board meeting held on 25 November 2021

*Presenter: Chair/Attachment*

 1.5 - Unconfirmed Board Minutes (Open) 211125 (F).pdf (11 pages)

#### 1.6. Action Log from the Board meeting held on 25 November 2021

*Presenter: Chair/Attachment*

 1.6 - Board Actions (Open) 211125.pdf (1 pages)

#### 1.7. Matters Arising

*Presenter: Chair/Verbal*

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10:20 - 10:45

25 min

### 2. CHAIR AND CHIEF EXECUTIVE REPORTS

#### 2.1. Chair's Report

*Presenter: Chair/Attachment*

 2.1 - Chairs Report (JAN22) (F).pdf (5 pages)

#### 2.2. Chief Executive's Report

*Presenter: Chief Executive/Attachment*

 2.2 - CEO Report (Jan22)(F)ocx.pdf (4 pages)


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10:45 - 11:25  
40 min

### 3. STRATEGIC MATTERS

#### 3.1. Update on the Development of the Integrated Medium Term Plan (IMTP) 2022-25 Update

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

 3.1 - Update on the Development of the IMTP (2022-25)(F).pdf (7 pages)

#### 3.2. Establishment of the HEIW Research Governance Framework

*Presenter: Medical Director/Attachment*

 3.2 - Establishment of the HEIW Research Governance Framework (F).pdf (28 pages)


11:25 - 12:10  
45 min


### 4. GOVERNANCE, PERFORMANCE AND ASSURANCE

#### 4.1. Director of Finance Report

*Presenter: Interim Director of Finance/Attachment*

 4.1a - Director of Finance Report (Jan 22)(F).pdf (8 pages)

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

 4.1c - Appendix 2 - Director of Finance Report.pdf (31 pages)

#### 4.2. Anticipated Future Capital Spend

*Presenter: Interim Director of Finance/Attachment*

 4.2 - Anticipated Future Capital Spend (Jan22)(F).pdf (4 pages)

#### 4.3. Key Issues Report:

##### 4.3.1. Education, Commissioning and Quality Committee held on the 18th January 2022

*Presenter: Committee Chair/Verbal*

#### 4.4. In Committee Decisions

*Presenter: Chair/Attachment*

 4.4 - In Committee Decisions (F).pdf (4 pages)

12:10 - 12:15  
5 min

### 5. FOR NOTING

#### 5.1. Corporate Risk Register

*Presenter: Board Secretary/Attachment*

 5.1a - Corporate Risk Register Report (JAN22)(F).pdf (5 pages)

 5.1b - Corporate Risk Register JAN22.pdf (6 pages)

12:15 - 12:20  
5 min

### 6. OTHER MATTERS

#### 6.1. Any Other Urgent Business

*Presenter: Chair/Verbal*

#### 6.2. Date of Next Meeting

English, Catherine  
01/25/2022 14:41:38



## HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

**Open Board Meeting – 10:00 – 12:20**

**to be held on Thursday, 27 January 2022  
via Zoom**

### AGENDA

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>10:00-10:20</b>
1.1	Welcome and Introductions	Chair/Verbal
1.2	Apologies for Absence	Chair/Verbal
1.3	Declarations of Interest	Chair/Verbal
1.4	Improvement Story	Director of Nurse and Health Professional Education/ Presentation
1.5	Draft Minutes of the Board meeting held on 25 November 2021	Chair/Attachment
1.6	Action Log from the Board meeting held on 25 November 2021	Chair/Attachment
1.7	Matters Arising	Chair/Verbal
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	<b>10:20-10:45</b>
2.1	Chair's Report	Chair/Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
<b>PART 3</b>	<b>STRATEGIC MATTERS</b>	<b>10:45-11:25</b>
3.1	Update on the Development of the IMTP (2022-25)	Director of Planning, Performance and Corporate Services/ Attachments
3.2	Establishment of the HEIW Research Governance Framework	Medical Director/ Attachment
<b>PART 4</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	<b>11:25-12:10</b>
4.1	Director of Finance Report	Director of Finance/ Attachment
4.2	Anticipated Future Capital Spend	Director of Finance/ Attachment
4.3	To receive key issues report from the: <ul style="list-style-type: none"> <li>4.3.1 - Education, Commissioning and Quality Committee held on the 18<sup>th</sup> January 2022</li> </ul>	Committee Chair/ Verbal
4.4	In Committee Decisions	Chair/Attachment
<b>PART 5</b>	<b>FOR NOTING</b>	<b>12:10-12:15</b>
5.1	Corporate Risk Register	Board Secretary/ Attachment
<b>PART 6</b>	<b>OTHER MATTERS</b>	<b>12:15-12:20</b>

6.1	Any Other Urgent Business	Chair/Verbal
6.2	Dates of Next Meetings: <ul style="list-style-type: none"> <li>• HEIW <b>Board Development Session</b> to be held on <b>24 February 2022</b> via Microsoft Teams/Teleconference</li> <li>• HEIW <b>Board</b> to be held on <b>31 March 2022</b> via Zoom/Teleconference</li> </ul>	

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

English Catherine  
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**Unconfirmed Minutes of the HEIW Board Meeting**  
**held at 10am on 25 November 2021**  
**via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw**

**Present:**

Dr Chris Jones	Chair
Dr Ruth Hall	Independent Member
Gill Lewis	Independent Member
Tina Donnelly	Independent Member (Part)
Dr Heidi Phillips	Independent Member
John Hill-Tout	Independent Member
Alex Howells	Chief Executive
Prof. Pushpinder Mangat	Medical Director
Lisa Llewelyn	Director of Nurse and Health Professional Education
Julie Rogers	Director of Workforce and Organisational Development
Eifion Williams	Director of Finance

**In attendance:**

Dafydd Bebb	Board Secretary
Sian Richards	Director of Digital
Nicola Johnson	Director of Planning, Performance and Corporate Services
Rhiannon Beckett	Deputy Director of Financial Management, Costing and Contracting
Huw Owen	Welsh Language Service Manager
Kerri Eilertsen-Feeney	Head of Nursing and Midwifery Transformation – <i>attended the Improvement Story</i>
Rebecca Thomas	Senior Nurse Professional Standards and Quality (Cwm Taf Morgannwg University Health Board) - <i>attended the Improvement Story</i>
Urvisha Perez	Senior Auditor, Audit Wales
Catherine English	Corporate Governance Manager (Secretariat)

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>Action</b>
<b>2511/1.1</b>	<b>Welcome and Introductions</b>	
	The Chair welcomed everyone to the meeting, particularly Rebecca Thomas, who attended to present the Improvement Story and Urvisha Perez from Audit Wales.	
	A quorum was confirmed as present.	
<b>2511/1.2</b>	<b>Apologies for absence</b>	
	Apologies were received from Helen Goddard of Audit Wales.	
<b>2511/1.3</b>	<b>Declaration of interest</b>	
	No declarations of interest were received.	
<b>2511/1.4</b>	<b>Improvement Story</b>	

	<p>The Board <b>received</b> a presentation from Rebecca Thomas, Senior Improvement Nurse at Cwm Tâf Morgannwg Health Board, who was successful in obtaining a Florence Nightingale Fellowship, sponsored and supported by HEIW. Rebecca started her Fellowship in April 2021 and shared her Psychological Safety Improvement Project</p> <p>The Board thanked Rebecca Thomas for sharing her inspirational story with them and supported her to progress the project further.</p>	
<b>Resolved</b>	The presentation was <b>noted</b> .	
<b>2511/1.5</b>	<b>To receive and confirm the minutes of the Board Meeting held on 30 September 2021</b>	
<b>Resolved</b>	<p>The September Board minutes were <b>received</b> and <b>approved</b> as an accurate record of the meeting, subject to the following amendment:</p> <p><b>3009/4.7.2</b> - 'Ruth Hall explained the Committee had agreed a celebratory staff event <i>should</i> be added to the Autumn staff conference ...'.</p>	
<b>2511/1.6</b>	<b>Action Log from the Board meeting held on 30 September 2021</b>	
	The Board <b>received</b> the Action Log and <b>noted</b> the actions were either complete, within the forward work programme or matters for consideration on today's agenda.	
<b>Resolved</b>	The Board <b>noted</b> the Action Log	
<b>2511/1.7</b>	<b>Matters Arising</b>	
	<b>3009/3.1 Update on Multi-Professional Primary and Community Education and Training Framework</b> – Alex Howells confirmed that the Primary and Community Education and Training Framework had been submitted to Welsh Government and that a group had been established to support this work.	
<b>Resolved</b>	The Board <b>noted</b> an update would be provided to the Education, Commissioning and Quality Committee at its next meeting.	<b>LL</b>
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	
<b>2511/2.1</b>	<b>Chairs Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>The Chair outlined the complex and challenging issues facing the health and care system in Wales and the continued need to support the future of the workforce, particularly in terms of the quality of training and education that will be necessary to ensure a secure pipeline of well-trained professionals.</p> <p>The Chair highlighted the recent Staff Conference and noted how it had demonstrated that HEIW continued to focus on cultural issues despite the past year's difficulties.</p> <p>Providing an update on the Independent Member recruitment, the Chair confirmed the sift had taken place, and interviews would be held during December. The Chair noted a further update would be provided at January's Board.</p> <p>The Chair confirmed Eifion Williams would be retiring at the end of December and thanked him on behalf of the Board for his hard work, dedication and contribution to the NHS and HEIW.</p>	

	<p>The Chair asked the Board to ratify the Chairs Action taken on 5 November to approve to proceed 'at risk' with the submission to National Recruitment of the proposed increase in numbers by 80 in respect of the core and specialty posts for Medical Training. It was noted that after Chairs Action had been taken, the risk has been mitigated to only 11 training posts. It was confirmed that in accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after consulting with two Independent Members.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report for information;</li> <li>• <b>ratified</b> the Chair's Action taken on 5 November to approve proceeding 'at risk' with the submission to National Recruitment of the proposed increase in numbers by 80 in respect of the core and specialty posts for Medical Training.</li> </ul>	
<b>2511/2.2</b>	<b>Chief Executives Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>Briefly outlining her report, Alex Howells confirmed the first meeting of the Healthcare Science Programme Board had taken place. It was explained that the Programme Board would oversee the implementation of the framework for Health Care Science.</p>	
<b>Resolved</b>	The Board <b>noted</b> the report.	
<b>PART 3</b>	<b>STRATEGIC MATTERS</b>	
<b>2511/3.1</b>	<b>Update Paper on the Integrated Medium Term Plan 2022-25</b>	
	<p>The Board <b>received</b> the report.</p> <p>Nicola Johnson provided an update on the development of the Integrated Medium Term Plan (IMTP) for 2022-25. It was confirmed that the active planning phase was underway to develop the detailed plans for each Strategic Objective through the completion of first draft Plans on a Page.</p> <p>It was explained that the NHS Planning Framework 2022-25 had been issued on 8 November and was set in the context of the extreme pressure on the health and care system. It was noted that the framework required organisations to submit their plans by the end of February 2022 and that the Chief Executive was required to submit an Accountability Letter by 15 January. HEIW's final IMTP would be submitted to the January Board for approval, with final submission to Welsh Government by the end of January 2022.</p> <p>Nicola Johnson explained that Executive Leads and Senior Responsible Officers had refreshed their detailed plans for 2022-25.. It was confirmed that a number of the Strategic Objectives in the current Annual Plan would be closed at the end of 2021/22. It was noted HEIW had commenced a series of virtual engagement meetings with all of the Health Boards and NHS organisations in Wales and that the themes of the Workforce Strategy continued to be a focus.</p>	

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	<p>Eifion Williams confirmed a first draft of the financial plan for 2022-23 to 2026-27 had been produced and reflected the changes to commissioning budgets included in the Education and Training Commissioning paper. It was noted the draft plan reflected increased growth in digital resources and that the quality checking and validation on the plan would be completed by the end of November.</p> <p>It was highlighted that Appendix 1 was the Planning Framework for 2021-22 and not 2022-25, and it was agreed the Planning Framework for 2022-25 would be circulated to Board Members. The Board highlighted the importance of clearly linking delivery and outcomes and understanding how HEIW's contribution impacted services.</p> <p>The Board noted that the Education, Commissioning and Quality Committee had previously raised concerns over the availability of clinical placements. The Board agreed it would be helpful to understand how clinical placement numbers inform commissioning and how HEIW could use digital solutions to complement the system and improve training numbers. The Board noted the work already underway to review the system of clinical placements and identify opportunities for innovation. The Board highlighted how creating capacity and improving capability to train would become increasingly important over the next three years.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the progress with the development of the IMTP and the next steps</li> <li>• To <b>receive</b> the Planning Framework for 2022-25 via email.</li> </ul>	<b>Completed</b>
<b>2511/3.2</b>	<b>Update on the Development of a Strategic Workforce Plan for Mental Health</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Alex Howells explained it provided an update on work to develop the Strategic Workforce Plan, a key commitment in Together for Mental Health.</p> <p>The Board noted that the initial engagement, deep dives, data collection and analysis to inform the plan were in their final stages, and the process was being overseen by a Project Board involving HEIW, Social Care Wales and Welsh Government colleagues. It was noted that the plan would be an item for discussion at the upcoming joint board session between HEIW and Social Care Wales, and so the Board would have a further opportunity to contribute to the conversation.</p> <p>It was confirmed that the Vice-Chairs group had received a presentation on the Strategic Workforce Plan for Mental Health and had welcomed the approach.</p>	

	<p>The Board discussed the report and were encouraged by the plan, noting that mental health support services had become increasingly important, particularly in the wake of COVID-19. The Board stressed the importance of ensuring the right resources were in place to support the plan and expressed their willingness to consider providing additional resources if necessary. The Board considered the importance of process improvement as a mechanism for achieving efficiencies and innovation in service areas, and it was noted HEIW would look at exploring those considerations through conversations with partners such as Improvement Cymru. It was confirmed that HEIW were working to ensure educational programmes were moving towards embracing a more holistic approach to addressing mental health issues. The Board highlighted the value of prevention and the scope for digital services to support the mental health agenda.</p>	
<b>Resolved</b>	<p>The Board <b>noted</b> the update on the work to develop the Strategic Workforce Plan for Mental Health, with a more detailed presentation on the emerging content of the plan to be provided in December.</p>	
<b>2511/3.3</b>	<p><b>Briefing on the National Quality and Safety Framework</b></p>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Pushpinder Mangat confirmed that it provided an update on the new Quality and Safety Framework published by Welsh Government. It was noted that the framework had previously been considered by the Education, Commissioning and Quality Committee at its meeting in September and by the Board at the Board Development session in October.</p> <p>It was confirmed that a new annual report would replace the current Annual Quality Statement requirement and that the national work would inform and shape key aspects of the HEIW Quality Management Framework. It was noted that work had commenced to develop an integrated quality framework within HEIW based on how quality is managed in the medical department and that other areas across HEIW would adopt those standards.</p> <p>Pushpinder Mangat explained that the framework consisted of a range of actions as set out in section two of the report and that HEIW were fully engaged with the process.</p> <p>The Board discussed the report and considered the mechanisms for monitoring progress against the actions and for providing assurance HEIW were contributing effectively. It was confirmed that progress would be reported in the annual report to Welsh Government and that any report would be scrutinised by the Education Commissioning and Quality Committee, Executive Team and Board before being submitted to Welsh Government. The Board Secretary advised the guidance from Welsh Government confirmed that quality reporting would once again this year be included as part of the Annual Report.</p> <p>Nicola Johnson confirmed that quality and safety measures would be a key piece of work on the performance framework in 2022-23</p>	
<b>Resolved</b>	<p>The Board:</p>	

	<ul style="list-style-type: none"> <li>• <b>noted</b> the publication of the National Quality &amp; Safety Framework</li> <li>• <b>noted</b> that the current Annual Quality Statement requirement will be replaced by a new annual report</li> <li>• <b>noted</b> that this national work will inform &amp; shape key aspects of the HEIW Quality Management Framework, including student, trainee &amp; learner experience</li> <li>• <b>noted</b> the full engagement of HEIW in this work</li> <li>• <b>agreed</b> the Board Secretary to confirm when the new reporting requirements would take effect.</li> </ul>	<b>DB</b>
<b>2511/3.4</b>	<b>Proposal for the HEIW Stakeholder Reference Group</b>	
	<p>The Board received the report.</p> <p>In presenting the report, Dafydd Bebb explained that as part of the refresh of HEIW's Communications and Engagement activities post COVID, it was proposed a new Stakeholder Reference Group be established to support the Board with advice and discussion across the range of its functions. It was confirmed the Stakeholder Reference Group would replace the existing External Advisory Group (EAG), which currently exists as a sub-committee to the Education Quality and Commissioning Committee, and would build on the current membership of the EAG.</p> <p>Ruth Hall, the Chair of the Education, Commissioning and Quality Committee, confirmed her support for the proposal.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the establishment of the HEIW Stakeholder Reference Group (SRG) together with the terms of reference attached at Appendix 1;</li> <li>• <b>approved</b> that the SRG replace the current role of the Education Advisory Group (EAG) and that the EAG be disbanded.</li> </ul>	
<b>PART 4</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	
<b>2511.4.1</b>	<b>Quarterly Integrated Performance Report Q2 2021-22</b>	
	<p>The Board received the report.</p> <p>Presenting the report, Nicola Johnson explained it summarised the quarterly performance against the agreed 2021/22 Annual Plan and key performance measures. It was confirmed that overall, HEIW had made good progress on delivering the 59 Strategic Objectives outlined in the Annual Plan, and performed well during the period. It was noted that two objectives had been rated as red and were off-track and would not recover in year.</p> <p>It was highlighted that recruitment rates for Medicine, Dentistry and Health Professional Education were good. However, Dentistry, in particular, required significant extra work from the team due to the disruption to undergraduate education. It was noted that although the initial target of 160 postgraduate training placements for Pharmacy had not been filled, the pass rate was the highest in the UK. It was</p>	

	<p>confirmed that while there were some cumulative issues for individual trainees in medical subspecialties, those issues were being closely monitored.</p> <p>Nicola Johnson advised that the Higher Education Funding Council for Wales had recently provided a summary of the latest National Student Survey scores for each commissioned course within each University. It was confirmed that the only concern related to the midwifery programme in one University. The University had acknowledged the issues and had developed a robust plan to improve the course.</p> <p>The management by the Medical Deanery Quality Unit of the impact that the service reconfiguration model within Aneurin Bevan University Health Board was having on education and training was highlighted.</p> <p>The Board welcomed the report and noted the good progress made to date. The Board were pleased to see the Performance Framework continued to be embedded across the organisation and that the internal Performance Management Network had been established.</p> <p>The Board noted the positive outcomes reported as part of the pilot Care Home Education Facilitator role implementation in Hywel Dda UHB, and it was confirmed the scheme would be extended.</p>	
<b>Resolved</b>	The Board <b>noted</b> the contents of the report and appendices for assurance.	
<b>2511/4.2</b>	<b>Director of Finance Report</b>	
	<p>The Board <b>received</b> the Director of Finance Report.</p> <p>In presenting the report, Eifion Williams provided an update on the financial position as at month 7 and identified the reasons for any financial variation against the budgets set. It was highlighted that as at Month 7 HEIW was £838,852 underspent, and this position had been reported to Welsh Government in accordance with the requirements of the monitoring return submission.</p> <p>It was confirmed that the underspend in Pay budgets was due to vacant posts within the establishment, and it was noted that some re-alignment of budgets to balance the financial plan was undertaken at the start of the year.</p> <p>It was confirmed that the underspend in Non-Pay budgets was due to reduced face to face training and education activity arising from COVID-19 lockdown restrictions. Non-Pay budgets had also been subject to re-alignment to balance the financial plan.</p> <p>It was confirmed that HEIW were anticipating an income of £2.5m from Welsh Government, and that we had received notification £1.5m of that income had been received. Discussions with Welsh Government were ongoing in relation to the outstanding £1m.</p>	

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	<p>It was noted that HEIW were reporting an underspend of £374,103 in pay, an underspend of £283,802 in Non-Pay and an underspend of £239,906 on commissioning budgets. It was explained the reasons for the underspend had remained consistent across the year.</p> <p>Eifion Williams confirmed that following the quarterly process of deep-dive exercises, it was forecast that the year-end underspend would be in the region of £3m. It was explained that to ensure an overall balanced financial position was achieved at year-end, HEIW had identified additional commitments for non-recurrent expenditure estimated at £412k, and further opportunities for non-recurrent investment would be explored and maximised. It was confirmed that HEIW would also look to offer contracting Universities an opportunity to access an additional fund of up to £1.5m in total and that this should be utilised to enable students taught in Wales access to modern facilities that prepare them for a career in Wales on graduation.</p> <p>It was confirmed that for the period April to October 2021, HEIW cumulatively paid 99.85% of non-NHS invoices and 98.57% of NHS invoices within 30 days.</p> <p>The Board noted the capital allocation of £100k for 2021/22 and that £15k of equipment had been received and paid for during July 2021. The Board considered the requirement to procure additional IT assets and agreed a proposal outlining anticipated future Capital spend would be provided at the January Board meeting.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the underspent financial position reported for HEIW at month 7 and actions being progressed to be in balance at year-end,</li> <li>• <b>noted</b> the summarised explanation of key variations by Directorate,</li> <li>• <b>noted</b> the Capital allocation and spend to date; and</li> <li>• <b>noted</b> the Balance Sheet position.</li> <li>• to <b>receive</b> a proposal outlining anticipated future Capital spend at the January Board meeting.</li> </ul>	<b>EW/RB</b>
<b>2511/4.3</b>	<b>Structured Assessment Phase 2 Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, Urvisha Perez explained it set out the findings from phase two of the Auditor General's 2021 structured assessment work at HEIW. It was highlighted that overall, Audit Wales found that HEIW is well-governed with clear, effective arrangements to manage its finances. It was noted that HEIW continued to have good arrangements to conduct Board and Committee business effectively and had good systems of assurance.</p> <p>It was explained that Audit Wales had found HEIW managed its financial resources well and had good arrangements to monitor and report its financial activity. It was confirmed that HEIW had met its</p>	

	financial duties at the end of 2020-21 and had a clear financial plan for 2021-22.	
	The Board were pleased to note the outcome of Phase 2 of the Structured Assessment.	
<b>Resolved</b>	The Board <b>noted</b> the Audit Wales Structured Assessment Phase 2 Report for assurance.	
<b>2511/4.4</b>	<b>HEIW Strategic Equality Plan (SEP) One Year On</b>	
	<p>The Board <b>received</b> the report.</p> <p>Introducing the report, Julie Rogers explained that it provided a progress update on the implementation of HEIW's Strategic Equality Plan. It was confirmed that HEIW's first Strategic Equality Plan (SEP) had been published in October 2020 and set out five strategic objectives for 2020-24, with 14 actions to be delivered in year one.</p> <p>It was confirmed that whilst HEIW had made good progress implementing the SEP, several factors meant it took longer than anticipated to put the governance and reporting arrangements in place. It was highlighted that the move of responsibility for the SEP and associated portfolio to the Leadership Team, as well as the creation of a new Head of OD and Inclusion, would help ensure that progress is recovered within the overall timeframe of the SEP and that discussions would start in January on defining the year two deliverables.</p>	
<b>Resolved</b>	The Board <b>noted</b> the progress made after the first year of implementation of our strategic equality plan.	
<b>2511/4.5</b>	<b>Annual Review of the Board Assurance Framework</b>	
	<p><b>The Board received the report.</b></p> <p>Providing a brief outline of the report, Dafydd Bebb explained it sought approval for the Board Assurance Framework (BAF) attached at Appendix 1.</p> <p>It was confirmed that the BAF had been amended to incorporate the Strategic Risks Control Framework, which had been considered at the July meeting of the Audit and Assurance Committee.</p> <p>The Board noted that the Audit and Assurance Committee had considered the BAF at its meeting in October and recommended the Board approve the Framework.</p>	
	The Board <b>approved</b> the updated Board Assurance Framework.	
<b>2511/4.6</b>	<b>Amendment to the HEIW Risk Management Policy</b>	
	<p>The Board received the report.</p> <p>Introducing the report, Dafydd Bebb explained it outlined key changes to HEIW's Risk Management Policy and sought Board approval.</p> <p>It was explained that the Risk Management Policy had been amended so that fraud only be required to appear on a Directorate Risk Register when an actual risk is identified. It was confirmed that the updated</p>	

	<p>policy requires fraud to be reported promptly to the Local Counter Fraud Service, where it is identified.</p> <p>The Board noted the Audit and Assurance Committee had considered the Risk Management Policy at its meeting in October and recommended the Board approve it.</p>	
<b>Resolved</b>	<p><b>The Board</b></p> <ul style="list-style-type: none"> <li>• <b>considered</b> the proposed amendments to the HEIW's Risk Management policy as detailed within the proposal paragraph below; and</li> <li>• <b>approved</b> the amended policy (Appendix 1).</li> </ul>	
<b>2511/4.7</b>	<b>Welsh Language Scheme Update</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Dafydd Bebb explained that it confirmed the Welsh Language Scheme, approved by the Board in March, had been endorsed by the Welsh Language Commissioner on 4 October.</p> <p>It was confirmed that the Welsh Language Scheme had been published on HEIW's website in accordance with the Welsh Language Act 1993 and replaced HEIW's current Welsh Language Policy.</p>	
<b>Resolved</b>	The Board <b>noted</b> the report and the letter of endorsement from the Welsh Language Commissioner at Appendix 1 and HEIW's endorsed Welsh language Scheme at appendix 2.	
<b>2511/4.8</b>	<b>Key Issues Reports</b>	
<b>2511/4.8.1</b>	<b>Audit and Assurance Committee held on the 21 October 2021</b>	
	<p>The Board received the report.</p> <p>In presenting the report, Gill Lewis highlighted that a wide variety of reports had been considered by the Committee and provided a brief overview of the items that had been considered.</p> <p>It was highlighted that the Committee had reviewed and approved revisions to the Financial Control Procedures and had noted Welsh Governments plan to re-issue the appendix to the SFI's within the next few weeks.</p> <p>The Committee received a further report on the Review of HEIW's Procurement Systems and Processes Action Plan and was pleased to note the progress made to date.</p> <p>It was confirmed that the Committee had received and noted the Recruitment Internal Audit Report and that the overall assurance level was 'reasonable'.</p> <p>Finally, the Committee confirmed it had reviewed the Terms of Reference for the Information Governance and Information Management Group and recommended the Board approve them.</p>	

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<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance; and</li> <li>• <b>Approved</b> the terms of reference of the Information Governance and Information Management Group (Appendix 2).</li> </ul>	
<b>2511/4.9</b>	<b>In Committee Decisions</b>	
	<p>The Chair provided a brief overview of the report and explained it set out the key issues discussed at the In-Committee Board Meetings held on 30 September 2021 and 28 October 2021.</p> <p>It was highlighted that at the in-committee meeting of the HEIW Board on 28 October 2021, the Board had approved the proposal to award the '<b>Y Ty Dysgu Contract</b>' to the winning provider of the open tender process. It was confirmed the winning provider had been Think Learning.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report for information.</li> <li>• <b>Ratified</b> the decision to award the Y Ty Dysgu contract to the winning provider (Think Learning) of the open tender process.</li> </ul>	
<b>PART 5</b>	<b>FOR NOTING</b>	
<b>2511/5.1</b>	<b>NHS Wales Shared Services Partnership Committee – Assurance Report</b>	
<b>Resolved</b>	The Board <b>noted</b> the report.	
<b>2511/5.2</b>	<b>Corporate Risk Register</b>	
<b>Resolved</b>	The Board <b>noted</b> the report for assurance.	
<b>PART 6</b>	<b>OTHER MATTERS</b>	
<b>2511/6.1</b>	<b>Any Other Urgent Business</b>	
	No other urgent business.	
<b>2511/6.2</b>	<b>Date of next meeting</b>	
	<p>Dates of Next Meetings:</p> <ul style="list-style-type: none"> <li>• HEIW Board Development Session to be held on <b>16 December 2021</b> to be held via Microsoft Teams/Teleconference.</li> <li>• HEIW Board to be held on <b>27 January 2022</b> to be held via Zoom/Teleconference.</li> </ul>	
	The Board resolved to go in-committee.	

.....  
Chris Jones (Chairman)

.....  
Date:

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**HEIW Board (Open)**  
**25 November 2021**  
**Action Log**

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>2511/1.7</b>	<b>Matters Arising</b>			
	<ul style="list-style-type: none"> <li>An update on the Multi-Professional Primary and Community Education and Training Framework to be provided at the next Education, Commissioning and Quality Committee</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	January 2022	Completed – on the 18 January Education Commissioning and Quality Committee agenda.
<b>2511/3.1</b>	<b>Update Paper on the Integrated Medium-Term Plan 2022-25</b>			
	<ul style="list-style-type: none"> <li>The Board to receive the Planning Framework for 2022-25 via email.</li> </ul>	<b>Board Secretary</b>	Same day	Completed
<b>2511/3.3</b>	<b>Briefing on the National Quality and Safety Framework</b>			
	<ul style="list-style-type: none"> <li>the Board Secretary to confirm when the new reporting requirements would take effect.</li> </ul>	<b>Board Secretary</b>	January 2022	A verbal update will be provided at the 27 January Board meeting.
<b>2511/4.2</b>	<b>Director of Finance Report</b>			
	<ul style="list-style-type: none"> <li>The Board to receive a proposal outlining anticipated future Capital spend at the January Board meeting.</li> </ul>	<b>Director of Finance</b>	January 2022	Completed – on the 27 January Board agenda.

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01/25/2022 14:01:38



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Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>27 January 2022</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Chair's Report</b>		
<b>Report Author</b>	Dr Chris Jones, Chairman		
<b>Report Sponsor</b>	Dr Chris Jones, Chairman		
<b>Presented by</b>	Dr Chris Jones, Chairman		
<b>Freedom of information</b>	Open		
<b>Specific action required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"><li>• <b>note</b> the report for information; and</li><li>• <b>ratify</b> the Chair's Action taken on 25 November 2021 for the Board to approve the adoption of the recommendations arising from the 'Managing the Pay Implications of Multi-Professional Roles' report which was considered by the Remuneration and Terms of Service Committee on 25 November 2021.</li></ul>		

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01/25/2022 14:01:38

## CHAIR'S REPORT

### 1. PURPOSE OF REPORT

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

### 2. CHAIRMAN'S REPORT

As we start 2022, having spent the best part of two years in the eye of a global pandemic, Wales and the United Kingdom seem to be heading cautiously in a direction where coronavirus becomes endemic, and we all have to meet the different challenges that come with it. Learning to live and deal with the consequential restrictions to our everyday lives has had huge impacts on us all – at work and in our private lives. The Omicron variant has reminded us about the need to act swiftly to mitigate harm - the amazing vaccination programme and the advances in medical treatments have enabled us in many ways to mitigate some of the clinical risks. Central to the response has been the amazing efforts of the workforce across health and social care – and of course our scientists and researchers. Innovation has become a necessity, and the digital opportunities have been grasped and accelerated at pace.

It has been a serious time. The need for close and effective working across health and social care has been highlighted and underlined. Many families have lost loved ones and there are some who have developed longer-lasting conditions – Long Covid. The individual and collective effort made in restricting our lives, in an effort to fight the pandemic, has come at a cost to emotional and physical wellbeing. There have been significant impacts on planned care and chronic disease management. Schools, universities and commerce have all felt the Covid impact. Economic impacts are emerging. There is a tight labour market and there is inflation. Those working in health and social care have carried a heavy burden, and demands are relentless.

Supporting the Health and Social Care workforce to get through it all and adopt more innovation, whilst delivering on unmet needs will require real leadership. Securing a pipeline into the workforce and enabling and empowering retention is now a major focus. Delivering the Health and Social Care Workforce Strategy is now key to the future. The commissioning of education through our Welsh universities and our further education colleges not only increases the educational attainment of the workforce, but it also supports the local economy and directly provides care. The work being undertaken to increase digital literacy increases accessibility and opportunity. Not unexpectedly the inequality gaps have been widening in our society. Michael Marmot in his report, Healthy Lives Healthy Futures, eloquently demonstrates the importance of educational attainment and its correlation to life expectancy and healthy life expectancy.

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01/25/2022 14:01:38

The Welsh Government has invested heavily in recent years in the education and training of the Healthcare workforce. If we are to build back stronger, investment in developing the workforce will need to be continued, to ensure our NHS and care services not only recover, but thrive and develop better more equal outcomes for the people of Wales. Workforce planning needs to become smarter and more strategic, leadership needs to become more agile and distributive, outcomes need to improve continuously, and innovation needs to become de rigueur.

HEIW, as a strategic body, is ideally placed to lead and support this agenda. Together with Social Care Wales, Public Health Wales and Digital Health Care Wales we have an important and vital role in supporting our partners across the Health and Care system, to ensure the future of our much-loved public services and contribute fully to meeting the aspirations of A Healthier Wales.

Today is the last Board for John Hill-Tout, our Vice Chair. He retires as an Independent Member on 31 January 2022. I would like to thank John for his contribution to the establishment and development of HEIW, and for his outstanding service to the NHS in Wales. We wish him good health and happiness in his retirement.

During December I chaired the Public Appointment process to appoint two new Board Members for HEIW. I am pleased to report that Jonathan Morgan has been appointed by the Minister to serve as an Independent Member in HEIW for a period of four years. I am pleased to welcome Jonathan to today's Board meeting.

Through January I have undertaken and completed mid-year reviews with our Independent Members.

Congratulations also to Julie Rogers, who has now successfully become our substantive Director of Workforce and Organisational Development, and Deputy Chief Executive. We also welcome Rhiannon Beckett as our Interim Director of Finance.

At the January Chairs Peer Group meeting, I was able to update colleagues on HEIW work on leadership succession. We also received an excellent presentation on the pre and post-pandemic labour market that I have shared with Board Members.

I have met with Mick Gianassi, Chair of Social Care Wales, to discuss joint working and in December we held a Joint Development Session which focused on the Mental Health Workforce Strategy. This week, together with Heidi Phillips, I attended the inaugural meeting of the All-Wales Independent Members Group with an interest in the Digital Health Agenda.

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01/25/2022 14:01:38

I very much want to thank our staff for their dedication and the way our work has continued at pace across our agendas. Several members of staff have also supported the booster vaccination efforts. For some working at home has been challenging, and I very much look forward to when we can all safely come back to Ty Dysgu as we reset into a hybrid model of working. Thank you Team HEIW.

### **3. VICE CHAIRS REPORT**

Early in December, Vice Chairs of NHS organisations met with the Minister for Health and Social Services, who was accompanied by the Deputy Ministers for Mental Health and Social Care. The Minister thanked all staff for their continued contribution to the fight to overcome the Pandemic and announced additional funding to assist the NHS in the coming few months. A range of issues were discussed including the excellent partnership working in Wales, the increasing focus on prevention and the benefits of digitalisation, the Mental Health Workforce Strategy which HEIW is leading, and relationships with Social Care. Of particular concern was the increasing demand for Mental Health Services and responses to this demand were shared and discussed.

In December and January, I attended the regular meetings of Vice Chairs at which we received briefings on the new GP contract, including improved access to Primary Care, the importance of an integrated approach to delivering mental health services which must include agencies such as Housing, and a presentation on Value in Health from the Welsh Value in Health Centre.

I have been representing Vice Chairs at the Joint Ministerial Task and Finish Group on emotional wellbeing and mental health with an emphasis on children and young people. The group has recently developed a Whole School Approach involving all relevant agencies, including Health. At the meeting in December, Ministers indicated that the Group is to become a Ministerial Oversight Board, and HEIW will be invited to join as a member, given the importance of workforce issues.

Finally, this is my last Vice Chair's report to the Board, as my term of office as an Independent Member comes to an end on the 31 January 2022. It has been a privilege to serve on the Board of HEIW for the last four years, and I would like to extend my thanks to everyone at HEIW and send my best wishes to you all as you continue to develop the NHS workforce for the benefit of our patients.

### **4. CHAIR'S ACTION**

#### **Chair's Action**

Chair's Action was taken on the 25 November 2021 for the Board to approve the adoption of the Recommendations contained within the 'Managing the Pay Implications of Multi-Professional Roles' report which was considered by the Remuneration and Terms of Service Committee on 25 November 2021.

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01/25/2022 14:01:38

In accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after first consulting with Independent Members in attendance at the Remuneration and Terms of Service Committee.

## Ratification

The Board is asked to ratify the Chair's Action taken on 25 November 2021 for the Board to approve the adoption of the recommendations arising from the 'Managing the Pay Implications of Multi-Professional Roles' report which was considered by the Remuneration and Terms of Service Committee on 25 November 2021.

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

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Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>27 January 2022</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Chief Executive's Report – January 2022</b>		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Report Sponsor</b>	Alex Howells, Chief Executive		
<b>Presented by</b>	Alex Howells, Chief Executive		
<b>Freedom of Information</b>	Open		

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01/25/2022 14:01:38

## CHIEF EXECUTIVE'S REPORT – JANUARY 2022

### 1. INTRODUCTION

Since the last formal Board meeting, we have experienced the Omicron COVID wave, which required the NHS to refocus service delivery plans and make urgent changes to the vaccination programme during December. Workforce has been a key challenge during this time given the additional demands, combined with the direct impact of COVID on sickness levels. While there are positive signs in the last week that cases are stabilising the health and care system continues to be under significant pressure. In HEIW we have made essential changes to our operating model during this period and have supported our staff to assist with the vaccination programme. Where possible, we have reduced engagement activities and non-essential business in line with the rest of the NHS. This may continue to impact on our plans during Q4.

### 2. KEY ACTIVITIES

- **Joint Executive Team (JET) meeting**

A mid-year JET meeting was held with the Welsh Government on 7 December, and the feedback has been shared with Board Members. It was a very constructive session and a good opportunity to discuss some of the strategic work programmes we are progressing in key policy areas, which will be essential to the recovery and reset process.

- **£260m Education and Training Plan approved**

We are now implementing the proposals contained in the Education and Training Plan for 2022/23, which was approved by the Minister for Health and Social Care in November. The Board will recall that this will deliver further increases and record investment in healthcare professional training in Wales.

Work is starting on the 23/24 plan imminently, and this will be informed by our critical work on clinical placements and other strategic developments such as the mental health workforce plan referred to above, the development of the nursing workforce plan and our primary and community education and training framework.

- **Developing the Strategic Mental Health Workforce Plan**

We updated the Board on our work to develop a Strategic Mental Health Workforce Plan at our last meeting and had the opportunity to discuss this at the joint board session with Social Care Wales in December. Since then, we have been developing a consultation document setting out the suggested actions for inclusion in the plan. The consultation process is due to start on 1 February for a period of 8 weeks and will involve a range of briefings and workshops as well as responses to the document itself.

- **Strategic Review Phase 2**

The review of our post-registration commissioning is underway, and the Education Committee received an update at its January meeting. The first areas include

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01/25/2022 14:01:08

education and training for our Band 4 Health Care Support Workers and a new role of Clinical Associates in Applied Psychology. This is a great opportunity to future proof the programmes we commission and ensure that they deliver the skill sets and competences that our professionals need to deliver excellent care.

- **Development of the Integrated Medium Term Plan (IMTP)**

Welsh Government advised that the submission date for the IMTP has been extended to 31 March in response to the pressures of COVID. Given this, the first draft of the IMTP will be considered in detail at the February Board Development Session. Work to develop the plan is progressing well as outlined in the update paper on the agenda today, with some key engagement meetings before our discussion in February.

- **New Appointments**

I am delighted to confirm the appointment of Julie Rogers as Director of Workforce and Organisational Development and Deputy Chief Executive of HEIW. The Board will be aware that Julie had been undertaking the role on a secondment arrangement from Welsh Government since HEIW was established. In addition, we have welcomed Rhiannon Beckett into the Executive Teams as Interim Director of Finance from 1 January.

- **Finance**

A paper outlining the month nine position is on the agenda. The financial position of HEIW as at month nine (December) is an underspend of £912,069.

We continue to work closely with Welsh Government to utilise the underspending that we have and to support investment in additional activities to support our Quarterly Plans. Clearly, the COVID pressures over the last two months have had a further impact on some of our expenditure plans for Q4 in particular.

- **Risk**

The Corporate Risk Register is considered for noting at today's Board. There are currently ten risks on the Corporate Risk Register, of which one is assessed as red: Cyber security.

### **3. RECOMMENDATION**

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

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01/25/2022 14:01:38

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



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<b>Meeting Date</b>	<b>27 January 2022</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Update on the Development of the IMTP (2022-25)</b>		
<b>Report Author</b>	Jane Powell, Planning Business Partner & Marie-Claire Griffiths, Assistant Director of Planning & Performance		
<b>Report Sponsor</b>	Nicola Johnson, Director of Planning & Performance		
<b>Presented by</b>	Nicola Johnson, Director of Planning & Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper presents the Board with an update since the last report and a summary of the next steps to finalise the IMTP.		
<b>Key Issues</b>	Welsh Government has notified all NHS organisations that given the system pressures and challenges posed by the anticipated surge in Omicron cases and the impact on the service and the workforce, the deadline for submission of IMTPs has been extended to the 31 March. The finalisation of our IMTP is on-track to meet this deadline.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	Board Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the extension of the submission of the IMTP (2022-25) to Welsh Government on 31 March and the revised Board approval timeline.</li> <li>• <b>Note</b> the update on the development of the IMTP and that finalising the Plan is on-track to meet the revised deadline to submit an approvable IMTP.</li> </ul>		

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## UPDATE ON THE DEVELOPMENT OF THE IMTP (2022-25)

### 1. INTRODUCTION

This paper presents the Board with a brief update since the last report and a summary of the next steps.

Welsh Government has notified all NHS organisations that given the system pressures and challenges posed by the anticipated surge in Omicron cases and the impact on the service and the workforce, the deadline for submission of IMTPs has been extended to the 31 March. The finalisation of our IMTP is on-track to meet this deadline.

### 2. BACKGROUND

In September, the Board refreshed our six Strategic Aims (see Appendix 1) through reflection on our vision, purpose, and functions in the context of the *Workforce Strategy for Health and Social Care*, the Ministerial Priorities and the Wellbeing Goals. We also have a strong part to play in the foundational economy, improving equality, use of the Welsh language and the socio-economic duty. Within this context, the IMTP lays out our plans to deliver our strategic agenda over the next three years as well as to support the system reset and recovery following the pandemic.

Our Plan has been developed through engagement with our senior leaders and wider staff. It is founded on the considerable planning that has been done since the organisation came into being, including the extensive engagement around the Workforce Strategy. As discussed in the Board Development Session in December, we have also taken into account our good progress with the delivery of our Annual Plan 2021/22, the learning from the pandemic, the system priorities for reset and recovery and our engagement with all other NHS organisations.

### 3. THE PLAN

A working draft of the IMTP has been shared with Board members for comment, and a summary of what will be different in three years' time is included in the IMTP Plan on a Page (Appendix 1). Our IMTP Strategic Aims and Objectives support the delivery of the seven themes of the Workforce Strategy and our organisational vision and purpose to achieve the goal of a sustainable, engaged, competent and confident health and care workforce.

By the end of 2025, we will have improved the sustainability and wellbeing of the workforce care in key service areas through the development and delivery of workforce solutions for nursing, pharmacy and dental as well as implementing the mental health workforce plan which is being developed in 2021/22. This is the first time this whole-service approach has been taken in Wales. We will also have improved NHS Wales' strategic workforce planning through building capacity and capability, underpinning workforce data and intelligence and analytics. We will also have supported the existing workforce to cope with change and to work in new service models through our Continuous Professional Development, education and wellbeing Strategic Objectives.

These Objectives are particularly important as, during our engagement phase, all NHS organisations reported ongoing extensive strategic service change, as well as the effects of the pandemic and the challenges of reset and recovery. Our Compassionate

Leadership programme plans are important in this context; over the next three years, we will have continued to build capacity and capability at all levels to lead in a highly complex and challenging environment. As part of the learning from the pandemic, all NHS organisations also reported a greater focus on organisational development, culture, leadership, workforce wellbeing and resilience and our Leadership and Succession programme provides the national framework that they are using in their local work.

Our strategic plans are underpinned by our significant investment in education and training, and the IMTP describes the ongoing increasing investment in this area, which is predicted to continue over the next three years. Through the Strategic Review of Health Professional Education Commissioning, we will have completed much of our work to modernise the workforce and maximise our impact as part of the foundational economy. The modernisation of education and training to support quality care in new service models will also have progressed in medicine (informed by the Future Doctor programme), pharmacy and optometry. The Plan also describes the next three years of the major strategic professional change programmes for Healthcare Sciences and Allied Health Professionals and the Nurse Staffing Act work programme to improve standards and quality of care.

Our plans reflect the principles underpinning our commissioning and provision of healthcare education and training, and through these functions, over the next three years, we will have improved quality, equality and inclusion, Welsh language and digital literacy. In addition, we will have improved recruitment and retention through actively promoting careers, education and training in Wales, as well as incentivising training in Wales through revising the funding models.

Our IMTP is our single plan to support the system reset and recovery from the pandemic and to deliver our Strategic Aims. We are highly engaged in supporting the national service priorities and recovery programmes, and in three years' time we will have significantly improved the educational infrastructure in primary care to support the primary care model for Wales. We will also be contributing to improving cancer survival outcomes through our work on cancer workforce redesign, education and training across a range of services (endoscopy, imaging, pathology and the single cancer pathway). We will also have delivered education to promote an agile and skilled critical care workforce and delivered the workforce, training and development priorities of the national Urgent and Emergency Care Programme.

As the national workforce system body, we are also a role model, and the Plan describes our detailed plans to have a happy, inclusive and motivated workforce with a greater ability to speak Welsh. We will also have embedded our approach to decarbonisation and research and innovation. As a strategic NHS organisation with an exciting and engaging IMTP to deliver as well as extensive Business as Usual activities, it is essential that we are skilled at working in partnership as well as using best practice in digital ways of working. Over the next three years, we will promote digital training as well as move to becoming a data-driven organisation. We will also focus on our partnerships with the education sector.

## **4. FINALISING THE IMTP**

### **4.1 Communications and Engagement**

The working draft of the IMTP will be discussed with the Stakeholder Reference Group and Welsh Government Policy Leads before submission of the final Draft to the Board in February. Work is also underway to align our detailed plans with the NHS Wales Health Collaborative, and we will jointly refresh the MOU between our two organisations by 31 March 2022.

## **4.2 Finalising the Strategic Objectives**

A few objectives require further discussion to clarify details – pathology, education partnerships and the learning management system.

## **4.3 Minimum Dataset**

At the time of writing the national minimum data set (MDS) template has not yet been received from Welsh Government. Much of the MDS does not apply to HEIW, but we will complete the areas that are relevant for circulation with the final IMTP to the Board for approval in March.

## **4.4 Our Capacity to Deliver**

Work on the capacity requirements to deliver the IMTP is underway, and further work is also being undertaken on the strategic aspects of our approach to programme management to enhance visibility and assurance. As was the case last year, following agreement of the IMTP, Directorate-specific delivery plans will be produced, which will enable teams to manage, track and report delivery progress through the performance framework.

Welsh Government has published the Priority Delivery Ministerial Measures - Phase One, and these will be referenced in the IMTP. There are a small number of new measures that we will build into our performance reporting relating to Value-Based Healthcare and Decarbonisation.

## **5. ALIGNMENT OF THE IMTP AND THE EDUCATION AND TRAINING PLAN**

Detailed work has commenced to map the historical processes, and there are both strategic and operational benefits emerging of aligning our strategic and education and training plans. A paper outlining the recommendations will be submitted to the Executive Team for consideration in February and will be shared with the Board in March.

## **6. THE FINANCIAL PLAN**

The extended timescale for submission of the IMTP will provide an opportunity to reconcile the financial plan with the draft allocation for HEIW that is expected from Welsh Government at the end of January. This will enable a full review of the deployment of recurrent funding across budgets within HEIW to ensure that it can be best utilised in support of strategic objectives.

The process of reconciliation will also enable the collation and review of a schedule of non-recurrent funding and anticipated in-year adjustments to the allocation that it is helpful to agree in principle with WG at an early stage.

The resource plan will subsequently be drafted and will require approval before budgets can be uploaded into the financial ledger and a month 1 position reported at the end of April.

## 7. GOVERNANCE AND RISK ISSUES

- A letter from the Director General Health and Social Services/NHS Wales Chief Executive (21 December 2021) has extended the deadline for submission of the IMTP to 31<sup>st</sup> March 2022. The Chief Executive is required to write to the Director General to advise whether the Plan is approvable by the end of February. No issues are expected with the approvability of the HEIW IMTP.
- The Plan is on track for submission in line with this deadline. The approval timetable is:
  - Subject to discussion at the BDS, the Chief Executive will write an Accountability Letter by 15 February to Welsh Government indicating the intention to submit an approvable IMTP.
  - Submit the draft IMTP to the Board for consideration at the Board Development Session on 24 February.
  - The final IMTP including the Financial Plan, and Minimum Data Set, accompanied by the Equality Impact Assessment will be submitted for formal Board approval on 31 March.
  - The approved IMTP will be submitted to Welsh Government on the 31 March.
- The IMTP continues to be overseen by the Executive-led Integrated Medium Term Plan Integrated Planning Group and collectively developed by the Executive Team.
- The Minimum Data Set template has not yet been received from Welsh Government but the team is ready to complete it when received.
- The Equality Impact Assessment developed for the Annual Plan 2021/22 has not changed significantly over the past twelve months and is therefore being refreshed to support the approval of the IMTP.
- The organisational risks and issues that need to be addressed in the IMTP will be included in the final document.
- The financial implications and risks are included in the financial plan.

## 8. RECOMMENDATION

Board Members are asked to:

- **Note** the extension of the submission of the IMTP (2022-25) to Welsh Government on 31 March and the revised Board approval timeline.
- **Note** the update on the development of the IMTP and that finalising the Plan is on-track to meet the revised deadline to submit an approvable IMTP.

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01/25/2022 14:01:38

Governance and Assurance			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff, ensuring that it meets future needs.	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality.	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Our plans improve quality, safety and patient experience through the provision of a sustainable, engaged, competent workforce.			
<b>Financial Implications</b>			
The preparation of a financial plan will be required.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There is a legal duty to comply with the NHS Wales Planning Framework & prepare an EqlA.			
<b>Staffing Implications</b>			
The capacity plan is being prepared for consideration by the Executive team in February.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The IMTP evidences our consideration of the requirement to deliver the Wellbeing Goals and 5 ways of working.			
<b>Report History</b>	Update on the development of the IMTP 2022-25 (16 December 2021)		
<b>Appendices</b>	Appendix 1 – IMTP Plan on a Page 2022-25		

English Catherine  
01/25/2022 14:01:38

## Appendix 1 – IMTP 2022-25 Plan on a Page

Our Vision	
Transforming the workforce for a healthier Wales	
Our Purpose	
To develop a workforce that delivers excellent care to patients/service users and excellent population health	
Our Values	
Respect for all	Together as a team
Ideas that improve	
Our Six Strategic Aims	
1 To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<ul style="list-style-type: none"> <li>Improved workforce aligned to the Nurse Staffing Act.</li> <li>Improved oral health through a sustainable dental workforce.</li> <li>A motivated, engaged and valued pharmacy workforce.</li> <li>Improved access to flexible and good quality CPD.</li> <li>Improved levels of engagement, motivation, wellbeing and satisfaction.</li> <li>Better recruitment &amp; retention of staff.</li> <li>More sophisticated and intelligence led workforce planning.</li> </ul>
2 To transform healthcare education and training to improve opportunity, access and population health	<ul style="list-style-type: none"> <li>Improved supply of a multi-professional workforce with enhanced skills</li> <li>High-quality employment as part of the foundational economy.</li> <li>High-quality education and training and access to high quality facilities and support.</li> <li>Improved access to training and promotion of Wales as the place to TrainWorkLive.</li> <li>Modernised funding models to incentivise training and education.</li> </ul>
3 To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	<ul style="list-style-type: none"> <li>Leaders who prioritise health and wellbeing, building compassionate environments.</li> <li>Robust aspiring executive talent pools and pipelines.</li> <li>Confident clinical leaders able to lead transformational change.</li> <li>High quality NHS Wales graduate and internship programmes.</li> <li>Sustainable career pathways and pipelines of Workforce &amp; OD professionals.</li> </ul>
4 To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care	<ul style="list-style-type: none"> <li>Improved quality and equity within Advanced Practice.</li> <li>Improved infrastructure to meet the educational needs of primary care.</li> <li>A sustainable mental health workforce with expertise to support the population.</li> <li>Modernised workforce models to deliver service transformation.</li> <li>Improved quality of outcome focussed services for the people of Wales</li> <li>Improved cancer survival outcomes by addressing workforce barriers.</li> </ul>
5 To be an exemplar employer and a great place to work	<ul style="list-style-type: none"> <li>A happy, inclusive and motivated workforce.</li> <li>Diversity, equality and inclusion is promoted and actively supported.</li> <li>Greater number of staff are able to speak welsh.</li> <li>Embedded approaches to Biodiversity and decarbonisation</li> <li>Research and Quality Improvement are key enablers</li> <li>Improved cyber security and information governance</li> </ul>
6 To be recognised as an excellent partner, influencer and leader	<ul style="list-style-type: none"> <li>Effective communication and engagement practices</li> <li>Improved digital first experience for HEIW staff and stakeholders.</li> <li>Accurate and real time reporting capability.</li> <li>Stronger partnerships with the Education Sector</li> </ul>
Fundamental to what we achieve	
<b>Workforce Strategy for Health and Social Care Themes</b> An Engaged, Motivated and Healthy Workforce Attraction and Recruitment Seamless Workforce Models Building a Digitally Ready Workforce Excellent Education and Learning Leadership and Succession Workforce Supply and Shape	<b>A Healthier Wales</b> <b>The Wellbeing of Future Generations</b> <b>Ministerial Priorities</b> <b>National Clinical Framework</b> <b>Quality Framework</b> <b>Equality and Inclusion</b> <b>Decarbonisation</b> <b>Foundational Economy</b> <b>Reducing Health Inequalities</b> <b>Value Based Health Care</b> <b>Welsh Language</b>

English Catherine  
01/25/2022 14:01:38

<b>Meeting Date</b>	<b>January 2022</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Establishment of the HEIW Research Governance Framework</b>		
<b>Report Author</b>	Dr Anton Saayman, Director of Educational Improvement and Governance		
<b>Report Sponsor</b>	Professor Pushpinder Mangat, Medical Director		
<b>Presented by</b>	Professor Pushpinder Mangat. Medical Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper sets out the establishment of a functional infrastructure for research governance across HEIW (Research Governance Framework and associated Research Governance Group) –		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• This is key deliverable underpinning HEIW's Annual Plan 2021-2022 Strategic Objectives               <ul style="list-style-type: none"> <li>• 5.7 'Develop the capacity and capability for evaluation, innovation and research'</li> <li>• 5.6 'Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW'. (these Strategic Objectives are also included in the draft IMTP)</li> </ul> </li> <li>• Delivery of HEIW's vision relies on a set of principles, including 'Leading the way, through continuous learning, improvement and innovation'.</li> <li>• HEIW priorities as defined in the IMTP identify evidence-based decision making, promotion of innovation, new initiatives and engagement in continuous evaluation, improvement and research as the foundation for high quality, accessible healthcare services in Wales.</li> <li>• A coordinated approach to research governance activity encompassing a Governance Framework and Group:               <ul style="list-style-type: none"> <li>- provides mechanisms for organisational oversight of related activity</li> <li>- provides for activity informed by best practice with increased governance, accountability for associated expenditure and demonstration of added value</li> <li>- ensures that we fulfil our duty of care to our staff and to those whose education and training we are responsible for in respect of our research activity</li> <li>- that we fulfil our statutory, including ethical, responsibilities in relation to our research activity.</li> </ul> </li> </ul>		
	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b>
<b>Recommendations</b>	The Board is asked to <b>endorse</b> the approach to the establishment of functional infrastructure for research governance across HEIW.		

# ESTABLISHMENT OF THE HEIW RESEARCH GOVERNANCE FRAMEWORK AND RESEARCH GOVERNANCE GROUP

## 1. INTRODUCTION

HEIW's primary role is in education, development and shaping of the healthcare workforce in Wales. Its establishment aimed to ensure that healthcare professionals benefit from a cohesive, consistent approach to training and workforce modernisation as well as the enhanced skills, knowledge and expertise that an organisation of this standing provides.

Key in underpinning this role will be the achievement of Annual Plan Strategic Objectives 5.7 'Develop the capacity and capability for evaluation, innovation and research' and 5.6 'Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW' and specifically. Within the draft IMTP for 22-25, the Year 1 (2022-23) deliverables include 'Functional infrastructure for research governance across HEIW.

HEIW's Research Governance Framework will be a key enabler for organisational aims and will ensure that we continuously improve quality, enhance our processes for investment in the NHS Wales workforce and provide the evidence base for the decisions we make in planning for our current and future workforce. It is key to determining the impact that our activity has on the healthcare workforce, practice and ultimately, patient care and safety. Research and evaluation also underpin the Quality Assurance component of HEIW's multi-professional Quality Framework, informing Quality Planning in a system for ensuring high-quality education and training.

## 2. BACKGROUND

Building capacity for research\* is widely recognised as important in providing a sound basis for organisational planning, decision-making and evaluative activity in organisational policy and practice. It is therefore key to HEIW providing sustainable, high-quality training programmes that represent value for money and adapting to changing educational environments. HEIW also has a role in contributing to the UK knowledgebase to ensure evidence-based practice leading to improvements in healthcare workforce training quality and, ultimately, patient care; engagement in research underpins this.

\* The term 'research' is used here to apply to the research typically undertaken to construct new knowledge or for a specific purpose (such as considering the quality of a training programme or demonstrating value for money), evaluation or quality improvement (including audit) and innovation activities of HEIW.

## 3. PROPOSAL

HEIW encourages and supports its staff in undertaking and participating in research.

The Research Governance Framework (**Appendix 1**) therefore provides a mechanism for considering and controlling the impact of this research activity on our operations, including access to advice and support for ethical review application via the Cardiff University School of Medicine Ethics Committee.

The Framework encompasses Terms of Reference for HEIW's Research Governance Group which provides strategic oversight and governance for all matters relating to the delivery of HEIW's research activity and manages a process that ensures all research proposals are reviewed by the Group for impact on participants and their training/service delivery; and an assessment of the possible benefits/risks to HEIW. The Group met on 19<sup>th</sup> October and 9<sup>th</sup> December 2021 and is scheduled to meet on a bi-monthly basis moving forward.

*Group activity is closely linked to that of HEIW's Evaluation, Research, Improvement and Innovation Collaborative ('ERIIC'), which is also a key component of the research governance pathway.*

*ERIIC is a research governance peer group, representative of all HEIW workstreams and a staff stakeholder group established to mobilise knowledge transfer to underpin building organisational capacity for research.*

#### 4. GOVERNANCE AND RISK ISSUES

The Research Governance Framework provides mechanisms for organisational oversight of evaluation, research, improvement and innovation activity and a coordinated approach to academic output and publication. It provides for activity informed by best practice with increased governance, accountability for associated expenditure and demonstration of added value.

The Framework also ensures that we fulfil our duty of care to our staff and to those whose education and training we are responsible for in respect of our research activity. Also, that we fulfil our statutory responsibilities (e.g. to the Data Protection Act, 1998) in relation to our research activity and the data that we hold.

The associated relationship with Cardiff University School of Medicine's Ethics Committee ensures evaluation and research activity is conducted in accordance with national governance arrangements with associated principles, requirements and standards for activity.

#### 5. FINANCIAL IMPLICATIONS

There are no direct financial implications of this paper. Future financial implications relating to Strategic Objectives 5.6 and 5.7 have been reflected in the associated Plans on a Page and will be incorporated into budget planning for the financial year 2022/23.

#### 6. RECOMMENDATION

The Board is asked to endorse the approach to the establishment of functional infrastructure for research governance across HEIW.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

	✓	✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality.	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Research is a key enabler to ensure HEIW continuously improves quality, enhances processes for investment in the NHS Wales workforce and provides the evidence basis for planning for the current and future workforce. It is also key to determining the impact that activity has on the healthcare workforce, practise and ultimately, patient care and safety, thereby supporting HEIW's vision of 'Transforming the workforce for a healthier Wales'.			
<b>Financial Implications</b>			
There are no direct financial implications of this paper. Future financial implications relating to Strategic Objectives 5.6 and 5.7 have been reflected in the associated Plans on a Page and will be incorporated into budget planning for the financial year 2022/23.			
<b>Legal Implications (including equality and diversity assessment)</b>			
The Research Governance Framework ensures that we fulfil our duty of care to our staff, and to those whose education and training we are responsible for in respect of our research activity. Also that we fulfil our statutory and ethical responsibilities in relation to our research activity and the data that we hold. An Equality Impact Assessment relating to this work will be undertaken.			
<b>Staffing Implications</b>			
There are no direct staffing implications of this paper. Future staffing implications relating to Strategic Objectives 5.6 and 5.7 have been reflected in the associated Plans on a Page and will be incorporated into business cases for the financial year 2022/23.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Planned activity makes a key contribution to HEIW's Vision and Strategic Aims 2020-23, specifically its ambition to grow expertise and capability in the health workforce to deliver world-class health and care to the people of Wales and need identified in 'A Healthier Wales' for support for service delivery and improvement.  This objective meets the Wellbeing of Future Generations 5 ways of working in that this demonstrates long term planning for improving quality and enhancing our processes for investment in the NHS Wales workforce, prevention in terms of providing the evidence base for decisions we make in planning for and training our current and future workforce, thereby improving patient safety by training the workforce effectively and presents opportunities for collaboration in terms of working with multiple partners and stakeholders on research activity.			
<b>Report History</b>	This paper has not been presented elsewhere previously. A paper on 'Establishing a HEIW Evaluation, Research, Improvement and Innovation Collaborative' was approved by HEIW's Board and updates on activity have subsequently been provided to relevant committees and fora.		
<b>Appendices</b>	<b>Appendix 1</b> – HEIW Research Governance Framework (Version 1.2)		

English Catherine  
01/25/2022 14:01:38

# Research Governance Framework

## Research Governance Framework

based on the National Institute for Health and Care Excellence (NICE) Research Governance Policy (December, 2018)

## Health Education and Improvement Wales

### Version Control

Version	Date	Author	Replaces	Comment
1.0	10/10/21	Anton Saayman	-	Initial draft for RGG consideration
1.1	24/11/21	Caroline Groves	1.0	Amended as per RGG M10/21
1.2	09/12/21	Caroline Groves	1.1	Amended to include RGG ToR Version 1.3 and approved by RGG

English Catherine  
01/25/2022 14:01:38

## Contents

<b>SECTION 1</b>	<b>8</b>
Background	8
Context	8
Evaluation	8
Quality Improvement	8
<b>SECTION 2</b>	<b>9</b>
Introduction	9
Scope	9
Responsibilities	10
<b>SECTION 3</b>	<b>11</b>
Requirements (for all research activity)	11
Proposals for research to be carried out by HEIW (Type 1)	11
Developing the research proposal	11
Research involving human participants	12
Registering the research activity	12
Information governance	12
Reporting research results	13
Research misconduct	13
Additional requirements for particular types of research activity	13
Projects commissioned by HEIW either funded directly or through a framework agreement (Type 2)	13
Externally funded projects where HEIW staff are the lead applicant or co-applicant (Type 3)	13
Participation in projects undertaken by external organisations (including Universities) where HEIW or its activities are the subject (Type 4)	14
Projects where a HEIW member of staff has been requested to sit on an advisory group or provide a letter of support for an external research project (Type 5)	14
<b>APPENDICES</b>	<b>16</b>
Appendix 1 – HEIW Research Governance Group Terms of Reference	16
Appendix 2 - National legislation and policies	20
Statutory responsibilities	20
Protecting research participants (ethics)	20
Roles and responsibilities within a research project	21
Methodological review	22
Involvement of service users or the public	22
Information governance	22

Expertise and Good Clinical Practice. ....	23
Appendix 3 – HEIW Research Governance Pathway .....	24
Appendix 4 – HEIW Research Proposal Form .....	25

English Catherine  
01/25/2022 14:01:38

# SECTION 1

## Background

HEIW's primary role is in education, development and shaping of the healthcare workforce in Wales. Its establishment aimed to ensure that healthcare professionals benefit from a cohesive, consistent approach to training and workforce modernisation as well as the enhanced skills, knowledge and expertise that a combined organisation of this standing provides.

Building capacity for research\* is widely recognised as important in providing a sound basis for organisational planning, decision-making and evaluative activity in organisational policy and practice. It is therefore key to HEIW providing sustainable high-quality training programmes that represent value for money and adapting to changing educational environments. HEIW also has a role in contributing to the UK knowledgebase to ensure evidence-based practice leading to improvements in healthcare workforce training quality and ultimately, patient care; engagement in research underpins this.

\* The term 'research' is used here to apply to the research typically undertaken to construct new knowledge or for a specific purpose (such as considering the quality of a training programme or demonstrating value for money), evaluation or quality improvement (including audit) and innovation activities of HEIW. This Framework therefore applies to all of these activities. Definitions of 'evaluation' and 'quality improvement' are included below.

## Context

Health Education and Improvement Wales encourages and supports its staff in undertaking and participating in research, but we also have a duty of care to our staff, and to those whose education and training we are responsible for. We also have statutory responsibilities (e.g. to the Data Protection Act, 1998) in relation to our research activity and the data that we hold. HEIW therefore carefully considers and controls the impact of research activity on our operations.

HEIW's Research Governance Group provides strategic oversight and governance for all matters relating to the delivery of HEIW's research activity, is the initial point of contact for all internal and external enquiries relating research, evaluation, improvement and innovation activities and manages a process that ensures all research proposals are reviewed by the Group for impact on participants and their training/service delivery; and an assessment of the possible benefits/risks to HEIW. The Terms of Reference for the Research Governance Group are provided as Appendix 1.

HEIW also has an Evaluation, Research, Improvement and Innovation Collaborative (hereafter referred to as 'ERIIC'). ERIIC is a research governance peer group or 'Community of Practice', representative of all HEIW workstreams and a staff stakeholder group established to mobilise knowledge transfer to underpin building organisational capacity for research.

## Evaluation

Evaluations may range from formal evaluations of commissioned programmes to surveys of students or trainees.

Requests for evaluation activity will be considered by HEIW's Research Governance Group.

## Quality Improvement

HEIW welcomes activities that seek to improve the education, training and development of the healthcare workforce.

Small scale local quality improvement (QI) projects involving local staff, students or trainees do not require prior approval but staff are advised to seek the advice and support of HEIW's QIST workstream.

Requests to undertake a major programme of quality improvement (e.g. with national implications or impacting on large numbers of staff, students or trainees) will need to be submitted for consideration by HEIW's Research Governance Group.

Alongside the potential relevance and impact of the proposed evaluation, quality improvement or innovation proposal on HEIW's core business, the Group will also consider the implications of the proposal in relation to workload, reputation, potential conflicts of interest and interaction with existing or planned national, regional or local HEIW workstreams.

Of particular concern is the need to avoid multiple surveys of trainees, students or other HEIW stakeholder groups by different organisations. Normally such requests will be declined unless they are specifically aligned with HEIW's operational priorities or strategic intent.

## SECTION 2

### Introduction

1. Research governance can be defined as the broad range of regulations, principles and standards of good practice that ensure high quality research.
2. HEIW staff undertake and commission research, and may support external research projects that are led by others. In addition, staff may be invited to be a research participant in external projects where HEIW processes and programmes are the subject of research.
3. The majority of HEIW's research activity concerns educational evaluation and research but may relate to other areas including workforce change and staff development. HEIW does not directly undertake clinical trials, and will not act as Sponsor for a clinical trial.
4. The aim of this framework is to ensure that HEIW's research activities comply with national legislation and research governance policies. It:
  - Defines the roles and responsibilities of HEIW staff involved in research and other activities;
  - Sets out HEIW's research governance framework and describes the process by which is it implemented;
  - Provides information about relevant national legislation and policies that apply to research and other activities such as audits, service evaluation and literature reviews.
5. National legislation and research governance policies that relate specifically to clinical research have been re-interpreted and adapted for relevance to other types of research activity (Appendix 2).
6. The framework has been structured to ensure the HEIW governance requirements are proportionate to the risks involved with type of research being undertaken and the role of HEIW and its staff.

### Scope

7. This framework applies to the following in their capacity of working at or for HEIW (referred to hereafter as 'staff'):
  - all HEIW employees including HEIW Board (Executive)
  - committee chairs and members and remunerated expert advisers

- agency workers and contractors on a temporary contract or employed through an agency to work for HEIW
  - secondees (those who are seconded to HEIW from other organisations)
  - individuals undertaking placements at HEIW including interns, although in some circumstances, the research governance policy of the host organisation may also apply.
8. This framework applies to all types of research activities that HEIW staff carries out and participates in, including those undertaken as part of a placement at HEIW (referred to hereafter as 'research').
  9. HEIW does not directly undertake clinical trials and cannot act as a sponsor for clinical research. However, health technology assessment organisations will increasingly be involved with primary evidence generation including facilitating collaborative research or real-world data collection activities. In such cases, HEIW will not act as Sponsor for individual clinical studies and the research governance arrangements of another organisation, such as that conducting the research or data collection, will need to apply, within the principles set out in this framework.
  10. HEIW process and methods manuals should ensure that research undertaken as part of guidance development meets the requirements of this framework, including requirements for the publication of protocols and outputs. For all other research activity, staff should ensure compliance by following the HEIW research governance framework.

## Responsibilities

11. The HEIW Research Governance Group is responsible for managing the HEIW research governance framework, providing advice on its implementation and managing the research register (the central database recording detail of research activity in HEIW).
12. The Research Governance Group is also responsible for ensuring HEIW has access to expertise for ethical advice and ethical opinion on research projects, including whether good research practice training is required.
13. Senior Leadership Team (SLT)-level Directors are accountable for research activity within their own centre or directorate and are responsible for only approving research activities that demonstrate compliance with this framework.
14. The Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) works to mobilise knowledge transfer to underpin building organisational capacity for research and harnesses core organisational capabilities and tools required to deliver education and training. It co-locates expertise, resources and access to relevant specialist knowledge and support for these activities and provide co-ordination of activity and links with external key partners.
15. Staff are responsible for ensuring that any research activities that they undertake meet the requirements of this framework. This includes responsibility for submitting proposals for consideration by the Research Governance Group, recording details of the research on HEIW research register and managing all correspondence with any external organisations that:
  - HEIW commissions to conduct research;

English Catherine  
01/25/2022 14:01:38

- HEIW works with as a partner or co-applicant;
  - request HEIW staff to participate as a research subject;
  - request HEIW to sit on an advisory group or provide a letter of support.
16. HEIW has no responsibility for research projects that are undertaken by its staff that are not related to their role at HEIW, for example research for MSc or PhD projects or research undertaken as part of an honorary position that they may hold. The governance arrangements for these activities need to meet the requirements of the organisation that is supervising the research. Any potential conflicts arising from such activity should be declared and staff should be aware of the contractual arrangements regarding allocation of time. For all projects that are undertaken within a (non-HEIW) academic portfolio, HEIW staff must notify their line managers before publication and a disclaimer should be added that states that 'The findings and conclusions in the document are those of the author and not necessarily those of HEIW'.

## SECTION 3

### Requirements (for all research activity)

17. The following requirements apply to all research activity, including:
- HEIW directly undertaking research;
  - HEIW commissioning research;
  - HEIW participating in someone else's research as a research subject;
  - HEIW supporting someone else's research by sitting on an advisory group or providing a letter of support.

### Proposals for research to be carried out by HEIW (Type 1)

#### Developing the research proposal

18. The individual or team's line manager must agree involvement in the research and ensure that the individual or team has the skills and capacity to provide the required input. The line manager should take into consideration the likely impact on the wider team and Directorate.
19. The research proposal should be reviewed and supported by the relevant Head of Section and Director.
20. Research proposals should also be reviewed by an individual with methodological or topic expertise and consideration given as to whether service user/public involvement is required. The ERIIC peer group should be approached for advice in the first instance.
21. Research activities may involve an element of risk, both in terms of return on investment and for the psychological and physical well-being of participants and the safety of researchers. Research activities can also be resource-intensive and associated with opportunity costs. The teams should consider any risks involved in the project and ensure that those risks are managed. This may include a discussion with the Research Governance Group, ERIIC, or a member of the Senior Leadership Team, depending on the nature and level of risk. If needed, a risk management plan and if appropriate, reporting templates and delivery indicators should be developed alongside the research proposal.

English Catherine  
01/25/2022 14:01:38

22. For projects involving HEIW staff that require resourcing through an external budget, early advice from HEIW Research Governance Group should be obtained.
23. All proposals must be submitted for consideration by the Research Governance Group. Proposals for research to be carried out by HEIW and its staff must be submitted using the form in Appendix 4. The Research Governance Group will meet to consider proposals, establish need for ethics consideration, and to ratify proposals on a monthly basis.

#### Research involving human participants

24. For research that involves human participants a process of informed consent should be developed. The nature of the process will depend on the risks involved with the research and advice is available from the Research Governance Group. Informed consent should be obtained through appropriate means for the participants involved. For example, it can be obtained via email in some circumstances such as interviews with professional colleagues.
25. All research projects involving human participants need to be considered by a person with the appropriate ethical expertise and staff should seek advice from the Research Governance Group in the first instance. Where appropriate, a favourable ethical opinion or notice of no ethical requirement should be obtained. Due to the nature of the research activity undertaken at HEIW it is anticipated that very few research projects will require review by an ethical committee. Activities such as audit and service evaluation may require ethical review if they involve the collection of personally identifiable data. HEIW has access to advice and support for an ethical review application via the Cardiff University School of Medicine Ethics Committee if it is necessary. This process is coordinated by the Research Governance Group.

#### Registering the research activity

26. HEIW has a central 'research register' where all research projects must be added as soon as they start. For some research activity, such as the participation in research where HEIW and its activities are the subject, exemptions may be made if the research is low risk and the time and resource impact are minimal. Entries should be updated at least annually, when key milestones have been met and when a project ends. The HEIW research register is accessible via the HEIW intranet.

#### Information governance

27. HEIW principles relating to transparency also apply to research activities. Therefore, unless there is a good reason not to do so, protocols and reports that do not contain confidential data should be made publicly available. All recorded information can be potentially disclosed under the Freedom of Information Act so it is important that sensitive information is kept to a minimum and held in accordance with the business need. Any potential sensitivity, for example personally identifiable data, should be identified at the research design stage and a management strategy developed. The HEIW Information Governance team can provide advice.
28. The collection or management of data must comply with HEIW's Information Governance policy and, if appropriate, HEIW's Data Protection and Confidentiality policy. Files and records should be maintained according to HEIW Records Management policy.
29. If a project uses data that has been obtained from a third party (for example Digital Health and Care Wales), staff must ensure that they adhere to the terms of that data access. Advice can be obtained from HEIW Information Governance Manager or Caldicott Guardian.

English Catherine  
01/25/2022 14:01:38

## Reporting research results

30. The results of research activities should be reviewed by an individual with the appropriate methodological or subject matter expertise. Any publication of research outputs should be approved by the Head, Associate Dean or Programme Director to ensure that there is a senior sponsor for publication and appropriate interpretation and communication of results. This includes but is not limited to journal articles, conference submissions, book chapters, and reports to be published on the HEIW website or PubMed bookshelf. Advice can be obtained from NHS Wales Library Service via ERIIC.

## Research misconduct

31. Any allegations of research misconduct will be dealt with according to HEIW disciplinary policy and procedure (NHS All Wales Disciplinary Policy).

## Additional requirements for particular types of research activity

### Projects commissioned by HEIW either funded directly or through a framework agreement (Type 2)

32. All criteria under 'Requirements for all research activity' of the research governance framework must also be satisfied.
33. A number of projects, including research, service evaluation, audits and literature reviews are funded directly or commissioned to external providers through standard procurement processes. The entire project can be commissioned or only components. The HEIW individual or team that commissions the project is responsible for ensuring that the research activity is fit for purpose.
34. As the commissioner, HEIW will not normally assume legal responsibility for the research. HEIW must ensure that the legal and other relevant research responsibilities are transferred to the external organisation commissioned to carry out the research activity. The HEIW individual or team that commissions the research is responsible for ensuring that this is explicit in the terms and conditions of the contract established between HEIW and the provider.

### Externally funded projects where HEIW staff are the lead applicant or co-applicant (Type 3)

35. All criteria under 'Requirements for all research activity' of the research governance framework must also be satisfied.
36. The decision to be involved as a co-applicant should be based on the following considerations:
  - HEIW has been given sufficient time to consider and respond to the request.
  - The proposal is methodologically robust and complies with the HEIW research governance framework. The aims and objectives of the project are likely to lead to information which will help shape the work of HEIW.
  - The HEIW staff members have the necessary skills.
  - Resource costs and time for HEIW staff are costed into the proposal. The resource consequences of being involved in the project should ideally be at least neutral, but a

English Catherine  
01/25/2022 14:01:38

negative resource consequence may be justified if there is sufficient overall benefit to HEIW.

- The project has appropriate disclosure and confidentiality agreements in place.
- HEIW can review results and comment on them before they are made available in public.

37. The employing organisation of the lead applicant will usually sign an agreement with the funding body, detailing the conditions of the grant. If a number of organisations and individuals are involved in a study, it is essential that clear agreements are reached about allocation of responsibilities and rights, including intellectual property rights, and that these are documented and enacted. All legal agreements for projects where HEIW is the lead applicant or the co-applicant must be reviewed and approved by Information Governance and Procurement before being signed.

#### Participation in projects undertaken by external organisations (including Universities) where HEIW or its activities are the subject (Type 4)

38. All criteria under 'Requirements for all research activity' of the research governance framework must be satisfied.

39. The decision to participate should be based on the following considerations:

- The proposal is methodologically robust. This will require a review of the research proposal, and if appropriate, statement of ethical opinion.
- The aims and objectives of the project are likely to lead to information that will help shape the work of HEIW
- The investigators are of good standing and have a track record of delivering robust and ethical research.
- The support requirements, for example HEIW staff time, have been established and agreed. Consideration should be given to capacity and if the project is likely to require significant support, costs should be recovered.
- The project has appropriate consent and disclosure agreements in place. Consent should be obtained individually from all HEIW staff who take part in the research.
- HEIW can review results and comment on them before they are made available in public.

#### Projects where a HEIW member of staff has been requested to sit on an advisory group or provide a letter of support for an external research project (Type 5)

40. All criteria under 'Requirements for all research activity' of the research governance framework must be satisfied.

41. This decision should be based on the following considerations:

- The research methods are reasonable. This will require a review of the research proposal, and if appropriate, statement of ethical opinion.
- The aims and objectives of the project are likely to lead to information which will help shape the work of HEIW.
- The investigators are of good standing and have a track record of delivering robust and ethical research.

English Catherine  
01/25/2022 14:01:38

- For requests to sit on an advisory group, the ongoing support requirements, for example staff time, have been established and agreed.
- HEIW has been given sufficient time to consider and respond to the request.

English Catherine  
01/25/2022 14:01:38

# APPENDICES

## Appendix 1 – HEIW Research Governance Group Terms of Reference

### HEIW (Evaluation, Improvement, Innovation and) Research Governance Group

#### Terms of Reference

##### Purpose

The purpose of the Research Governance Group is to provide strategic oversight and governance for all matters relating to the delivery of HEIW's research\* activity, contributing to the continual improvement and enhancement of health professions' education and training throughout Wales.

##### Remit

The Group shall:

1. Provide a governance structure for HEIW's approach to research activity including a Research Governance Framework and incorporating a mechanism for escalation of related issues through HEIW governance structures and two-way communication with HEIW's ERIIC Peer Group;
2. Promote research and other forms of inquiry within HEIW, including making recommendations from time to time on research priorities (in line with organisational priorities) to the Executive team and Chief Executive of HEIW
3. Determine the appropriateness of research and related activities; assist their establishment and progress; and review their performance
4. Review proposals' impact on participants and their training/service delivery; and an assessment of the possible benefits/risks to HEIW  
(Note – this is the primary function and activity of the Group and will be considered by means of Proposal Forms submitted by those proposing to undertake a piece of research.)
5. Ensure that all organisational research activity complies with research governance criteria and is subject to ethical approval (as required) and ensure that HEIW is accountable for its research activity
6. Assess invitations from external organisations for HEIW to act as a research partner in proposals for research funding and projects
7. Encourage and support the dissemination of research findings via appropriate media, including writing for publication and presentation at UK and international fora
8. Receive update reports from the ERIIC Peer Group and any ad hoc working groups established to oversee specific research initiatives
9. Oversee the organisational mechanisms for the support of research, evaluation, quality improvement and innovation
10. Provide ad hoc advice to HEIW staff on all related matters

\* The term 'research' may apply to research, evaluation or quality improvement (including audit) activities of HEIW.

*In conducting its work, the Group will integrate consideration of equality, diversity and inclusion issues into each item of business, with a view to valuing and promoting equality and diversity and eliminating discrimination.*

*The Group will ensure that in conducting its work it handles confidential items of business appropriately, meeting its legal obligation to respect the individual's right to confidentiality and privacy.*

## **Constitution**

### **Chair**

The Chair of the Group shall be the Medical Director. The Vice-Chair shall be Director of Nurse and Health Professional Education.

The Chair/Vice-Chair may identify an appropriate alternate (a Group member) to chair a meeting in his/her absence.

The Chair shall be empowered to act on behalf of the Group on matters which are in his or her opinion either urgent or non-contentious. Such action shall be reported to the Group at its next meeting.

### **Secretary of the Group**

The Secretary of the Group shall be the Administrative Assistant (TPG and PGES).

### **Members of the Group**

Membership of the Group shall ensure it can appropriately deliver the Group remit. Members shall be appointed by the Director of Educational Improvement on the basis of their professional expertise and experience.

### **Co-option**

The Group shall have the power to co-opt on such terms as the Group thinks fit from time to time.

### **Terms of Office**

Members shall remain members of the Group until such time as the Terms of Reference and Membership of the Group are subject to review to ensure they remain fit for purpose to deliver the ongoing requirements of the research agenda for HEIW.

## **Membership**

### **Constitution**

#### **Group Chair**

Medical Director

#### **Group Vice-Chair**

Director of Nursing and Health Professional Education

#### **Group Officer**

### **Membership**

Pushpinder Mangat

Lisa Llewelyn

**Membership**

Postgraduate Medical Dean

Tom Lawson

Director of Educational Improvement and Governance

Anton Saayman

Strategic and Operational Lead – Quality

Caroline Groves

Head of Healthcare Science Transformation

Sarah Bant

Information Governance Manager

Emma Garland

**Externality**

Lay Representative

Lisa O’Leary

**Operation****Meetings of the Group**

The Group shall initially meet every two months. Additional meetings of the Group may be convened by the Chair as required from time to time to consider proposals and ensure that they comply with governance procedures. Meetings may be conducted face-to-face or virtually via MS Teams.

Where necessary the Group may also function between meetings through correspondence (mainly via the Microsoft Teams channel, ‘Research Governance Group’) and any decision(s) taken will be formally ratified and minuted at the next meeting.

**Quoracy of the Group**

The quorum of the Group shall be the Chair/Vice-Chair plus one half of the membership. In the event of a meeting not being quorate, it will be cancelled and re-scheduled as soon as possible.

**Documentation**

There will be an agenda and accompanying papers for each Group meeting, prepared in sufficient time before the meeting to allow for proper scrutiny.

Minutes of each Group meeting will be provided for the Chair’s approval within 5 working days of the meeting and circulated to all Group members within three days of approval by the Chair to allow members adequate time to complete actions arising from meeting discussion and prompt notification of decisions regarding proposals.

Responses to all proposals considered by the Group will be provided within 5 working days of a meeting.

**Reporting**

The Group will report to HEIW’s Executive Team and Education, Commissioning and Quality Committee via the Multi-Professional Quality and Education Group. A report of activity and issues will be produced six-monthly and will include records of proposals received, decisions made and rationale. Minutes of Group meetings will be available on request.

## **Review and Evaluation**

The Group should discuss these Terms of Reference at its first meeting each calendar year or when a change occurs with implications for the Terms of Reference (including Membership):

- To ensure that they remain fit for purpose
- To remind Group members of their responsibilities

November 2021

Version 1.3

English Catherine  
01/25/2022 14:01:38

## Appendix 2 - National legislation and policies

42. The research governance requirements that apply to HEIW staff undertaking research are defined by a range of national legislation and policies, professional codes and statements of practice. These are briefly summarised below.

### Statutory responsibilities

43. The Health and Social Care Act 2012 outlines the Government's commitment to enhancing the contribution of research to health and social care, and the benefits of this activity to the wider economy. The Act places a statutory duty on the Secretary of State, NHS England, clinical commissioning groups (CCGs), local authorities and certain other organisations to have regard to the need to promote research within the NHS. For more information, see the Department of Health (DH) factsheet: 'Embedding research as a core function of the health service'.
44. HEIW supports the aims of this statutory duty and is committed to providing an environment that supports the production of high quality research by its staff.
45. The NHS HRA UK policy framework for health and social care research sets out 15 principles of good practice in the management and conduct of health and social care research. It takes account of relevant legislation in the UK and applies to health and social care research that is:
- concerned with the protection and promotion of public health
  - undertaken in or by a UK Health Department, its non-Departmental public bodies or the NHS and social care providers
  - undertaken by NHS or social care staff using the resources of health and social care providers and any research undertaken within the health and social care systems that might have an impact on the quality of those services

### Protecting research participants (ethics)

46. Research ethics refers to the moral principles guiding all aspects of research, from its inception through to completion and publication of results and beyond.
47. The Economic and Social Research Council (ESRC) framework for research ethics sets out six key principles for ethical research:
- research should aim to maximise benefit for individuals and society and minimise risk and harm
  - the rights and dignity of individuals and groups should be respected
  - wherever possible, participation should be voluntary and appropriately informed Research Governance
  - research should be conducted with integrity and transparency
  - lines of responsibility and accountability should be clearly defined
  - independence of research should be maintained and where conflicts of interest cannot be avoided, they should be made explicit.
48. Ethical review is one of a series of safeguards intended to protect research participants and researchers. The HRA Research Ethics Service reviews research proposals to protect the rights and safety of research participants and enables ethical research which is of potential benefit to science and society. Guidance about the approvals and decisions that may be required is available on the HRA website.

49. Within the NHS, all research that involves patients, their organs (under the provision of the Human Tissue Act), or their data must have a favourable opinion from the HRA before it can begin. Not all types of research (such as audit and service evaluation) may require full ethical review by the HRA. However, such research may still require proportionate review, for example if it involves collecting personally identifiable data. All proposals need to be considered by an experienced individual to ensure that those that need either a proportionate or full ethical review are identified.
50. Research within the social care setting may need to be reviewed by the HRA Social Care Research Ethics Committee.

### Roles and responsibilities within a research project

51. The NHS HRA UK policy framework for health and social care research and other legislation allocate governance responsibilities using specific terms for the main people and organisations involved in a research project. The roles most relevant to HEIW's research activities are:
- **Sponsor:** the individual, company, institution or organisation, which takes on ultimate responsibility for the initiation, management (or arranging the initiation and management) of and/or financing (or arranging the financing) for that research. The sponsor takes primary responsibility for ensuring that the design of the study meets appropriate standards and that arrangements are in place to ensure appropriate conduct and reporting. HEIW cannot act in the capacity of 'sponsor' for clinical research.
  - **Principal Investigator (PI):** the individual responsible for the design, conduct and reporting of the research. HEIW staff may take the role of PI where this is permitted by the funder of the research. Some funders, for example research councils, require the employer of the PI to have Independent Research Organisation status, which HEIW does not have.
  - **Employing organisation:** the employer of the PI. The employing organisation is liable for the work of the research team and the management of any funds received under contract with a research funder. This includes putting in place protocols and ensuring adherence to relevant research governance requirements.
  - **Funder:** the organisation or group of organisations providing funding for the research project. The HRA website provides further guidance on roles and responsibilities within health research.
52. If a number of organisations and individuals are involved in an individual study, it is essential that clear agreements are reached about allocation of responsibilities and rights, and that these are documented and enacted. Whilst many agreements will relate to individual studies, it is possible to develop a framework agreement, to include allocation of responsibilities for studies that follow the same protocols.
53. For research projects undertaken internally, HEIW acts as both the employing organisation and research sponsor, with staff sometimes acting as the principal investigator.

English Catherine  
01/25/2022 14:01:38

## Methodological review

54. Good research governance includes independent peer review of proposals and findings, to include professional review, by experts in the relevant field. This ensures that all research undertaken is methodologically sound and the conclusions can be supported by the findings. The review arrangements should be in proportion to the scale of the research and the risks involved. For example, a panel of independent experts may be required for a new programme or a controversial or costly proposal. In others, for example a literature review, a colleague with appropriate expertise may suffice.
55. Research which duplicates other work unnecessarily, or which is not of sufficient quality to contribute something useful to existing knowledge, is unethical and a waste of resources. Therefore, before any major new research activity is undertaken, existing research should be identified and reviewed.

## Involvement of service users or the public

56. The NHS HRA UK policy framework for health and social care research requires that patients, service users and the public are involved in the design, management, conduct, and dissemination of research unless otherwise justified. Not all research activities, for example literature review, require this.
57. INVOLVE is an advisory group funded by the National Institute for Health Research (NIHR) which supports greater public involvement in the NHS, public health and social care research. INVOLVE has established the principle that the advisory bodies of any major research programmes funded by NIHR should normally have at least two consumer representatives. The NIHR Central Commissioning Facility has established a Patient and Public Involvement (PPI) framework.

## Information governance

58. Researchers must ensure the appropriate use and confidentiality of any information that is collected. Adhering to HEIW's Information Governance policy will ensure compliance with legal and other requirements for good information governance. In particular, personally identifiable data must be treated in accordance with the General Data Protection Regulation 2016/679 and HEIW's Data Protection and Confidentiality policy.
59. Data collected in the course of the project must be retained for an appropriate period to support monitoring by regulatory and other authorities. HEIW's Records Management policy covers this requirement.
60. It is good research practice to ensure that the protocols are made available and any subsequent variations are transparent and explained. Systematic reviews can be registered on the international prospective register of systematic reviews (PROSPERO) or Systematic Review Data Repository (SRDR). For research in the social sciences and humanities, consider the UK Data Archive. The outcomes of research should also be made openly available irrespective of whether they are positive or negative. This may be through publication and/or other means appropriate to the type of research activity. Information should be presented in a format understandable to the public.

English Catherine  
01/25/2022 14:01:38

### Expertise and Good Clinical Practice.

61. All those involved in research activities should ensure that they, and those they manage, have the necessary experience for the role they are undertaking in relation to the project.
62. Good Clinical Practice (GCP) training is mandatory for all NHS staff involved in experimental research, for example studies involving healthcare interventions. It is also recommended for staff involved in all other types of research activities that require ethical review.
63. The Market Research Society (MRS) is the professional organisation for market, social and opinion research and business intelligence, market analysis, customer insight and consultancy. HEIW follows the MRS Code of Conduct

English Catherine  
01/25/2022 14:01:38

## Appendix 3 – HEIW Research Governance Pathway



English Catherine  
01/25/2022 14:01:38

Research\* Project Proposal Form

\* The term ‘research’ is used here to apply to the research typically undertaken to construct new knowledge or for a specific purpose (such as considering the quality of a training programme or demonstrating value for money), evaluation or quality improvement (including audit) and innovation activities of HEIW.

Please refer to the accompanying guidance booklet for further guidance on submitting a proposal.

Section 1. Contact Details		
PROJECT DETAILS		
Type of Project:	Type 1 Type 2 Type 3 Type 4 Type 5	<input type="checkbox"/> Research project to be carried out by HEIW <input type="checkbox"/> Project commissioned by HEIW either funded directly or through framework agreement <input type="checkbox"/> Externally funded project where HEIW staff are the lead applicant or co-applicant <input type="checkbox"/> Participation in external organisation’s project where HEIW or its activities are the subject <input type="checkbox"/> Request for member of staff to sit on advisory group or provide letter of support for external research project
If Type 1, Nature of Project:	<input type="checkbox"/> Research <input type="checkbox"/> Evaluation <input type="checkbox"/> Quality Improvement (including Audit) <input type="checkbox"/> Innovation	
Project Title:		
PRINCIPAL INVESTIGATOR DETAILS		
Name:		
Job Title:		
Department/Unit/Workstream:		
Directorate:		
E-mail Address:		
Telephone Number:		
DETAILS OF OTHER PROJECT GROUP MEMBERS		
Provide the name(s), job title(s) and contact details of any other project group members:		

English Catherine  
01/25/2022 14:01:38

**Description of Project:**

**Provide details of the project including the research question(s) to be answered and why this is important**

**What methodology will be used?**

**How will the project contribute to advancing the relevant field?**

**Value of Proposal:**

**Which of HEIW's Strategic Aims does your project meet? *(please select all that apply)***

- |  |  |
|--|--|
| 1. To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'   |  |
| 2. To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs                     |  |
| 3. To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels |  |
| 4. To develop the workforce to support the delivery of safety and quality  |  |
| 5. To be an exemplar employer and a great place to work  |  |
| 6. To be recognised as an excellent partner, influencer and leader   |  |

**Describe the value of the project in relation to HEIW's Vision and Strategic Aims**

**HEIW Involvement:**

**Provide details of the assistance or involvement you are seeking from HEIW to support the project e.g. access to information held by HEIW, access to staff and students or trainees**

Estimate the impact of the project on HEIW staff and stakeholders e.g. time required from HEIW, need for consultation with stakeholders

**Resourcing of Proposal:**

What are the estimated project start and end dates, and timeline?

What are the funding arrangements for the project?

What are the risks involved in the project and how do you propose to mitigate them?

What are the confidentiality, privacy and ethics considerations involved in the project?

What are the governance arrangements for the project?

**Plans for Dissemination:**

Describe how you intend to disseminate the project outcomes, including the format and who it will be of interest to

English Catherine  
01/25/2022 14:01:38

Section 3. Supporting Evidence

Attach the Research Protocol and/or Plan, list any further supporting evidence below and provide copies of this evidence with your proposal

Signature of Principal Investigator: ..... Date: .....

Signature of Director : ..... Date: .....  
(providing support for proposal)

Please return completed form via email to [HEIW.ERIC@wales.nhs.uk](mailto:HEIW.ERIC@wales.nhs.uk)

FOR COMPLETION BY RESEARCH GOVERNANCE GROUP	
Unique Identifier:	
Date of Review:	
Ethical Approval Required:	Yes/No
Feedback to PI:	

English Catherine  
01/25/2022 14:01:38



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CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>January 2022</b>		<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	Report of the Director of Finance			
<b>Report Author</b>	Rhiannon Beckett, Interim Director of Finance			
<b>Report Sponsor</b>	Rhiannon Beckett, Interim Director of Finance			
<b>Presented by</b>	Rhiannon Beckett, Interim Director of Finance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To provide the HEIW Board with a report on the financial position for December 2021 (Month 9).			
<b>Key Issues</b>	HEIW has a statutory duty to break even at year end. This report should assist the Board, Executives and Budget Holders in understanding the financial position reported for Month 9 of the 2021-22 financial year and any actions needed to be taken in order to be in balance at year end.			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Recommendations</b>	<p>The Board is asked to <b>note</b>:</p> <ul style="list-style-type: none"> <li>the underspent financial position reported for HEIW at month 9 and actions being progressed to be in balance at year end,</li> <li>the summarised explanation of key variations by Directorate,</li> <li>the Capital allocation and spend to date, and the</li> <li>the Balance Sheet position.</li> </ul>			

English Catherine  
01/25/2022 14:01:38

## **REPORT OF THE DIRECTOR OF FINANCE**

### **1. INTRODUCTION**

The report sets out the financial position as at the end of December 2021, reported against updated budgets. The delegated budgets have been derived from the 2021-22 Resource Plan which was drawn from the 2021-22 Annual Plan approved by the HEIW Board and the Resource Allocation letter received from Welsh Government (WG). The reported financial position of HEIW as at Month 9 is £347,443 underspent, and this position was reported to WG in accordance with the requirements of the monitoring return submission.

### **2. BACKGROUND**

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

### **3. PROPOSAL**

The Board is asked to note the financial position reported by HEIW for Month 9 and consider the summarised explanations of the key variations described for each Directorate, also the actions being progressed in order to be in balance at year-end.

### **4. GOVERNANCE AND RISK ISSUES**

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

### **5. FINANCIAL IMPLICATIONS**

#### **5.1 Revenue Financial Position as at Month 9**

HEIW is reporting an underspend of £347,443 against profiled budgets as at 31<sup>st</sup> December 2021. The underspend position in Pay budgets is due to vacant posts within the establishment. It should be noted that some re-alignment of budgets to balance the financial plan was undertaken at the commencement of the year. The remaining anticipated allocations have also been discussed and will be resolved before year-end. Correspondence has also been shared with WG indicating that HEIW will hand back an initial £2m of funding as part of the plan to achieve break even at year-end, and this has been actioned in month 8. A further £2m was also identified at month 9,

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and as previously reported, agreement was reached with WG that this could also be handed back to them and this has been actioned in month 9.

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

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

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



**As at 31st December 2021**

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
<b><u>INCOME:</u></b>					
Welsh Government	(192,467,974)	(192,467,974)	0	0	0
Other Income	(399,165)	(323,745)	75,420	64,554	10,866
<b>Total Income</b>	<b>(192,867,139)</b>	<b>(192,791,719)</b>	<b>75,420</b>	<b>64,554</b>	<b>10,866</b>
<b><u>Expenditure</u></b>					
Board & Executive	1,715,303	1,710,091	(5,212)	2,421	(7,633)
Finance	1,941,946	1,863,714	(78,232)	(80,211)	1,979
Planning, Performance and Corporate Services	291,727	235,211	(56,516)	(38,375)	(18,140)
Digital and IT	4,125,637	4,108,061	(17,576)	(59,937)	42,361
Medical & Pharmacy	93,700,299	93,913,165	212,866	(309,069)	521,935
Nursing	88,176,586	87,919,868	(256,718)	(72,466)	(184,251)
Human Resources and Organisation Development	2,915,641	2,694,165	(221,476)	(418,987)	197,511
<b>Sub-Total Expenditure</b>	<b>192,867,139</b>	<b>192,444,276</b>	<b>(422,863)</b>	<b>(976,624)</b>	<b>553,760</b>
<b>Total</b>			<b>(347,443)</b>	<b>(912,070)</b>	<b>564,626</b>

English Catherine  
01/25/2022 14:01:38

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

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
<b>Directorate</b>	£	£	£	£	£
Board and Executive		(40,387)	35,175		(5,212)
Chief Executive Reserve			0		0
Finance		(59,029)	(19,204)		(78,232)
Planning, Performance and Corporate Services		(44,594)	(11,921)		(56,516)
Digital and IT		(49,580)	32,004		(17,576)
Medical & Pharmacy	75,420	(44,886)	(589,738)	847,490	288,286
Nursing	0	(240,923)	(16,384)	590	(256,718)
Human Resources and Organisation Development		(78,656)	(142,819)		(221,476)
<b>Total</b>	<b>75,420</b>	<b>(558,056)</b>	<b>(712,887)</b>	<b>848,080</b>	<b>(347,443)</b>

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

It is expected that HEIW will manage to ensure that an overall balanced financial position is achieved at year-end by progressing the actions previously described and by agreement of further return of funding to WG.

The process of offering contracting Universities the opportunity to access supplementary funding has been followed and the approval of bids communicated. It is anticipated that spend will match the level of approved bids which in total is £1.7m.

The same opportunity was also afforded to WIMAT who submitted a request that was subsequently approved by the Executive Team for £137k of non recurrent funding to purchase items that will enhance the training that they will be able to provide.

As at month 8 further underspends of £725k were identified within commissioning budgets as a result of reduced take up of Community Nursing, Advanced practice and non Medical prescribing courses in the new academic year compared to plan. An additional allocation of £760k was also received from WG related to Dental foundation training and underspend on Dental foundation training on service costs and trainer grants of £350k. These movements and smaller changes in pay and non pay spend contributed to an increase of £2m in the underspend forecast.

At month 9 a further movement in the forecast underspend is apparent as a result of a return to increased restrictions due to the Omicron variant of Covid and the ongoing uncertainty about in person and group activity in quarter 4.

Further opportunities for non recurrent investment in support of HEIW's objectives will continue to be explored and maximised.

Through ongoing regular dialogue with WG Finance colleagues awareness of the forecast position and plans will be maintained, and anticipated unutilised resource can be offered to and returned to WG if required to ensure the best use of resources is achieved for NHS Wales.

## 5.2 Commissioning Funding

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

### 5.3 Capital Expenditure

HEIW has a capital allocation of £100k for 2021/22. £15k of equipment was received and paid for during July 2021.

A proposal for the use of £82k for the purchase of IT equipment has been approved by the Executive Team, and the order was placed at the end of December. Confirmation has been received from the supplier that the equipment will be delivered before 31<sup>st</sup> March 2022.

### 5.4 Balance Sheet

The balance sheet as at 31<sup>st</sup> December 2021 is shown below:

	<b>2021/22 Opening Balance £000s</b>	<b>31st Dec 2021 £000s</b>	<b>Movement £000s</b>
<b>Non-Current Assets:</b>			
Fixed Assets	2,179	1,805	(374)
<b>Current Assets:</b>			
Trade and other receivables	1,293	1,033	(260)
Cash & bank	6,148	26,484	20,336
<b>Total Assets</b>	<b>9,620</b>	<b>29,322</b>	<b>19,702</b>
<b>Liabilities:</b>			
Trade and other payables	(7,337)	(18,667)	(11,330)
Provisions	(7)	0	7
<b>Total Liabilities</b>	<b>(7,344)</b>	<b>(18,667)</b>	<b>(11,323)</b>
	<b>2,276</b>	<b>10,655</b>	<b>8,379</b>
<b>Financed by:</b>			
General Fund	2,276	10,655	8,379
<b>Total Funding</b>	<b>2,276</b>	<b>10,655</b>	<b>8,379</b>

- The movement on non-current assets reflects depreciation charged and assets purchased during the year.
- At the start of 2021/22 HEIW held a provision of £7k in relation to the probable payment of overtime on holiday pay pending a legal appeal within NHS England. The case has now been settled, and the required payments have been made to the relevant employees within HEIW. These costs have been fully funded by Welsh Government.

Trade and Other Receivables stand at £1.0m as at 31<sup>st</sup> December 2021.

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01/25/2022 14:01:38

- Trade and other payables total £18.5m as at 31<sup>st</sup> December. The main balances include:
  - £0.6m of invoices on the accounts payable system awaiting payment in line with the 30 day payment policy.
  - £5.5m in respect of other NHS Wales organisations, of which £5.0m are estimated accruals.
  - £11.3m payable to non-NHS creditors, of which £7.8m are estimated accruals.
  - £0.5m relates to technical accounting accruals such as the annual leave provision and rent equalisation account.
  - £0.6m of HMRC and pension creditors due in the month following the payroll period.

The cash balance as at the end of the month was £26.4m, which included £21.5m funding for January that was paid by Welsh Government on 30<sup>th</sup> December 2021. The balance of cash is higher than anticipated as a result of awaiting receipt of invoices for payment, as reflected in the increase in the creditor position for the month.

## 5.5 Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires organisations to pay 95% of all non-NHS invoices within 30 days (by number). For the period April to December 2021, HEIW cumulatively paid 96.58% of non-NHS invoices and 85.98% of NHS invoices within 30 days.

### Non-NHS Invoices

Month	By Number			By Value		
	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	291	4	98.64	6,952,151	3,096	99.96
May	522	2	99.62	8,785,299	2,641	99.97
June	327	2	99.39	8,202,880	4,515	99.94
<b>Q1 Total</b>	<b>1,140</b>	<b>8</b>	<b>99.3</b>	<b>23,940,330</b>	<b>10,252</b>	<b>99.96</b>
July	315	21	93.75	7,323,833	18,430	99.75
August	524	49	91.45	10,092,777	54,610	99.46
September	353	3	99.16	8,420,732	2,467	99.97
<b>Q2 Total</b>	<b>1,192</b>	<b>73</b>	<b>94.23</b>	<b>25,837,342</b>	<b>75,507</b>	<b>99.71</b>
October	330	4	98.80	7,991,536	2,377	99.97
November	428	20	95.54	7,867,811	26,884	99.66
December	407	19	95.54	7,260,359	148,655	97.99
<b>Q3 Total</b>	<b>1,165</b>	<b>43</b>	<b>96.44</b>	<b>23,119,706</b>	<b>177,916</b>	<b>99.24</b>
<b>Cumulative to Month 9</b>	<b>3,497</b>	<b>124</b>	<b>96.58</b>	<b>72,897,378</b>	<b>263,675</b>	<b>99.64</b>

## NHS Invoices

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	236	0	100	7,197,535	0	100
May	90	6	93.75	9,214,895	70,109	99.24
June	79	3	96.34	5,948,534	46,929	99.22
<b>Q1 Total</b>	<b>405</b>	<b>9</b>	<b>97.83</b>	<b>22,360,964</b>	<b>117,038</b>	<b>99.48</b>
July	139	16	89.68	9,607,464	145,577	98.51
August	104	42	71.23	6,821,269	176,619	97.48
September	120	36	76.92	9,416,152	154,822	98.38
<b>Q2 Total</b>	<b>363</b>	<b>94</b>	<b>79.43</b>	<b>25,844,885</b>	<b>477,018</b>	<b>98.19</b>
October	142	25	85.03	6,486,499	197,828	97.04
November	168	55	75.30	8,862,621	495,471	94.71
December	149	17	89.80	8,001,891	48,286	99.40
<b>Q3 Total</b>	<b>459</b>	<b>97</b>	<b>82.55</b>	<b>23,351,011</b>	<b>741,585</b>	<b>96.92</b>
<b>Cumulative to Month 9</b>	<b>1,227</b>	<b>200</b>	<b>85.98</b>	<b>71,556,860</b>	<b>1,335,641</b>	<b>98.17</b>

## 6. RECOMMENDATION

The Board is asked to **note**:

- the underspent financial position reported for HEIW at month 9 and actions being progressed to be in balance at year end,
- the summarised explanation of key variations by Directorate,
- the Capital allocation and spend to date, and
- the Balance Sheet position.

### Governance and Assurance

**Link to IMTP strategic aims**  
(please ✓)

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

✓

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

✓

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

✓

**Strategic Aim 4:**  
To develop the workforce to support the delivery of safety and quality

✓

**Strategic Aim 5:**  
To be an exemplar employer and a great place to work

✓

**Strategic Aim 6:**  
To be recognised as an excellent partner, influencer and leader

✓

### Quality, Safety and Patient Experience

There are no implications for Quality, Safety and Patient Experience

<b>Financial Implications</b>	
The financial implications are set out above in the body of the report.	
<b>Legal Implications (including equality and diversity assessment)</b>	
HEIW has a statutory responsibility to break even at year-end the report sets out the financial position for December 2021.	
There are no equality and diversity implications of this report.	
<b>Staffing Implications</b>	
There are no staffing implications of this report.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long-term objectives.	
<b>Report History</b>	The report references and updates the previous finance update shared with the HEIW Board in December 2021.
<b>Appendices</b>	Further detail is included in Appendix 1. The Monitoring return is included as Appendix 2.

## REPORT OF THE DIRECTOR OF FINANCE

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

### 1. Board and Executives

- An underspend of £40,387 as a result of vacancies in the Welsh translation team and vacant IM and receptionist posts. These are offset in part by agency cover in the PA team.
- An overspend on Non-Pay of £35,175 is due to an increase in demand and cost in respect of translation services offset by lower than budgeted travel, catering, room hire and training expenses due to the Covid-19 pandemic and lockdown.

### 2. Finance and Corporate Services

- The pay budgets show an underspend of £59,029 due to vacancies at band 3, 5 and 7 the band 5 vacancy is currently covered by an agency member of staff with the substantive role at interview stage, and recharge of support costs for the OCDO.
- There is a favourable variance of £19,204 in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs and lower than budgeted bank charges. Also reflected are underspends in utilities and other variable costs associated with Ty Dysgu due to the current home working model offset by minor works costs in respect of office renovations, fire alarm and emergency lighting replacements and remedial works to fire doors.

### 3. Planning and Performance

- The Pay budgets are underspent at month 9 by £44,594 as a result of vacant posts, offset by agency spend as posts are filled by agency workers and secondments.
- There is an underspend of £11,921 against non-pay budgets as a result of the free licence period for the Verto system and reduced travel and subsistence costs due to the pandemic.

### 4. Digital and IT

- There is an underspend against the pay budgets set of £49,580 because of a number of vacancies and long term sickness absence offset by spend on agency staff to support the team. Appointments have been made to one post, one is at shortlisting stage with a further three at interview stage.
- There is an overspend against non-pay budgets of £32,004 due to the cost of sharepoint migration and an increase in Microsoft EA licence numbers above plan offset by VAT savings on Intrepid licences and reduced travel because of the COVID-19 pandemic.

## 5. Medical and Pharmacy

- There is an adverse variance of £75,420 against the other income target as a result of lower than anticipated income from revalidation and CPD courses for Dentists and GPs.
- The underspend on pay of £44,886 is as a result of a number of administration and clerical vacancies across a range of teams which are partly offset by agency costs.
- Non-pay budgets are underspent by £589,738 as a result of reduced training and travel expenses amounting to £324,206, catering and room hire by £51,154 and other costs including printing and stationery and licences due to a reduction in activity due to the pandemic. There is also an underspend of £210,077 as a result of lower than budgeted recharges from Health Boards for TPD payments and faculty leads, £28,014 as a VAT reclaim on library services, and £8,312 underspend due to a SAS tutor vacancy in ABUHB. The underspends are offset by an increased cost in respect of Hammet street due to an increase in referrals as a result of the impact of the pandemic.
- Commissioning budgets are overspent by £847,490 year to date. The underspend is predominantly due to underspends of £379,951 in Pharmacy budgets, £8,063 underspend on Welsh Clinical Academic Training and £114,361 on Dental Foundation Training. These underspends are offset by an overspend in the GP training programme budget which amounts to £1,350,333 because of additional numbers in the programme, extensions granted to training and the costs of protected salaries and higher increments. As part of the first planned return of £2m to WG to achieve break even at year end the TGS annual budget has been reduced by £0.5m, the forecast underspend, reducing the underspend in the year to date position by £350k. The second planned return of £2m resulted in a reduction of Pharmacy budgets

## 6. Nursing

- An underspend of £240,923 has been reported against Pay budgets at month 8 because of a delay in appointing to the Head of Placement post and the professional standards role, and the Professional standards role and a further 9 wte posts that are vacant or have been vacant during the year.
- Non-Pay budgets are mainly provided for Commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses.
- It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 21/22. A breakeven position is reported at month 9 related to the following factors:
  - As part of the initial hand back of £2m to WG commissioning budgets have been reduced by £1.5m, reducing the underspend on Education contracts and bursaries by £600k in the year to date position

- DSA costs and student travel costs remain high due in part to extensions agreed as a result of delays in placement activity due to COVID 19.
- In respect of student bursary extensions have been agreed for some HEIs to meet requirements for additional time to complete courses but numbers taking the bursary have decreased creating an underspend.
- The spend on contracts with HEIs has been updated for the latest information for the new academic year and any variation from the planning assumptions in respect of attrition is reflected in the position. The full impact of the new academic year in terms of recruitment is now known and reflected in the position. The final position in respect of bursary take up will not be known until the end of the 10 week cooling off period and all returns have been received from HEIs. Due to delays created by the late assessment of students for bursary award the returns have not been finalised in month 9 as anticipated and so are still outstanding. The team are working with the Universities to ensure that this is complete and reflected in month 10.
- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and an underspend of £16,384 is reported in month 9 predominantly due to reduced travel costs and a credit note in respect of 20/21 expenditure.

## 7. Human Resources and Organisation Development

- There are 10 wte vacancies within the core budgets of the Directorate contributing to the £78,656 underspend in month 9. There has also been a transfer of responsibility, budgets and spend for clinical leadership fellows into the Directorate in month. Due to vacancies within the fellows programme this has increased the pay underspend significantly. The vacancies are at various stages in the recruitment process, and one will remain vacant until the secondment to establish the OCDO team ends.
- A Non-Pay underspend variance of £142,819 is reported at month 9. The underspend is due to limited travel and the inability to hold in person staff conferences due to the pandemic. As part of a second hand back of funding to WG pay and non pay budgets were reduced non recurrently by an annual value of £900k with a reduction of £412k in the year to date position.

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01/25/2022 14:01:38

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-31,045	0	-31,045	-31,045
3 Planned Expenditure For Covid-19 (Negative Value)	0	0	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	31,045	0	31,045	31,045
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	0	0	0	0
6 Planned Provider Income (Positive Value)	0	0	0	0
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	0	0	0	0
9 Planned (Finalised) Net Income Generation	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	0	0	0	0
13 Planning Assumptions still to be finalised at Month 1	0	0	0	0
14 Opening IMTP / Annual Operating Plan	0	0	0	0
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0	0	0
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0	0	0
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0	0	0
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	-24	-24	0	0
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	24	24	0	0
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0	0	0
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0	0	0
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
42 Operational - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-23,284	-31,045
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	23,284	31,045
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6													0	0
7													0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	-24	0	0	0	0	0	-24	-24
25													0	0
26	0	0	0	0	0	0	24	0	0	0	0	0	24	24
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	91	106	18	57	39	83	445	73	-565	-68	-222	-57	347	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	91	106	18	57	39	83	445	73	-565	-68	-222	-57	347	0
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	91	106	18	57	39	83	445	73	-565	-68	-222	-57	347	0

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

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Table A1 - Underlying Position

This table needs completing monthly from Month: 1

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

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

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

Table B - Monthly Positions

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

Period : Dec 21

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A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	19,965	20,087	18,779	20,066	21,115	23,124	23,543	23,088	22,701	25,210	23,790	29,686	192,468	271,154
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	55	48	20	20	45	33	36	36	31	43	43	112	324	522
7	Income Total		20,020	20,135	18,799	20,086	21,160	23,157	23,579	23,124	22,732	25,253	23,833	29,798	192,792	271,676
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,752	1,774	1,831	1,840	1,852	14,776	20,299
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	899	854	975	1,038	783	1,015	1,194	1,009	1,501	1,226	1,368	2,501	9,268	14,363
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	17,496	17,642	16,203	17,387	18,711	20,194	20,154	20,247	19,979	22,221	20,803	25,457	168,013	236,494
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	45	388	520
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	19,929	20,029	18,781	20,029	21,121	23,074	23,134	23,051	23,297	25,321	24,055	29,855	192,445	271,676
27	Net surplus/ (deficit)	Actual/F'cast	91	106	18	57	39	83	445	73	(565)	(68)	(222)	(57)	347	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28. Actual YTD surplus/ (deficit)		347
29. Actual YTD surplus/ (deficit) last month		912
30. Current month actual surplus/ (deficit)		(565)
	Trend	
31. Average monthly surplus/ (deficit) YTD		39 ▼
32. YTD /remaining months		116

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		(1,348)
34. Year to Date Trend Scenario		463

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C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
DEL															
35	Baseline Provider Depreciation	Actual/F'cast	43	43	43	44	43	43	43	43	43	44	45	388	520
36	Strategic Depreciation	Actual/F'cast												0	0
37	Accelerated Depreciation	Actual/F'cast												0	0
38	Impairments	Actual/F'cast												0	0
39	Other (Specify in Narrative)	Actual/F'cast												0	0
40	Total		43	43	43	44	43	43	43	43	43	44	45	388	520
AME															
41	Donated Asset Depreciation	Actual/F'cast												0	0
42	Impairments	Actual/F'cast												0	0
43	Other (Specify in Narrative)	Actual/F'cast												0	0
44	Total		0	0	0	0	0	0	0	0	0	0	0	0	0

D. Accountancy Gains

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

E. Committed Reserves & Contingencies

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

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Period : Dec 21

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

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Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	898	917	925	937	943	1,128	1,064	1,073	1,096	1,193	1,203	1,205	8,981	12,582
2	Medical & Dental	440	437	442	449	452	473	453	483	463	461	461	464	4,092	5,478
3	Nursing & Midwifery Registered	21	21	30	28	32	36	36	32	34	34	34	34	270	372
4	Prof Scientific & Technical	110	93	141	124	132	164	170	143	160	120	119	124	1,237	1,600
5	Additional Clinical Services	9	10	10	10	11	14	13	14	14	11	11	12	105	139
6	Allied Health Professionals	12	12	12	12	14	8	7	7	7	12	12	13	91	128
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,490	1,490	1,560	1,560	1,584	1,823	1,743	1,752	1,774	1,831	1,840	1,852	14,776	20,299

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,752	1,774	1,831	1,840	1,852	14,776	20,299
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,752	1,774	1,831	1,840	1,852	14,776	20,299
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	32	35	33	37	42	34	40	48	54	55	55	55	355	520
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	37	42	34	40	48	54	55	55	55	355	520

11	Agency/Locum (premium) % of pay	2.1%	2.3%	2.1%	2.4%	2.7%	1.9%	2.3%	2.7%	3.0%	3.0%	3.0%	3.0%	2.4%	2.6%
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C - Agency / Locum (premium) Expenditure

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

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
1	Vacancy	32	35	33	37	42	34	40	48	54	55	55	55	355	520
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – Inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	37	42	34	40	48	54	55	55	55	355	520

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Table B3 - COVID-19 Analysis

A - Additional Expenditure

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



<b>A5</b>	<b>Field Hospital / Surge (Additional costs due to C19) enter as positive value - actual/forecast</b>																		
<b>114</b>	<b>Provider Pay (Establishment, Temp &amp; Agency)</b>																		
115	Administrative, Clerical & Board Members																0	0	0
116	Medical & Dental																0	0	0
117	Nursing & Midwifery Registered																0	0	0
118	Prof Scientific & Technical																0	0	0
119	Additional Clinical Services																0	0	0
120	Allied Health Professionals																0	0	0
121	Healthcare Scientists																0	0	0
122	Estates & Ancillary																0	0	0
123	Students																0	0	0
<b>124</b>	<b>Sub total Field Hospital / Surge Provider Pay</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
125	Primary Care Contractor (excluding drugs)																0	0	0
126	Primary Care - Drugs																0	0	0
127	Secondary Care - Drugs																0	0	0
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7																0	0	0
129	Provider - Non Pay (Decommissioning Costs)																0	0	0
130	Healthcare Services Provided by Other NHS Bodies																0	0	0
131	Non Healthcare Services Provided by Other NHS Bodies																0	0	0
132	Continuing Care and Funded Nursing Care																0	0	0
133	Other Private & Voluntary Sector																0	0	0
134	Joint Financing and Other (includes Local Authority)																0	0	0
135	Joint Financing and Other - (Compensation for Consequential Losses)																0	0	0
136	Other (only use with WG agreement & state SoCNE/ line ref)																0	0	0
137																	0	0	0
138																	0	0	0
139																	0	0	0
<b>140</b>	<b>Sub total Field Hospital / Surge Non Pay</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>141</b>	<b>TOTAL FIELD HOSPITAL / SURGE EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>142</b>	<b>PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)</b>																0	0	0
<b>143</b>	<b>MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>A6</b>	<b>Cleaning Standards (Additional costs due to C19) enter as positive value - actual/forecast</b>																		
<b>144</b>	<b>Provider Pay (Establishment, Temp &amp; Agency)</b>																		
145	Administrative, Clerical & Board Members																0	0	0
146	Medical & Dental																0	0	0
147	Nursing & Midwifery Registered																0	0	0
148	Prof Scientific & Technical																0	0	0
149	Additional Clinical Services																0	0	0
150	Allied Health Professionals																0	0	0
151	Healthcare Scientists																0	0	0
152	Estates & Ancillary																0	0	0
153	Students																0	0	0
<b>154</b>	<b>Sub total Cleaning Standards Provider Pay</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
155	Primary Care Contractor (excluding drugs)																0	0	0
156	Primary Care - Drugs																0	0	0
157	Secondary Care - Drugs																0	0	0
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7																0	0	0
159	Healthcare Services Provided by Other NHS Bodies																0	0	0
160	Non Healthcare Services Provided by Other NHS Bodies																0	0	0
161	Continuing Care and Funded Nursing Care																0	0	0
162	Other Private & Voluntary Sector																0	0	0
163	Joint Financing and Other (includes Local Authority)																0	0	0
164	Other (only use with WG agreement & state SoCNE/ line ref)																0	0	0
165																	0	0	0
166																	0	0	0
167																	0	0	0
<b>168</b>	<b>Sub total Cleaning Standards Non Pay</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>169</b>	<b>TOTAL CLEANING STANDARDS EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>170</b>	<b>PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)</b>																0	0	0
<b>171</b>	<b>MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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01/25/2022 14:01:38



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

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

## C - In Year Operational Expenditure Cost Reduction Due To C19

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

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

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

## 240 ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19

		0	0	0	0	0	0	(24)	0	0	0	0	0	(24)	(24)
--	--	---	---	---	---	---	---	------	---	---	---	---	---	------	------

## E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>														
241	PLANNED WG FUNDING FOR COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
242	MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19	0	0	0	0	0	0	(24)	0	0	0	0	0	(24)	(24)
243	TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19							(24)						(24)	(24)

## 244 ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19

		0	0	0	0	0	0	0	0	0	0	0	0	0	0
--	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

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

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
22	Variance in month																					
23	In month achievement against FY forecast																					

English Catherine  
01/25/2022 14:01:38

Table C1- Savings Schemes Pay Analysis

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

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

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

Table C3 - Tracker

This Table is currently showing 0 errors

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

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01/25/2022 14:01:38

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Period : Dec 21

Table D - Income/Expenditure Assumptions

## Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University		10	10
2	Aneurin Bevan University		25	25
3	Betsi Cadwaladr University		26	26
4	Cardiff & Vale University		76	76
5	Cwm Taf Morgannwg University		144	144
6	Hywel Dda University			0
7	Powys			0
8	Public Health Wales		156	156
9	Velindre		8	8
10	NWSSP			0
11	DHCW		9	9
12	Wales Ambulance Services		25	25
13	WHSSC		34	34
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	<b>Total</b>	<b>0</b>	<b>513</b>	<b>513</b>

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
	14,112	14,112
	11,045	11,045
	16,616	16,616
	22,860	22,860
	12,059	12,059
	8,115	8,115
	692	692
	1,492	1,492
	46,124	46,124
		0
	3,585	3,585
	322	322
		0
		0
		0
<b>0</b>	<b>137,022</b>	<b>137,022</b>

Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	17									
2 Total Confirmed Funding	274,442				274,442		273,946	100	100	

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
12 Leadership & Succession - Digital Leadership portal NHS Wales	60				60	NR	60			Month 1 - Richard Dudley
13 WG Business Case - Made in Wales	168				168	NR	168			Month 1 - Richard Dudley
14 NEP Training Vision - Governance Structure Clarity	8				8	NR	8			Month 1 - Richard Dudley
15 Clinical Excellence award for Tom Lawson (Bronze)	21				21	NR	21			Month 1 - Richard Dudley
16 Clinical Excellence award for WG Lewis (Gold)	4				4	NR	4			Month 4 - Richard Dudley
17 1 x Band 8a - IP & C Post	58				58	NR	58			Month 1 - Richard Dudley
18 Online support for Critical Care Posts (2 x Bd 7)	105				105	NR	105			Month 1 - Richard Dudley
19 DEVELOPING CLUSTER-BASED OPTOMETRY SERVICES - Grant	78				78	NR	78			Month 4 - Richard Dudley
20 AHP	145				145	NR	145			Month 4 - Richard Dudley
21 Chief Nurse	65				65	NR	65			Month 6 - Richard Dudley
22 WG Allocation Adjustment	(2,000)				(2,000)	NR	(2,000)			J Paget - 03/12/21
23 WG Allocation Adjustment - December 2021	(2,000)				(2,000)	NR	(2,000)			Month 9 - Steve Elliot
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56 Total Anticipated Funding	(3,288)	0	0	0	(3,288)		(3,288)	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	274,442	0	0	0	274,442		273,946	100	100	
58 Anticipated Resources Per 2. above	(3,288)	0	0	0	(3,288)		(3,288)	0	0	
59 Total Resources	271,154	0	0	0	271,154		270,658	100	100	

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
60 Testing (inc Community Testing)						0	
61 Tracing						0	
62 Mass COVID-19 Vaccination						0	
63 Extended Flu Vaccination						0	
64 Field Hospital / Surge						0	
65 Cleaning Standards						0	
66 PPE						0	
67 Private Providers						0	
68 Urgent & Emergency Care						0	
69 Recovery of unused COVID bonus allocation	(24)					(24)	With 7 - Allocation letter 11
70						0	
71						0	
72						0	
73						0	
74						0	
75						0	
76						0	
77						0	
78						0	
79						0	
80						0	
81						0	
82						0	
83						0	
84						0	
85						0	
86						0	
87						0	
88						0	
89						0	
90 Total Funding	(24)	0	0	0	0	(24)	

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

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

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

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HEIW

Period : Dec 21

This table needs completing monthly from Month: 3  
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21	Closing Balance End of Dec 21	Forecast Closing Balance End of Mar 22
<b>Non-Current Assets</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
1 Property, plant and equipment	2,179	1,805	1,759
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	2,179	1,805	1,759
<b>Current Assets</b>			
6 Inventories			
7 Trade and other receivables	1,765	1,033	1,765
8 Other financial assets			
9 Cash and cash equivalents	6,148	26,484	5,680
10 Non-current assets classified as held for sale			
11 Current Assets sub total	7,913	27,517	7,445
12 <b>TOTAL ASSETS</b>	<b>10,092</b>	<b>29,322</b>	<b>9,204</b>
<b>Current Liabilities</b>			
13 Trade and other payables	7,661	18,519	7,192
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions	7	0	0
17 Current Liabilities sub total	7,668	18,519	7,192
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>2,424</b>	<b>10,803</b>	<b>2,012</b>
<b>Non-Current Liabilities</b>			
19 Trade and other payables	148	148	125
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	148	148	125
24 <b>TOTAL ASSETS EMPLOYED</b>	<b>2,276</b>	<b>10,655</b>	<b>1,887</b>
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	2,276	10,655	1,887
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 <b>Total Taxpayers' Equity</b>	<b>2,276</b>	<b>10,655</b>	<b>1,887</b>

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

<b>ANALYSIS OF WELSH NHS RECEIVABLES (current month)</b>	<b>£'000</b>
41 Welsh NHS Receivables Aged 0 - 10 weeks	45
42 Welsh NHS Receivables Aged 11 - 16 weeks	0
43 Welsh NHS Receivables Aged 17 weeks and over	0

<b>ANALYSIS OF TRADE &amp; OTHER PAYABLES (opening, current &amp; closing)</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
44 Capital	0	0	0
45 Revenue	7,809	18,667	7,317

<b>ANALYSIS OF CASH (opening, current &amp; closing)</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
46 Capital	0	0	0
47 Revenue	6,148	26,484	5,680

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
1 WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	12,000	22,500	20,500	15,500	20,000	22,000	22,000	24,500	41,500	0	25,000	45,158	270,658
2 WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3 WG Revenue Funding - Other (e.g. invoices)													0
4 WG Capital Funding - Cash Limit - LHB & SHA only							15					85	100
5 Income from other Welsh NHS Organisations	22	11	259	29	1	7	55	1	1	27	2	50	465
6 Short Term Loans - Trust only													0
7 PDC - Trust only													0
8 Interest Receivable - Trust only													0
9 Sale of Assets													0
10 Other - (Specify in narrative)	62	40	27	1,100	37	34	254	36	40	31	43	43	1,747
11 TOTAL RECEIPTS	12,084	22,551	20,786	16,629	20,038	22,041	22,324	24,537	41,541	58	25,045	45,336	272,970
<b>PAYMENTS</b>													
12 Primary Care Services : General Medical Services													0
13 Primary Care Services : Pharmacy Services													0
14 Primary Care Services : Prescribed Drugs & Appliances													0
15 Primary Care Services : General Dental Services													0
16 Non Cash Limited Payments													0
17 Salaries and Wages	1,499	1,650	1,578	1,587	1,596	1,429	1,743	1,726	1,622	1,818	1,828	2,782	20,858
18 Non Pay Expenditure	14,202	18,180	17,024	19,870	20,029	21,570	18,083	20,099	18,693	21,730	21,599	41,401	252,480
19 Short Term Loan Repayment - Trust only													0
20 PDC Repayment - Trust only													0
21 Capital Payment				15							65	20	100
22 Other items (Specify in narrative)													0
23 TOTAL PAYMENTS	15,701	19,830	18,602	21,472	21,625	22,999	19,826	21,825	20,315	23,548	23,492	44,203	273,438
24 Net cash inflow/outflow	(3,617)	2,721	2,184	(4,843)	(1,587)	(958)	2,498	2,712	21,226	(23,490)	1,553	1,133	
25 Balance b/f	6,148	2,531	5,252	7,436	2,593	1,006	48	2,546	5,258	26,484	2,994	4,547	
26 Balance c/f	2,531	5,252	7,436	2,593	1,006	48	2,546	5,258	26,484	2,994	4,547	5,680	

01/25/2022 14:01:38  
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Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	99.5%	4.5%	98.2%	3.2%	97.0%	2.0%		-95.0%	98.2%	3.2%	97.0%	2.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	97.8%	2.8%	79.4%	-15.6%	82.6%	-12.4%		-95.0%	86.0%	-9.0%	90.0%	-5.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	100.0%	5.0%	99.7%	4.7%	99.2%	4.2%		-95.0%	99.6%	4.6%	98.0%	3.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	99.3%	4.3%	94.2%	-0.8%	96.4%	1.4%		-95.0%	96.6%	1.6%	96.0%	1.0%

10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Actual %			Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value	68.6%			40.6%		68.3%				58.4%		60.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	36.0%			14.0%		22.1%				23.6%		32.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	70.8%			66.4%		76.1%				70.9%		70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	25.4%			25.4%		29.7%				26.8%		32.0%	

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

£'000 100  
Approved CRL / CEL issued at : 22/11/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	0	0	0	0	0	0
	Discretionary:						
43	I.T.	15	15	0	97	97	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other	0	0	0	3	3	0
48	Sub Total	15	15	0	100	100	0

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Christine

	Other Schemes:							
49				0				0
50				0				0
51				0				0
52				0				0
53				0				0
54				0				0
55				0				0
56				0				0
57				0				0
58				0				0
59				0				0
60				0				0
61				0				0
62				0				0
63				0				0
64				0				0
65				0				0
66				0				0
67				0				0
68				0				0
69	Sub Total	0	0	0		0	0	0
70	Total Expenditure	15	15	0		100	100	0
	Less:							
	Capital grants:							
71				0				0
72				0				0
73				0				0
74				0				0
75				0				0
76	Sub Total	0	0	0		0	0	0
	Donations:							
77				0				0
78	Sub Total	0	0	0		0	0	0
	Asset Disposals:							
79				0				0
80				0				0
81				0				0
82				0				0
83				0				0
84				0				0
85				0				0
86				0				0
87				0				0
88				0				0
89				0				0
90	Sub Total	0	0	0		0	0	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	15	15	0		100	100	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(85)				0	

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01/25/2022 14:01:38

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

Table J - In Year Capital Scheme Profiles

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Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Min. £'000	Forecast Max. £'000	Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Discretionary:																			
35	I.T.	Jay Beavan	97	97				15							65	17	15	97	Low
36	Equipment	TBC															0	0	
37	Statutory Compliance	TBC															0	0	
38	Estates	TBC															0	0	
39	Other	TBC	3	3											0	3	0	3	Low
40	Sub Total		100	100	0	0	0	15	0	0	0	0	0	0	65	20	15	100	
Other Schemes:																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		100	100	0	0	0	15	0	0	0	0	0	0	65	20	15	100	

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Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

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

B: Future Years Disposal of Assets

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

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Planning Department

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This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

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

Table M - Debtors Schedule

Period:	
11 weeks before end of Dec 21 =	15 October 2021
17 weeks before end of Dec 21 =	03 September 2021

[illegible]

Invoices paid since the end of the month		
--	--	--

Total outstanding as per MR submission date	0.00	0.00
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Table N - General Medical Services  
Table to be completed from Q2 / Month:

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

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

Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD		43					0
Asylum Seekers & Refugees		44					0
Cardiology		45					0
Care Homes		46					0
Care of Diabetes		47					0
Chiropody		48					0
Counselling		49					0
Depo - Provera (including Implanon & Nexplanon)		50					0
Dermatology		51					0
Dietetics		52					0
DOAC/NOAC		53					0
Drugs Misuse		54					0
Extended Minor Surgery		55					0
Gonaderlins		56					0
Homeless		57					0
HPV Vaccinations		58					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm		59					0
Learning Disabilities		60					0
Lithium / INR Monitoring		61					0
Local Development Schemes		62					0
Mental Health		63					0
Minor Injuries		64					0
MMR		65					0
Multiple Sclerosis		66					0
Muscular Skeletal		67					0
Nursing Homes		68					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69					0
Osteopathy		70					0
Phlebotomy		71					0
Physiotherapy (inc MT3)		72					0
Referral Management		73					0
Respiratory (inc COPD)		74					0
Ring Pessaries		75					0
Sexual Health Services		76					0
Shared Care		77					0
Smoking Cessation		78					0
Substance Misuse		79					0
Suturing		80					0
Swine Flu		81					0
Transport/Ambulance costs		82					0
Vasectomy		83					0
Weight Loss Clinic (inc Exercise Referral)		84					0
Wound Care		85					0
Zoladex		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
		93					0
		94					0
TOTAL Local Enhanced Services (must equal line 11)		95		0	0	0	0
TOTAL Enhanced Services (must equal line 12)		96		0	0	0	0

**GENERAL MEDICAL SERVICES**  
**Operating Expenditure**

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

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01/25/2022 14:01:38

<b>Analysis of Other Payments (line 108)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
<b>TOTAL of Other Payments (must equal line 108)</b>	<b>128</b>					<b>0</b>
<b>Premises</b>	<b>Section C</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Notional Rents	129					
Actual Rents: Health Centres	130					
Actual Rents: Others	131					
Cost Rent	132					
Clinical Waste/ Trade Refuse	133					
Rates, Water, sewerage etc	134					
Health Centre Charges	135					
Improvement Grants	136					
All other Premises (please detail below which should reconcile to line 146)	137					
<b>TOTAL Premises (must equal line 14)</b>	<b>138</b>					<b>0</b>
<b>Analysis of Other Premises (Line 137)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
	139					
	140					
	141					
	142					
	143					
	144					
	145					
<b>TOTAL of Other Premises (must equal line 137)</b>	<b>146</b>					<b>0</b>
<b>Memorandum item</b>						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

**GENERAL MEDICAL SERVICES**  
Dispensing

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

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01/25/2022 14:01:38

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

This Table is currently showing 0 errors

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



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<b>Meeting Date</b>	<b>27 January 2022</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	<b>Anticipated Future Capital Spend – 2021/22 Financial Year</b>		
<b>Report Author</b>	Martyn Pennell, Head of Financial Accounting		
<b>Report Sponsor</b>	Rhiannon Beckett, Interim Director of Finance		
<b>Presented by</b>	Rhiannon Beckett, Interim Director of Finance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Board with an update on the HEIW capital programme for 2021/22.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• HEIW has a Capital Resource Limit of £100k for 2021/22.</li> <li>• Expenditure totalling £15k has been incurred in the year to date.</li> <li>• Additional capital items totalling £82k have been approved and ordered for delivery before 31<sup>st</sup> March 2022.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the update on the capital programme.</li> </ul>		

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## **ANTICIPATED FUTURE CAPITAL SPEND - 2021/22 FINANCIAL YEAR**

### **1. INTRODUCTION**

This paper provides an overview of the 2021/22 capital programme in HEIW.

### **2. BACKGROUND**

Welsh Government (WG) issue NHS organisations with annual Capital Resource Limits (CRL), which set out the maximum amount of funding that they will provide for the purchase of capital items. For 2021/22 HEIW has a CRL of £100k. As this is discretionary funding HEIW has the flexibility to decide how it is used, subject to it contributing towards the statutory aims of the organisation.

Meetings have been held with teams across HEIW during the financial year to discuss their proposed capital funding requirements. This paper outlines the current position of the programme for the use of the 2021/22 funding.

This report does not include any capital proposals in relation to the Office of the Chief Digital Officer, which will be considered and approved separately through the Programme Board as required.

### **3. PROPOSAL**

This report provides a summary of the decisions taken by the Executive Team for the procurement of capital assets during the year, the details of which are set out in section 5 below. The Board is asked to note the use of the capital allocation for the 2021/22 financial year.

### **4. GOVERNANCE AND RISK ISSUES**

HEIW has a statutory financial duty to break even against its Capital Resource Limit for the year and Welsh Government will monitor the reported position in terms of this duty.

### **5. CURRENT POSITION / FINANCIAL IMPLICATIONS**

Up to the end of December 2021 capital expenditure of £15k had been incurred by HEIW against the full-year allocation of £100k.

During the year, meetings have been held with teams across HEIW to discuss the capital funding requirements for their service and the use of the remaining £85k budget.

At the Executive Team Meeting on 15th December 2021, proposals were considered for the purchase of IT equipment required in HEIW as a result of the growth of the organisation to replace faulty equipment and for identified specification improvements. These requests were approved and the orders were placed on 23rd December 2021 with delivery expected before the end of the financial year.

No further capital bids have been identified for 2021/22, and the balance on the allocation of £3k will be held to fund any additional emergency requests prior to year-end.

As part of the regular capital meetings, each service has been asked to consider their longer-term capital requirements. Proposals are currently being considered by the Dental and IT teams and updates will be brought for consideration when available. This work will link into the strategic aims set out in the IMTP and will need to consider whether the £100k annual capital allocation is still an appropriate value.

## **6. RECOMMENDATION**

The Board is asked to:

- **Note** the update on the capital programme

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01/25/2022 14:01:38

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality.	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
There are no implications for Quality, Safety and Patient Experience			
<b>Financial Implications</b>			
The financial implications are set out above in the body of the report.			
<b>Legal Implications (including equality and diversity assessment)</b>			
HEIW has a statutory responsibility to break even against its Capital Resource Allocation for the year. The proposals above bring the total expenditure to £97k against the full-year allocation of £100k.			
<b>Staffing Implications</b>			
There are no staffing implications of this report.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
There are no long-term implications			
<b>Report History</b>			
<b>Appendices</b>	None		



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<b>Meeting Date</b>	<b>27 January 2021</b>	<b>Agenda Item</b>	<b>4.4</b>
<b>Report Title</b>	<b>In-Committee Decisions</b>		
<b>Report Author</b>	Catherine English, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To set out key issues discussed at the In-Committee Board Meeting held on 25 November 2021.		
<b>Key Issues</b>	In accordance with Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. This report sets out the decisions made by Board In-Committee on 25 November 2021.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendation</b>	The Board is asked to: <ul style="list-style-type: none"><li>• <b>Note</b> the report for information.</li></ul>		

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01/25/2022 14:01:38

## DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 25 NOVEMBER 2021

### 1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meeting held on 25 November 2021.

### 2. BACKGROUND

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

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

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

### 3. PROPOSAL

#### In Committee meeting held on 25 November 2021

The following matters were discussed in the in-committee meeting of the HEIW Board on 25 November 2021:

- **Chairs Report** – The Board received and noted a verbal update from the Chair.
- **Chief Executives Report** – The Board received and noted a verbal update from the Chief Executive.
- **Update on Post Medical Training Plan** – The Board were advised that there were a number of core and speciality grade secondary care posts and foundation posts that were still awaiting Welsh Government funding approval. It was confirmed approval and funding for these posts would not be received from Welsh Government by this submission deadline. The Board considered the position and discussed the need to proceed at risk with the declaration of the core and speciality grade posts to the national recruitment process in the event Welsh Government failed to confirm funding approval.
- **Reflections on Single Lead Employer Process** - The Board received an overview of the lessons learned from the implementation of the Single Lead Employer model and agreed a follow-up report on managing the SLE would be presented to the Audit and Assurance Committee in February.

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01/25/2022 14:01:38

- **Key Issues Report from the Audit and Assurance in-committee meeting held on 21 October 2021** –The Board received and noted the Chairs key issue report for the closed session of the Audit and Assurance Committee held on 21 October 2021.
- **Key Issues Report from Remuneration and Terms of Service meeting held on 30 September 2021** -The Board received and noted the Chairs key issue report for the Remuneration and Terms of Service Committee held on 30 September 2021.
- **Strategic Review of Health Professional Education – Phase 1 Lot 13a – Paramedic Science South, Welsh and Mid Wales** – The Board received an update on the amendments to the contract specification for the South and Mid Wales Paramedic Education Contract (Lot 13A).
- **Any Other Urgent Business** – The Board received an update on the Office of Chief Digital Officer.

#### 4. GOVERNANCE AND RISK ISSUES

The report provides an overview of matters considered by the In-Committee Board Meetings held on 25 November 2021 and is intended to further demonstrate HEIW's commitment to open and transparent decision making.

#### 5. FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

#### 6. RECOMMENDATION

The Board is asked to

- **Note** the report for **information**.

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

Ensuring the Board and its Committees make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.

**Financial Implications**

There are no direct financial implications associated with this report.

**Legal Implications (including equality and diversity assessment)**

There are no legal implications associated with this report.

**Staffing Implications**

There are no direct staffing implications associated with this report.

**Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)**

There are no direct implications on the Act.

**Report History**

This report is provided at each meeting of the Board.

**Appendices**

None.

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<b>Meeting Date</b>	<b>27 January 2022</b>	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>Corporate Risk Register</b>		
<b>Report Author</b>	Catherine English, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide an overview of risks currently detailed within the Corporate Risk Register (CRR).		
<b>Key Issues</b>	<p>The report provides an update on the CRR, which is attached at Appendix 1.</p> <ul style="list-style-type: none"> <li>The CRR confirms: <ul style="list-style-type: none"> <li>one 'red' status risk</li> <li>eight 'amber' status risks and</li> <li>one 'green' status risk</li> </ul> </li> <li>Risk 23 has been added to the CRR and is 'Amber' status.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendation</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the report for assurance.</li> </ul>		

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01/25/2022 14:01:38

# CORPORATE RISK REGISTER

## 1. INTRODUCTION

The Board is asked to note the current position regarding the CRR (Appendix 1) as outlined in this report.

## 2. ASSESSMENT

There are currently **10** risks on the CRR, and these risks have been assessed as follows: **1** 'Red' status risk, **8** 'Amber' status risks and **1** 'Green' status risk. Except for paragraph 2.1, which provides an update on the Red Risk, the commentary below highlights the changes to the CRR since the last report.

### 2.1. Red Risks

- **Risk 8** - If HEIW does not ensure that all reasonable steps are taken in respect of cyber security, it may be vulnerable to a data breach, possible fines from the Information Commissioners Office and associated bad publicity.

**Mitigation:** This requires the implementation of recommendations highlighted within HEIW's Cyber Security Assessment Report. Cyber Security Implementation Plan to be drafted and implemented.

**Progress:** The recommendations within HEIW's Cyber Security Assessment Report have or are being implemented. Activities to support the delivery of the Cyber Security Plan are underway.

**Recent developments:** Activities to support the delivery of the cyber security plan are underway and recent developments include:

- Advert for the new cyber security post closed on December 21<sup>st</sup>, 2021.
- Delivery of activities to support the implementation of the cyber security programme are on-going.

### 2.2. Risks with an Increased Score

There have been no risks with an increased score since the last report.

### 2.3. Risks with a Decreased Score

There has been one risk with a reduced score since the last report.

**Risk 16:** If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery there may be disruptions to placement opportunities for trainees and students thereby impacting their ability to progress, graduate or complete training in their field. This in turn will impact the workforce with shortages that may have a long-term effect on service delivery.

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01/25/2022 14:01:38

**Mitigation:** Continuation of the mapping of cohort/programme delays. Supporting Education Providers (EPs) and service to implement HEIW's placement recovery principles. Continuous engagement with regulators, EPs, College of Deans, medical colleges and other statutory educational bodies (4 nation approach) to ensure continuity of education. Placement recovery principles. Revised processes for Annual Review of Competency Progression (ARCPs) and curriculum derogations for medical trainees to continue until September 2021 to support progression. Established communication channels with Local Education Providers (LEP's) for medical trainees to ensure time limited approach to any redeployment in context of second wave data gathering at individual medical and dental trainee level. The UK approval of a COVID 19 vaccine on 2/12/20, with NHS staff prioritised, followed by the wider UK population provides assurance that programmes will be able to revert to pre COVID 19 approaches by spring 2021.

**Progress:** The Medical Director and Director of Nurse and Health Professional Education agree that this is no longer an ongoing risk. The risk (impact of COVID) has happened and we are now dealing with the consequences which have become business as usual.

**Assessment:** This risk was assessed a 9 and an 'Amber' status. However, the risk has been reassessed and has resulted in the score decreasing to 6. The risk status is now 'Green'.

## 2.4. New Risks

One new risk has been added to the CRR since the last report.

**Risk 23:** If the procurement and implementation of the HEIW learning management system (Y Ty Dysgu) is significantly delayed beyond financial year 22/23, then this would potentially have an adverse impact on the IMTP and a reputational impact for HEIW.

**Mitigation:** Re-commencement of procurement agreed to begin in January 2022 and there is ongoing engagement established between NWSSP and HEIW to ensure a robust process is followed. The Y Ty Dysgu steering group has been stood down and Y Ty Dysgu Programme Board was established.

**Progress:** The Digital Director met with Directors NWSSP to agree on plans and priorities. Revised implementation plans have been agreed and a revised governance and procurement team is in place. The documentation is being updated ready for new procurement.

**Assessment:** The risk has been assessed as 12 and 'Amber' status.

## 2.5. Removed Risks

No risks have been removed from the CRR since the last report.

## 3. GOVERNANCE AND RISK ISSUES

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

#### 4. FINANCIAL IMPLICATIONS

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

#### 5. RECOMMENDATION

The Board is asked to **note** the report for **assurance**.

Governance and Assurance			
<b>Link to IMTP strategic aims</b>  <i>(please ✓)</i>	<b>Strategic Aim 1:</b>  To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b>  To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b>  To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	<b>Strategic Aim 4:</b>  To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b>  To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b>  To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
The CCR is the core tool to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff.			
<b>Financial Implications</b>			
Risk management is a core function of HEIW as a Specialist Health Authority. There are no anticipated additional costs.			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no legal implications associated with this report.			
<b>Staffing Implications</b>			
There are no staffing implications associated with this report.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The CRR is HEIW's core tool to manage risk.			
<b>Report History</b>	The CRR is presented to the Executive Team and Senior Leadership Team on a monthly basis. The Audit and Assurance Committee review it on a quarterly basis.		
	The CRR is provided for noting at each meeting of the Board.		

English Catherine  
01/25/2022 14:01:38

<b>Appendices</b>	Appendix 1 – CRR
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01/25/2022 14:01:38

## HEIW CORPORATE RISK REGISTER (2022)

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score			Impact	Probability	Overall Score		
		Details of the risk. If... then... impact				None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.				R/A/G & Trend	
8.  April 2020	1	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity.  <b>Board Secretary</b>	5	5	25	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report.  This includes the recruitment of a Head of Cyber Security.  Cyber Security Implementation Plan to be drafted and implemented	5	4	20		The recommendations within HEIW's Cyber Security assessment report have or are being implemented.  The new Head of Cyber Security joined HEIW on 29 June and commenced working on a new Cyber Security Implementation Plan.  <b>December 2021</b> <ul style="list-style-type: none"> <li>Advert for the new cyber security post closed Dec 21<sup>st</sup>, 2021.</li> <li>Delivery of activities to support the implementation of the cyber security programme are on-going.</li> </ul>
12.  July 2020	1.	If HEIW is unable to access workforce data from other NHS organisations, then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning.  <b>Director of Workforce and Organisational Development</b>	4	3	12	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	4	2	8		<b>January 2022</b> - Following a positive meeting in Nov with NWSSP, discussions continue regarding access to the data we need. Work is also ongoing in the context of scoping our data strategy and centre of excellence for workforce intelligence.
13.  July 2020	1.	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance.  <b>Director of Workforce and Organisational Development</b>	4	4	16	LOW	Assessment and costing of workforce requirements made as part of the development of the Quarterly/ Annual plans.	4	2	8		<b>January 2022</b> – desktop capacity planning exercise undertaken in December and followed up at Directorate meeting after Christmas. Further work commissioned to help inform session arranged with CEO in mid Jan to review structures and vacancies. The output will continue to feed into the IMTP process.

Erin Catherine  
01/25/2022 14:01:38

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
15. Aug 2020	2	If there are insufficient employment opportunities available for graduating Allied Health Professionals (AHP's) and Health Care Science (HCS) students who have opted into the bursary tie in the investment in education for these students may be lost.  <b>Director of Nurse and Health Professional Education</b>	3	5	15	HIGH	Enhanced monitoring and Targeted Support process implemented Revised recruitment approach implemented for 2022 graduates Appeals process reintroduced, Quarterly written reports to Executive; and to Board as needed. Implemented a revised managed process (Streamlining) for all AHP and HCS students graduating	4	3	12		<b>December 2021</b> Ongoing engagement with Health Boards (HBs) on planning for 2022. Data captured from HBs in December re estimated picture by speciality, HB/trust and all Wales picture. Met with Directors of Therapies (DoTH's) to review and agree a revised process incorporating a clearing house, following streamlining, accessible to all graduates. Met with Royal Colleges to discuss concerns and share revised process.
16. Aug 2020		If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery there may be disruptions to placement opportunities for trainees and students thereby impacting their ability to progress, graduate or complete training in their field. This in turn will impact the workforce with shortages that may have a long-term effect on service delivery.  <b>Director of Nurse and Health Professional Education &amp; Medical Director</b>	4	3	12	MOD	<ul style="list-style-type: none"> <li>Continuation of the mapping of cohort/programme delays</li> <li>Supporting Education Providers (EP's) and service to implement HEIWs placement recovery principles</li> <li>Continuous engagement with regulators, EPs Council of Deans (CoD's) medical Colleges and other statutory educational bodies (4 nation approach) to ensure continuity of education.</li> <li>Placement recovery principles.</li> <li>Revised processes for Annual Reviews of Competence Progression (ARCPs) and curriculum derogations for medical trainees to continue until September 2021 to support progression</li> <li>Established communication channels with Local</li> </ul>	3	2	6		<b>Medicine</b>  <u>29.12.2021</u> I think this is no longer an ongoing "risk". The risk (impact of COVID has happened), and now we are dealing with the consequences for Surgical trainees which has become business as usual for the Medical Deanery.  <b>Director of Nurse and Health Professional Education</b>  <u>December 2021</u> Update above applies to Nursing, AHP and HCS education too.

English Catherine  
01/25/2022 14:01:38

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		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
							<p>Education Providers (LEP's) for medical trainees to ensure time limited approach to any redeployment in context of second wave</p> <ul style="list-style-type: none"> <li>Data gathering at individual medical and dental trainee level</li> <li>The UK approval of a Covid 19 vaccine on 2/12/20, with NHS staff prioritised, followed by the wider UK population provides assurance that programmes will be able to revert to pre Covid approaches by spring 2021.</li> </ul>					
19.  Dec 2020		<p>If we continue to commission post reg and post grad education from HEI's in England and Wales without a contract, then HEIs may withdraw education provision or fail to provide high quality education that can be performance managed in the usual contractually governed way.</p> <p><b>Director of Nurse and Health Professional Education</b></p>	3	4	12	MEDIUM	<p>Strategic Review 2 Board, reporting to Executive Team.</p> <p>Strategic review 2 Project plan, timetable, and risk register.</p> <p>HEIW subject experts linked to programmes, supported by strategic education adviser</p> <p>Strategic review phase 2 to be a standing item in contract meetings with HEI's.</p> <p>Engage with regular discussions with the National School (4 countries meetings held quarterly)</p> <p>Phased approach with those programmes most at risk in first wave.</p>	3	4	12		<p><b>December 2021</b></p> <p>SRP2 Board held 22/12/21. Martin Riley now Senior Responsible Officer.</p> <p>Governance and approval assurance process to be agreed with Exec Team. Revised and improved project plan and highlight reports.</p> <p>Educational adviser assurance in place.</p>

English Catherine  
01/25/2022 14:01:38

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
20.		<b>Strategic Review 1</b> If successful HEIs fail to mobilise the new programmes within the time specified by contract, then new students will be unable to benefit from programmes in 2022.  <b>Director of Nurse and Health Professional Education</b>	3	4	12	Medium	Strategic Review 1 Implementation Board Implementation plan agreed with each HEI. Reports to Strategic Review 1 and Executive Team. Senior member of the Education, Commissioning and Quality Team (ECQ) on each HEIs implementation project board to ensure processes are followed for validation, recruitment, and curriculum implementation.	2	4	8		<b>December 2021</b> Implementation meetings with HEIs are ongoing. HEIs are currently on track to deliver programmes on time.
21		<b>Nurse Staffing Programme</b> If HEIW fails to identify & implement a national data capture and reporting solution health boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach.  <b>Director of Nurse and Health Professional Education</b>	4	3	12	Moderate	Undertake scoping of existing and requirements of national solution. Identify & implement a national data capture and reporting solution. Implement the use of Power BI across section 25B areas Appoint to IT posts Scope IT systems & map data flows. Complete Data Protection Impact Assessments (DPIA's) Collaborative working with IT team/HEIW, health boards/trusts, NDR unit/ Digital Health Care Wales (DHCW) to identify means of support. Identify responsibilities for organisations – formalise arrangements.	4	3	12		<b>December 2021</b> Unable to appoint to Senior Information Analyst – post readvertised. Appointed Digital Programme Manager with a start date Feb 2022 NSP team continue to review key IT priorities and are exploring the options for progressing key actions. Met with National Data Resource (NDR) unit who will explore means of support for some key actions- NSP budget will be used to fund work. Discussions with Charlette Middlemiss & Lisa Llewelyn to review RAG rating following outcome of interviews for senior information analyst.
22 Oct 2021		If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee experience, then this would potentially have an adverse reputational impact for HEIW and for Wales as a place to train.	4	5	20		<ul style="list-style-type: none"> <li>Group established between NWSSP, HEIW and UHBs to begin process mapping of data flow and other employment processes to identify weaknesses</li> </ul>	4	3	12		<b>Nov 2021</b> Progress made on all key issues relating to Trainee Communication, Improving Data flows, Trainee salary and expenses, Pre-employment changes and leave reports. Continuing engagement with NWSSP to address the above issues.

English Catherine  
01/25/2022 14:01:38

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
		<b>Medical Director</b>					<ul style="list-style-type: none"> <li>Paused roll out for secondary care specialties from December 2021 until clarity on resolution of existing issues</li> <li>NWSSP to review and where appropriate address internal capacity to deliver the service</li> <li>Weekly updates for HEIW executive team on progress</li> </ul>					<b>29.12.2021</b> Main issues improving slowly. NWSSP engaging strongly to improve processes and trainee experience.
<b>23 Dec 2021</b>		<p>If the procurement and implementation of the HEIW learning management system (Y Ty Dysgu) is significantly delayed beyond financial year 22/23, then this would potentially have an adverse impact on the IMTP and a reputational impact for HEIW.</p> <p><b>Digital Director</b></p>	<b>4</b>	<b>4</b>	<b>16</b>	High	<ul style="list-style-type: none"> <li>Recommendation of procurement agreed to begin in January 2022.</li> <li>Ongoing engagement established between NWSSP and HEIW to ensure robust process followed</li> <li>Y Ty Dysgu steering group has been stood down and Y Ty Dysgu Programme Board established</li> </ul>	<b>4</b>	<b>3</b>	<b>12</b>		<b>29.12.2021</b> Digital Director meeting with Directors NWSSP to agree plans and priorities. Revised implementation plans agreed. Revised governance and procurement team in place. Documentation being updated ready for new procurement

## Risk Scoring Matrix

LIKELIHOOD	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10

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

	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

## Risk Appetite Levels

Appetite Level	Described as:	What this means
<b>None</b>	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
<b>Low</b>	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
<b>Moderate</b>	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
<b>High</b>	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
<b>Very High</b>	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.

English Catherine  
01/25/2022 14:01:38