

# HEIW Board (Open)

Thu 29 July 2021, 10:00 - 12:00


Zoom

## Agenda

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10:00 - 10:05 **1. PRELIMINARY MATTERS**

5 min

 00 - Board Agenda (Open) 290721 JR.pdf (2 pages)

**1.1 Welcome and Introductions**

*Presenter: Chair/Oral*

**1.2 Apologies for Absence**

*Presenter: Chair/Oral*

**1.3 Declarations of Interest**

*Presenter: Chair/Oral*

**1.4 Draft Minutes of the Board Meeting held on 10 June 2021**

*Presenter: Chair/Attachment*

 1.4 - Board Minutes (Open) 10 June 2021.pdf (6 pages)

**1.5 Action Log from the Board Meeting held on 10 June 2021**

*Presenter: Chair/Attachment*

 1.5 - Board Actions (Open) 10 June 2021 (Final).pdf (2 pages)

**1.6 Matters Arising**

*Presenter: Chair/Oral*

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10:05 - 10:25 **2. CHAIR AND CHIEF EXECUTIVES REPORTS**

20 min

**2.1 Chairs Report**

*Presenter: Chair/Attachment*

 2.1 - Chairs Report July 2021(clean).pdf (7 pages)

**2.2 Chief Executives Report**

*Presenter: Chief Executive/Attachment*

 2.2 - CEO Report July 2021. (Final).pdf (10 pages)

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10:25 - 11:10 **3. STRATEGIC MATTERS**

45 min

**3.1 Annual Education and Training Plan 2022/23**

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Presenter: Director of Nurse and Health Professional Education/Attachment

3.1 - July 2021 - ET Plan for Board (Final version - 22.07.21).pdf (78 pages)

### 3.2 Pharmacy Strategic Outline Case (SOC) and Associated Business Cases

Presenter: Medical Director/Attachments

3.2a - Final Board - Pharmacy IETP SOC Overview (DB).pdf (6 pages)

3.2b - Implementation of Initial Education and Training Standards for Pharmacists SOC V1.3 08.07.21.pdf (37 pages)

### 3.3 Repurposing of Pharmacy Pre-Registration Funds

Presenter: Medical Director/Attachment

3.3 - Board Paper on repurposing of Pharmacy preregistration funds (002)(F).pdf (10 pages)

### 3.4 Biodiversity and Decarbonisation Strategy

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

3.4a - 2021-07-29 Cover paper for BD Strategy approval v3.pdf (6 pages)

3.4b - HEIW Biodiversity and Decarbonisation Strategy 2021-24 APPROVED by ET June 2021.pdf (13 pages)

11:10 - 11:55  
45 min

## 4. GOVERNANCE, PERFORMANCE AND ASSURANCE

### 4.1 Director of Finance Report

Presenter: Director of Finance/Attachments

4.1a - Finance Report Board and Committees Month 3 21-22.pdf (6 pages)

4.1b - July 2021 - Board Finance Paper Appendix 1.pdf (3 pages)

4.1c - Appendix 2 2021\_22 MMR Template June 21 - HEIW.pdf (34 pages)

### 4.2 Updated Standing Financial Instructions

Presenter: Director of Finance/Attachments

4.2a - Board 29-07-21 Item x.x Standing Financial Instructions V2.pdf (3 pages)

4.2b - Appendix 1 - HEIW Model SFIs 25 March 2021 v2 Final 12.5.5. amended.pdf (81 pages)

4.2c - Appendix 2 - Model SFIs - Table of Amendments.pdf (7 pages)

### 4.3 Updated Standing Orders

Presenter: Board Secretary/Attachments

4.3a - Amended Standing Orders (AAC210721) (002).pdf (8 pages)

4.3b - Appendix 1 - Revised HEIW Standing Orders JULY 2021.(tracked)(F)doc.pdf (75 pages)

### 4.4 Hosting of the Office of Chief Digital Officer

Presenter: Board Secretary/Attachment

4.4 - Hosting of the OCDO (v1)(23.07.21) (003).pdf (5 pages)

### 4.5 Education, Commissioning and Quality Committee Annual Report 2020/21

Presenter: Chair of the Committee/Attachment

4.5a - ECQC Annual Report (Board290721).pdf (3 pages)

4.5b - ECQC Annual Report 2020 2021 (AAC210721).pdf (6 pages)

### 4.6 Key Issue Reports

#### 4.6.1 Education, Commissioning and Quality Committee held on 25 June 2021

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*Presenter: Chair of the Committee/Attachment*

 4.6.1a - Key Issue Report ECQC 25 June to Board (DB).pdf (6 pages)

#### **4.6.2 Audit and Assurance Committee held on 21 July 2021**

*Presenter: Chair of the Committee/Oral*

11:55 - 12:00  
5 min

### **5. OTHER MATTERS**

#### **5.1 Any Other Urgent Business**

*Presenter: Chair/Oral*

#### **5.2 Dates of Next Meetings**

*Presenter: Chair/Oral*

## HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

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

**to be held on Thursday, 29 July 2021  
via Zoom**

### AGENDA

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>10:00-10:05</b>
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for Absence	Chair/Oral
1.3	Declaration of interests	Chair/Oral
1.4	Draft Minutes of the Board meeting held on 10 June 2021	Chair/Attachment
1.5	Action Log from the Board meeting held on 10 June 2021	Chair/Attachment
1.6	Matters Arising	Chair/Oral
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	<b>10:05-10:25</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>10:25-11:10</b>
3.1	Annual Education and Training Plan 2022/23	Director of Nurse & Health Professional Education/ Attachment
3.2	Pharmacy Strategic Outline Case (SOC) and Associated Business Cases	Medical Director/ Attachments
3.3	Repurposing of Pharmacy Pre-Registration Funds	Medical Director/ Attachments
3.4	Biodiversity and Decarbonisation Strategy	Director of Planning, Performance and Corporate Services/Attachment
<b>PART 4</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	<b>11:10-11:55</b>
4.1	Director of Finance Report	Director of Finance/ Attachment
4.2	Updated Standing Financial Instructions	Director of Finance/ Attachments
4.3	Updated Standing Orders	Board Secretary/ Attachments
4.4	Hosting of the Office of Chief Digital Officer	Board Secretary/ Attachment
4.5	Education Commissioning and Quality Committee Annual Report 2020/21	Chair of Committee/ Attachment
4.6	To receive key issues report from the: <ul style="list-style-type: none"> <li>4.6.1 - Education Commissioning and Quality Committee held on 25 June 2021.</li> </ul>	Chair of the Committee/ Attachment

	<ul style="list-style-type: none"> <li>4.6.2 - Audit and Assurance Committee held on 21 July 2021</li> </ul>	Chair of the Committee/ Oral
<b>PART 5</b>	<b>OTHER MATTERS</b>	<b>11:55-12:00</b>
5.1	Any Other Urgent Business	Chair/Oral
5.2	Dates of Next Meetings: <ul style="list-style-type: none"> <li>HEIW <b>Board Development Session</b> to be held on <b>19 August 2021</b> via Microsoft Teams/Teleconference</li> <li>HEIW <b>Board</b> to be held on <b>30 September 2021</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.

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**Unconfirmed Minutes of the HEIW Board Meeting**  
held at 2pm on 10 June 2021  
via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw

**Present:**

Dr Chris Jones	Chair
John Hill Tout	Vice Chair, Independent Member
Tina Donnelly	Independent Member
Gill Lewis	Independent Member
Alex Howells	Chief Executive
Angela Parry	Interim Director of Nursing
Julie Rogers	Director of Workforce and OD
Eifion Williams	Director of Finance
Professor Pushpinder Mangat	Medical Director

**In attendance:**

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

PART 1	PRELIMINARY MATTERS	Action
1006/1.1	<b>Welcome and Introductions</b>	
	The Chair welcomed everyone to the meeting and a quorum was confirmed present.	
1006/1.2	<b>Apologies for absence</b>	
	Apologies were received from Dr Heidi Phillips, Dr Ruth Hall and Lisa Llewelyn.	
1006/1.3	<b>Declaration of interest</b>	
	No declarations of interest were received.	
1006/1.4	<b>To receive and confirm the minutes of the Board held on 27 May 2021</b>	
<b>Resolved</b>	The minutes were <b>received</b> and <b>approved</b> as an accurate record of the meeting subject to the following amendment:  <b>2705/4.5</b> to be amended to read 'John Hill-Tout introduced the report noting the Committee had received <i>the</i> draft Annual Accounts 2020/21 and <i>the</i> draft Head of Internal Audit Opinion and Annual Report 2020/21.'	<b>DB</b>
1006/1.5	<b>Action Log from the Board meeting held on 27 May 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>1006/1.6</b>	<b>Matters Arising</b>	
	There were no matters arising.	
<b>PART 2</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	
<b>1006/2.1.1</b>	<b>Annual Plan 2021/22</b>	
	<p>The Board <b>received</b> the report.</p> <p>In introducing the report, Nicola Johnson explained the final draft Annual Plan 2021/22 was approved by the HEIW Board in March for sharing with Welsh Government. It was confirmed the final Board-approved Annual Plans were required to be submitted to Welsh Government by 30<sup>th</sup> June 2021 although Welsh Government would not approve the plans formally due to the COVID-19 pandemic.</p> <p>Positive informal feedback has been received from Welsh Government on the draft Plan in relation to it being an ambitious and confident plan with a strong focus on reducing inequalities and the delivery of the Workforce Strategy. This feedback was reiterated at the end of year Joint Executive Team meeting on 8<sup>th</sup> June.</p> <p>The feedback highlighted a small number of areas of improvement, and these had been strengthened in the final document. In particular, the Finance Plan and national Minimum Dataset had been updated, and the Annual Plan had been revised to reflect the end of year performance report.</p> <p>The Board considered the Welsh Government feedback letter.</p> <p>The Board thanked Nicola Johnson and her team for their work in drafting an aspirational Annual Plan for 2021/22.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the Annual Plan 2021/22 for submission to Welsh Government by 30 June.</li> </ul>	<b>NJ</b>
<b>1006/2.1.1</b>	<b>Resource Plan 2021/22</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Eifion Williams explained it set out the approach to be taken to establish the 2021/22 budgets and to delegate to budget holders, in line with the Annual Plan agreed by the HEIW Board.</p> <p>Following receipt of the WG allocation letter for 2021-22 and a detailed review of the resources available, the Financial Plan within the Annual Plan was revised, and the detail is shown in Appendix 1 of the report. While the revised core funding allocation for 2021/22 was £270m it was noted that further non recurrent funding to support specific business cases and additional posts and initiatives had been submitted to WG and to be pursued in-year. Additionally, £600k of development funding</p>	

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	<p>was to be carried forward into 2021-22 as a non-recurrent adjustment to the allocation in year.</p> <p>Eifion Williams noted that discussions with Welsh Government were taking place around the proposed establishment changes that had been agreed as necessary to deliver the core work of HEIW. These establishment changes had been funded from development funding available recurrently, but the recurrent nature of substantive appointments meant that unless these were recognised within the core allocation the flexibility afforded through the development funding would be eroded.</p> <p>It was confirmed that pay awards and associated inflation would be covered by Welsh Government within the revenue allocation. In terms of non-pay related inflation, Eifion Williams explained that the budgets only contained a small element of non-pay expenditure and so the risks associated with inflation were minimal. The majority of HEIW's non-pay related spend was associated with commissioning and these activities were well controlled with those contracts.</p> <p>The Board commended the work of Finance Team in the development of a Resource Plan aligned to the aspirations of the Annual Plan.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Agreed</b> the methodology used in establishing the 2021/22 delegated budgets.</li> <li>• <b>Noted</b> the financial framework as set out in the Annual Plan.</li> <li>• <b>Noted</b> the Welsh Government Allocation.</li> <li>• <b>Noted and considered</b> the key risks outlined.</li> </ul>	
<b>1006/2.2</b>	<b>Annual Accountability Report</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report Dafydd Bebb explained the Accountability Report provided an outline of HEIW's programme in relation to the Board's governance arrangements and included three key documents: the Annual Governance Statement, the Remuneration and Staff Report and the National Assembly of Wales Accountability and Audit Report.</p> <p>It was confirmed the Annual Accountability Report had been considered by the Audit and Assurance Committee on the 9 June and recommended for approval by the Board subject to the following two amendments:</p> <ul style="list-style-type: none"> <li>• Reference to the Internal Audit Report on Governance, which focused on the HEIW groups, be included at page 24 of the Annual Governance Statement; and</li> </ul>	

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	<ul style="list-style-type: none"> <li>The board attendance table at page 7 be updated to reflect Tina Donnelly attended six board meetings rather than five as currently indicated.</li> </ul>	
<b>Resolved</b>	In accordance with the recommendation from the Audit and Assurance Committee, the Board <b>approved</b> the Annual Accountability Report 2020/21 for signature by the Accountable Officer and Chair and submission to Welsh Government subject to the amendments noted.	<b>DB</b>
<b>1006/2.3</b>	<b>Performance Report 2020/21</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the report, Dafydd Bebb explained the purpose of the Performance Report was to provide an update on the organisation's performance in 2020/21, including progress on delivery of HEIW's Strategic Aims and business activities.</p> <p>It was confirmed the Performance Report had been considered by the Audit and Assurance Committee on the 9 June and had been recommended for approval by Board subject to the following amendment:</p> <ul style="list-style-type: none"> <li>The PADR performance rate at page 9 be corrected to show 61.8%.</li> </ul>	
<b>Resolved</b>	In accordance with the recommendation from the Audit and Assurance Committee, the Board <b>approved</b> the Annual Performance Report 2020/21 for submission to Welsh Government subject to the amendment noted.	<b>DB</b>
<b>1006/2.4</b>	<b>Audit and Assurance Committee Review of the Accounts and Public Disclosure Statements</b>	
	Gill Lewis, Chair of the Audit & Assurance Committee, explained that the Committee had carried out a full and robust review of the accounts and public disclosure statements. Any questions regarding the accounts had been addressed and the Audit & Assurance Committee was therefore able to recommend the accounts to the Board for approval.	
<b>Resolved</b>	The Board <b>noted</b> the update from the Chair of the Audit and Assurance Committee.	
<b>1006/2.5</b>	<b>Final Accounts 2020/21</b>	
	<p>The Board <b>received</b> the final accounts 2020/21.</p> <p>In presenting the Final Accounts, Eifion Williams noted:</p> <ul style="list-style-type: none"> <li>Operating costs in 2021 were £254.7m, an increase of £21.7m on the previous year. The largest increase was in Medical, Dental and Pharmacy training expenditure as detailed in note 3.2 of the Accounts.</li> <li>GP Registrar spend increased by £7.2m and trainee doctor spending increased by £2.1m.</li> </ul>	

	<ul style="list-style-type: none"> <li>Dental training was included in the Accounts for the first time having been transferred from Welsh Government funding and increased HEIW's spend by £4.3m.</li> </ul> <p>It was highlighted that HEIW had met its statutory duties in 2020/21 by:</p> <ul style="list-style-type: none"> <li>breaking even against the Revenue Resource Limit for the period with an underspend of £95,000,</li> <li>breaking even against the Capital Resources Limit for the accounting period with an underspend of £21,000; and</li> <li>settling 95.9% of non-NHS invoices within thirty days of receipt against the target of 95%.</li> </ul>	
<b>Resolved</b>	The Board <b>noted</b> the Final Accounts 2020/21.	
<b>1006/2.6</b>	<b>Audit Wales – Audit of Financial Statements Report (ISA260) and Letter of Representation</b>	
	<p>The Board received the Audit Wales Audit of Financial Statements Report (ISA 260) which included the Letter of Representation.</p> <p>In presenting the ISA 260, Eifion Williams provided an overview of the key points within the report and confirmed that Audit Wales was issuing an unqualified audit opinion on the HEIW accounts for 2020/2021.</p> <p>The Board noted that there were no:</p> <ul style="list-style-type: none"> <li>non-trivial misstatements identified in the accounts that remain uncorrected,</li> <li>corrections to the Financial Statements; or</li> <li>recommendation arising from the audit.</li> </ul> <p>Eifion Williams noted that there was one emphasis of matter relating to Clinicians' Pension Tax Liabilities which was an ongoing all Wales matter and which required a contingent liability be disclosed in 21.1 of the Financial Statements.</p>	
<b>Resolved</b>	The Board <b>noted</b> the content of the ISA260 and Letter of Representation.	
<b>1006/2.7</b>	<b>Formal Approval of the Accounts and Public Disclosure Statements 2020/21</b>	
English Catherine 07/26/2021 16:32:44	<p>The Board considered the Accounts and Public Disclosure Statements for 2020/2021 and the recommendation from the Audit &amp; Assurance Committee.</p> <p>The Board thanked the Finance Team and Audit Wales for delivering an excellent set of final accounts within the agreed Welsh Government timetable.</p> <p>The Board also thanked the Chief Executive and her Executive Team for their leadership and planning during the past year.</p>	

<b>Resolution</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the Accounts and Public Disclosure Statements 2020/21.</li> <li>• <b>Approved</b> the use of electronic signatures for the signing of the Accounts, Public Disclosure Statements, and various elements of the Accountability Report prior to submission to Welsh Government on 11 June 2021.</li> </ul>	<b>EW</b>
<b>1006/2.8</b>	<b>In Committee Decisions</b>	
<b>Resolved</b>	The Board <b>received</b> and <b>noted</b> the report which provided the key issues discussed 'in committee' at the May's Board meeting.	
<b>PART 3</b>	<b>OTHER MATTERS</b>	
<b>1006/3.1</b>	<b>Any Other Urgent Business</b>	
	<p>The Chair asked the Board to ratify a Chairs Action taken on the 4 June to authorise the Chief Executive to approve the Shared Service Monthly Single Lead Employer (SLE) invoice for up to £4 million for each of the following months: June, July, August and September 2021.</p> <p>The SLE invoice covered:</p> <ul style="list-style-type: none"> <li>• GP Trainees</li> <li>• Dental Foundation Trainees; and</li> <li>• Pre-registration Pharmacists (monthly SLE invoice).</li> </ul> <p>It was confirmed that, in accordance with HEIW's Standing Orders, the Chairs Action was undertaken by the Chair and Chief Executive following consultation with two Independent Members.</p>	
<b>Resolution</b>	The Board <b>ratified</b> the Chair's Action authorising the Chief Executive to approve the Shared Service Monthly Single Lead Employer (SLE) invoice for up to £4 million for each of the following months: June, July, August and September 2021.	
<b>1006/3.2</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 17 June 2021 to be held via Microsoft Teams/Teleconference.</li> <li>• HEIW Board to be held on 29 July 2021 to held via Zoom/Teleconference.</li> </ul>	
	There was no resolution to go in-committee.	

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Chris Jones (Chairman)

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Date:

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**HEIW Board (Open)**  
**10 June 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>2503/1.6</b>	<b>Matters Arising</b>			
	<ul style="list-style-type: none"> <li>The arrangements for holding Board and Committee meetings virtually be extended to the end of September 2021.</li> </ul>	<b>Board Secretary</b>	Sept 2021	On-going
<b>2705/3.2</b>	<b>Update on HEIWs Role in Leading National Programmes</b>			
	<ul style="list-style-type: none"> <li>The Executive Team receive a governance wiring diagram in respect of the National Programmes.</li> </ul>	<b>Director of Nurse and Health Professional Education</b>	July 2021	Completed. Scheduled in the Forward Work Programme.
<b>1006/1.4</b>	<b>Minutes of the Board held on 27 May 2021</b>			
	<ul style="list-style-type: none"> <li>to be amended to read 'John Hill-Tout introduced the report noting the Committee had received <i>the</i> draft Annual Accounts 2020/21 and <i>the</i> draft Head of Internal Audit Opinion and Annual Report 2020/21.'</li> </ul>	<b>Corporate Governance Manager</b>	1 Week	Completed
<b>1006/2.1.1</b>	<b>Annual Plan 2021/22</b>			
	<ul style="list-style-type: none"> <li>the Annual Plan 2021/22 to be submitted to Welsh Government by 30<sup>th</sup> June.</li> </ul>	<b>Director of Planning, Performance and Corporate Services</b>	30 June	Completed
<b>Minute</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Target Date</b>	<b>Progress/</b>



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WALES

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

Reference				Completed
<b>1006/2.2</b>	<b>Annual Accountability Report 2020/21</b>			
	<ul style="list-style-type: none"> <li>The Annual Accountability Report 2020/21 to be signed by the Accountable Officer and Chair and submitted to Welsh Government subject to the amendments noted.</li> </ul>	<b>Board Secretary</b>	11 June	Completed
<b>1006/2.3</b>	<b>Performance Report 2020/21</b>			
	<ul style="list-style-type: none"> <li>The Annual Performance Report 2020/21 to be submitted to Welsh Government subject to the amendment noted.</li> </ul>	<b>Board Secretary</b>	11 June	Completed
<b>1006/2</b>	<b>Formal Approval of the Accounts and Public Disclosure Statements 2020/21</b>			
	<ul style="list-style-type: none"> <li>Electronic signatures to be used for the signing of the Accounts, Public Disclosure Statements, and various elements of the Accountability Report prior to submission to Welsh Government on 11 June 2021.</li> </ul>	<b>Director of Finance</b>	11 June	Completed

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**NHS**  
WALES

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

<b>Meeting Date</b>	<b>29 July 2021</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>Members are asked to:</p> <ul style="list-style-type: none"><li>• note the report for information and</li><li>• ratify Chair's Action taken on 25 June to confirm that the new education contracts, relating to Phase 1 of the Strategic Review of Education, be awarded based on the successful bids that resulted from the extensive procurement and robust evaluation process recently undertaken by HEIW and NWSSP</li><li>• ratify the Chair's Action taken on 29 June for the Board to support that HEIWs function be amended so that it may host the OCDO.</li></ul>		

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## CHAIRS REPORT

### 1. PURPOSE OF REPORT

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

### 2. CHAIRMAN'S REPORT

They say we live in interesting times! We are at a tipping point where we have learned and experienced the Covid 19 global pandemic and now face Covid 19 as endemic. This will take some getting used to!

As we move forward as an organisation, we need to build on innovations, relationships and the opportunities that the last year has opened up. We need to continue to build on our expertise and energy in helping to create the Health and Care workforce of the future whilst supporting and empowering the present workforce through education and training. Building a skilled, more inclusive and diverse workforce with compassionate leadership and a real commitment to the health and well-being of those caring for the Welsh population is our key task.

After the Board today, we will hold our Annual General Meeting, followed by a showcase event. As a Board, we are very proud of our staff at HEIW and their achievements.

Following on from the Welsh Parliamentary Elections 2021, we have a New Health and Social Services Minister - Eluned Morgan and a new Deputy Minister for Mental Health and Wellbeing - Lynne Neagle. Julie Morgan continues as Deputy Minister for Social Services. The Chairs and Chief Executives have had a meeting with the Minister and Deputy Ministers in which there was a focused discussion around ministerial priorities. These include:-

- Covid response
- NHS Recovery
- Working alongside Social Care
- A Healthier Wales
- NHS finance and managing within resources
- Mental Health and emotional well-being
- Supporting the health and care workforce
- Population Health - pandemic and inequalities

Alex and I subsequently met with the Minister – Eluned Morgan, and had the opportunity to reflect upon HEIW's role during the pandemic and, going forward, its key position in supporting the recovery and reset of the wider health and care sector.

We discussed Compassionate Leadership, workforce planning, training and education, primary care, well-being and mental health.

Alex and I have also met with Lynne Neagle ( Deputy Minister ) and officials and had wide-ranging discussions around supporting the range of mental health issues and wider well-being.

## **Board Matters**

Following the appointment of Ceri Phillips to the Vice Chair position in Cardiff and Vale LHB, we are now about to advertise for two new Board members and seek to appoint an additional Associate Board member.

The end of year appraisals of Independent Members has now been completed. I very much enjoyed the opportunity to catch up on a one to one basis, and reflect on the last year and look forward to the coming year. I am grateful for the expertise, energy and commitment shown by all the Independent Members to support the organisations' strategic direction and performance.

Independent Members meet together informally on a fortnightly basis for a catch-up. John Hill-Tout and I have twice weekly catch-ups. I continue to meet formally with Alex as CEO weekly and members of the Executive Team fortnightly.

As part of my appraisal mid-year review, I met with the Minister and Dr Andrew Goodall, Director General of Health and Social Services / Chief Executive NHS Wales. This followed on from the Joint Executive Team meeting. There was a broad consensus that the organisation has progressed well and is established as part of the NHS family and contributing on an ever-widening spectrum of issues. HEIW is now in year 3.

On 1 June I had a virtual meeting with Sir David Behan, Chair of Health Education England. We discussed how our organisations could learn from one another going forward.

On 30 June I attended the inaugural All Wales Simulation Conference. This was a fantastic opportunity to hear from international experts as well as our own experts here in Wales. I came away full of new information and ideas that I am sure will enable us to really improve quality of care and enable widening access to education and training – well done to our Associate Deans!

I attended a meeting of the Education Commissioning and Quality Committee on 25 June in which the future developments in undergraduate Pharmacy was discussed. On 20 July, I attended a special Board Briefing Session on the Strategic Outline Case for Pharmacy. These Special Briefing sessions are very informative, well attended and are very much appreciated by Independent Members

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On 14 July I attended the End of Year Review of the Welsh Clinical Fellows. Established in 2013 and focused on Medical Fellows, this is now a multi-professional programme including doctors, dentists, pharmacists, nurses, optometrists, with more to follow. So far, there have been 49 alumni. The day involved presentations and reflections from 8 Fellows – after a most extraordinary year where the programme was delivered in a virtual format. The sheer spectrum of projects - from the environmental impact of nitrous oxide to safer prescribing information to developing a Covid 19 data set – is absolutely amazing. I absolutely enjoyed the whole of this day. We are blessed to have these young people within our NHS in Wales. I need to thank our Assistant Dean, Ian Collings, who led the day and guided the cohort throughout the year. I very much look forward to next year when we will have 16 Fellows

Together with Board Members, I joined the staff conference on 15 July. This was such a good session. It was great to see (virtual) colleagues from across the organisation (more than 150). We had some reflections on reviewing our progress in terms of cultural values led by Barbara Busby from Public Health Wales.

Sian Richards, our Director of Digital, gave a thought-provoking presentation on Digital Transformation – this stimulated a huge amount of debate – it is very clear the future is here.

This was followed by Steve Moore – Chief Executive of Hywel Dda Health Board, talking about his experiences leading during the pandemic. This was a very inspiring, emotional and insightful reflection – we are truly grateful to him. I think above all, this connected what we do here in HEIW to what the front line of the NHS and Social Care has had to face. We heard first hand about leading and managing in uncertainty. The bravery, commitment and caring are what came through – supported by Compassionate Leadership and a deep commitment to caring for people. I think we all came away inspired and very grateful for all that was done.

For me, it underlined the importance of working closely in support of all our partners.

Chairs of all Welsh Health organisations continue to meet monthly. In June, we met with the Future Generations Commissioner and focused on the pandemic impact on inequalities, the well-being and mental health of the population, and the urgent climate change agenda. Chairs were updated by colleagues from Public Health Wales on emerging pandemic issues, including the delta variant and long Covid. We discussed the challenges in Urgent and Emergency Care. We also discussed the wider pressures and challenges across Health and Social Care.

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## **Vice Chairs Report**

The Vice Chairs of NHS Wales have had two meetings with the new Ministers who have taken up their roles in the Department of Health and Social Care.

At our meeting on 1 July, all three Ministers were present and asked that their thanks be extended to all staff for their superb response to the Covid Pandemic and for their determination to move forward in recovery. Ministers outlined their priorities as set out in the programme for government, particularly referencing population health and developing NHS organisations as anchor institutions in their communities. Workforce development and HEIW's role was identified as central to the achievement of the programme.

Given the particular responsibility of Vice Chairs to oversee mental health services, the group met with the Deputy Minister for Mental Health on 14 July. Of particular concern is the fact that the NHS is now seeing new peaks in demand for these services, particularly for Children and Adolescent Mental Health Services. The Deputy Minister sought assurances that there is a determined focus to improve access to these services and assured the group of her view that workforce matters are integral to achieving better access.

In June, I had the opportunity to attend a seminar organised by the NHS confederation, at which NHS and Police leaders came together to discuss partnership opportunities, particularly in the area of prevention and early intervention in mental health care. There is a clear determination to closely cooperate and agreement that there are excellent partnerships in Wales.

Finally, in my role as liaison Independent Member, I had a productive meeting with the Performance Team to reflect on the latest developments in the Board's Performance Report.

## **Chairs Actions**

### **Chair's Action - Phase 1 of the Strategic Review of Health Professional Education**

#### **Background**

At the closed Board meeting held on 27 May, where the evaluation of the tenders for Phase 1 of the Strategic Review of Health Professional Education was considered, it was agreed, in order to avoid a delay in the contract award process (and after Welsh Government had first noted the paperwork in respect of the evaluation process), that Chair's Action be taken to approve the successful bidders.

It was further agreed that on this occasion, Chair's Action involve consultation with all Independent Members of the HEIW Board.

## Chair's Action

Chair's Action was taken on 25 June to confirm that new education contracts relating to Phase 1 of the Strategic Review of Education be awarded based on the successful bids that resulted from the extensive procurement and robust evaluation process recently undertaken by HEIW and NWSSP. The successful bids are detailed in Appendix 1 of the CEO Report for the July Board.

In accordance with the decision of the May Board Chair's Action was undertaken by the Chair and Deputy Chief Executive after first consulting with all Independent Members.

## Chair's Action – HEIW Functions and the Office of the Chief Digital Officer

The closed session of the May Board received a report providing an update in respect of the proposal, in accordance with the request from Welsh Government, for HEIW to host the Office of the Chief Digital Officer (OCDO) for Health and Care. The OCDO is to be comprised of a Chief Digital Officer and staff, who will support transformation across digital platforms, systems and services. It was highlighted within the report that Welsh Government would need to amend HEIW's function to enable it to host the OCDO.

Chair's Action was taken on 29 June for the Board to support that HEIW's function be amended so that it may host the OCDO. In accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after first consulting with two Independent Members.

At the time of writing, we await confirmation from Welsh Government of the amendment to HEIW's functions.

### Governance and Assurance

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

#### Strategic Aim 1:

To lead the planning, development and well-being 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

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

<b>Meeting Date</b>	<b>29 July 2021</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Chief Executive's Report – July 2021</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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## **Chief Executive's Report – July 2021**

### **1. INTRODUCTION**

It is always important for us to understand the context and challenges for our colleagues in other NHS organisations, to ensure that we are adding value and focusing on the right things through our work in HEIW. Although the direct impact of COVID has changed due to the effectiveness of the vaccination programme, the pressures on service delivery have been extreme over recent weeks. A combination of unprecedented demand on unscheduled care services, the backlog of planned care, changing patient expectations and workforce fatigue are resulting in very challenging situations for our colleagues. So, it is essential that we continue to review and test our plans to ensure we are making maximum contribution to the recovery and reset objectives within the NHS. We have also received the Ministerial priorities for NHS Wales in support of the Programme for Government and will be using these to frame the work we have included in our annual plan.

### **2. KEY ACTIVITIES**

#### **Agile Working**

The Executive Team has agreed a plan to move forward to an agile working model from September and this has now been communicated to staff supported by some FAQs. This will see staff who are office based returning to office working for the majority of the time, with flexibility to continue home working for some of the week to be agreed with managers. Whilst it has been technically possible to remote work during the extended emergency situation, this was helped by an ability to pause and defer some of our plans for last year. Now that we are in a reset and recovery environment the demands on the organisation will increase, and the need for team working, effective communication and clear direction will be essential. These have all been challenges during remote working and it has taken a lot of attention and focus from everyone to prevent this causing disruption to our delivery. Whilst we want to offer flexible employment practices to our workforce, we also need to recognise the impact on health and well being of a fully remote model. That is why we have decided to move from our original office based model in Ty Dysgu to a blended agile working arrangement which we hope will get the benefits of both approaches. We also appreciate that this does not change the working arrangements for those staff who were always based at other locations, particularly our staff involved in education delivery and appraisal for example.

#### **Livestreaming of the Board Meeting and AGM**

Our Annual General Meeting will follow today's Board meeting. The AGM is an opportunity to both look back over the last year, as it will formally receive the Annual Report for 2020-21, and will also be an opportunity to look forward through the Executive Team outlook over the remainder of this financial year.

We are also holding a showcase event following the AGM covering:

- Supporting the NHS response to COVID
- Transforming Education and Training
- Leadership and succession

## **Pandemic Impact on Education and Training**

Protecting the education and training of our students and trainees as far as possible, and mitigating any disruption caused, has been a key priority for HEIW during the pandemic. Through working closely with Higher Education Institutions, regulators and NHS colleagues we have managed to keep the majority of courses on track. Where education and training has been impacted by the pandemic we have worked closely with our stakeholders and partners to support individual progression of our students and trainees.

We will continue to monitor the impact of the pandemic on education and training in view of some deferrals and extensions that have been required.

## **Strategic Review of Health Professional Education**

The successful bidders for Phase 1 of the Strategic Review of Health Professional Education tender were confirmed earlier this month. We are confident that the outcome of this process will deliver significant benefits for health professional undergraduate education in Wales. The contract awards were confirmed through a Chair's Action which is to be ratified at today's Board through the Chair's report. The successful Universities and the education contract lots that they have won are detailed in Appendix 1.

HEIW will also be working towards developing contracts for healthcare support worker education and a range of postgraduate programmes over the coming years as part of Phase 2 of the Strategic Review of Health Professional Education for Wales.

## **Annual Education Training and Plan 2022/23**

One of our key statutory functions is to commission education and training for a wide range of health professionals and the vehicle for this is through the Education Commissioning and Training Plan. This process considers workforce needs from HB plans, capacity to train, and advice on future priorities and developments. Over the last few years since the establishment of HEIW we have planned and implemented record increases in education and training. In the past year COVID has had an impact on the availability of clinical placements, and some of the extensions and deferrals will exacerbate these capacity pressures over the next few years. We have had to be realistic about our ability to stretch training capacity even further in the short term to ensure the quality of education and training for all students and trainees, and their subsequent safety as practitioners. Despite this we have made a number of recommendations for increasing training numbers given the workforce deficits that currently exist, as well as some recommendations for a steady state. The Plan was

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recommended for Board approval for submission to Welsh Government by the Education Commissioning and Quality Committee in June.

### **Transforming Pharmacy Education and Training - Strategic Outline Case and Associated Business Cases**

A board briefing on the Strategic Outline Case was received by the Board earlier this month. The Strategic Outline Case will guide HEIW in the implementation of the ambitious new initial education and training of Pharmacists mandated by the General Pharmaceutical Council. The reforms will produce Pharmacists with a number of enhanced clinical skills and enable them to achieve independent prescribing status more quickly.

### **Biodiversity and Decarbonisation Strategy**

A paper seeking the approval of the HEIW Biodiversity and Decarbonisation Strategy 2021-24 is on the agenda. The Strategy and HEIW's action towards addressing climate change and enhancing biodiversity has a close link with our work on well being. Subject to Board approval, the strategy will be published internally and externally and detailed plans for each area of action identified within the strategy will be developed.

### **Welsh Institute for Minimal Access Therapy (WIMAT)**

WIMAT is the training centre for endoscopy in Wales and currently a part of Cardiff University. HEIW has been tasked with developing a business case for WIMAT to ensure that it is available as a training institution on a sustainable basis for NHS Wales. Having undertaken a financial analysis of WIMAT and a range of possible options the Executive Team is recommending to Welsh Government that HEIW proceed to commission the WIMAT services from Cardiff University on a formal basis to maintain and develop the training facilities needed for NHS Wales.

### **Equality, Diversity and Inclusion**

We have completed our review of the Directorate-led activity needed to deliver the 12 actions for 2021-22, identified in the HEIW Strategic Equality Plan for 2020-2024.

We have also completed the revision to our internal EDI governance mechanisms following the Board Secretary led review of HEIW groups last year. The new arrangements comprise a small oversight group co-chaired by Julie Rogers (EDI Executive lead) and Push Mangat (Race Equality Exec lead) which will support them in their respective roles, an EDI network to share best practice and learning (formed from the previous EDI group) and a network of Inclusion Champions with revised TOR and a clearer expectation on roles/contribution. The changes will be implemented from next month.

### **Gender Pay Gap**

The gender pay gap report for 2019-20 is being drafted and will be signed off by the Executive Team over the summer prior to submission to the Board in September and publication by 1 October 2021. For the first time this year the report will provide two

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analyses, one for total workforce, and one for our 'core staff' i.e. excluding sessional workers for whom we are not the main employer.

### *Public Body Equality Partnership*

In 2019 HEIW signed up to Wales's 1st Public Body Equality Partnership, a collaboration between 11 public sector bodies from across Wales to create a suite of high-level equality objectives. Publication of this plan was due on the 31<sup>st</sup> March 2020, however as a result of the pandemic, this work was paused and recommenced in September 2020. Following a review to ensure objectives were still relevant, the partnership published its shared Strategic Equality Plan (SEP) on the 1<sup>st</sup> March 2021, with Jane Hutt providing a video message to launch the SEP.

During the next quarter, a range of cross organisational task and finish groups will be established to support this work. Several of these working groups have clear alignment to our own Strategic Equality Plan including:

- HR – Diversity and Gender Pay Gap
- Procurement
- Data Collection and Monitoring
- Engagement and Service delivery

It is not anticipated that a significant HEIW resource contribution will be required to support these groups as much of the work will be addressed through out internal SEP.

As a result of the increased number of public sector organisations wishing to join this partnership a new Memorandum of Understanding (MoU) has been developed. This revised MoU will shortly be presented for HEIW executive sign-off.

### **Finance**

A paper outlining the month three position is on the agenda. The financial position of HEIW as at month three is an underspend of £214,693.

### **Risk**

There are currently nine risks on the Corporate Risk Register of which one is assessed as red: Cyber security.

### **Hosting of the Office of the Chief Digital Officer**

The Board received a special briefing in May of the plan for HEIW to host the Office of the Chief Digital Office (OCDO) for Health and Care on behalf of Welsh Government. Good progress is being made in respect of the plan and a project team formed to establish the OCDO.

At the time of writing the recruitment for the post of Chief Digital Officer is underway. In addition, we are close to finalising the Memorandum of Understanding on the OCDO with Welsh Government and understand that the direction from the Minister for Health and Social Services to extend HEIW's function to include the OCDO is imminent.

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### 3. RECOMMENDATION

The Board is asked to note this report.

Governance and Assurance			
Link to IMTP strategic aims (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
	✓	✓	✓

Quality, Safety and Patient Experience	
There are no direct quality, patient safety and experience issues relating to this report.	
Financial Implications	
There are no direct financial implications of this report.	
Legal Implications (including equality and diversity assessment)	
There are no direct legal implications of this report.	
Staffing Implications	
There are no direct staffing implications of this report	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.	
<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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Appendix 1 – see next page

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HEIW Health Professional Education and Training Services (Phase 1)	
Lot Name	Sub-lot
<b>Nursing (Adult, Child and Mental Health)</b>	1a Cardiff and Vale including Velindre (Full Time Only)
	1b Cardiff and Vale (Full Time BSc/BN, Part Time BSc/BN, PG Dip/MSc)
	1c Aneurin Bevan Full Time Only
	1d Aneurin Bevan and Powys Full Time BSc/BN, Part Time BSc/BN, PG Dip/MSc
	1e Cwm Taf Morgannwg
	1f Swansea Bay
	1g Hywel Dda North
	1h Hywel Dda East, South and West
	1i BCU West
	1j BCU Central/East
	1k BCU Central/East (teaching across C&D and Wrexham)
<b>Nursing Learning Disability</b>	2a North Wales
	2b South East Wales and Powys
	2c South West and West Wales
<b>Dispersed Learning: Nursing (Adult and Mental Health)</b>	3a Powys
	3b Hywel Dda
<b>Nursing (Adult, Child and Mental Health)</b>	4 Distance Learning
<b>Midwifery</b>	5a South East Wales
	5b South East Wales and Powys (2 outputs)
	5c South West Wales
	5d North Wales (2 outputs)
<b>Occupational Therapy</b>	6a South East Wales (Full Time BSc, Post Graduate Diploma/MSc)
	6b South East Wales (Part Time BSc)
	6c South West and West Wales
	6d North Wales and Powys
<b>Physiotherapy</b>	7a South East Wales (Full Time BSc, Post Graduate Diploma/MSc)
	7b South East Wales (Part Time)
	7c South West and West Wales (Full Time BSc, Post Graduate Diploma/MSc)
	7d North Wales (Full Time BSc)
	7e North Wales (Post Graduate Diploma/MSc)

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<b>Diagnostic Radiography</b>	8a South East Wales
	8b South West and West Wales
	8c North Wales
<b>Radiography and Oncology</b>	9 All Wales
<b>Podiatry</b>	10 All Wales
<b>Speech and Language Therapy</b>	11a South, West and Mid-Wales
	11b North Wales
<b>Dietetics</b>	12a South, West and Mid-Wales
	12b North Wales
<b>Paramedic Science</b>	13a South, West and Mid-Wales
	13b North Wales
<b>Biomedical Sciences</b>	14 All Wales
<b>Operating Department Practice</b>	15a South East Wales and Powys
	15b South West and West Wales
	15c North Wales
<b>Dental Hygiene and Therapy</b>	16a South, West and Mid-Wales
	16b North Wales
<b>Physician Associates</b>	17a South, West and Mid-Wales
	17b North Wales
<b>PTP Healthcare Sciences</b>	18 All Wales



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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>29 July 2021</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>HEIW Education and Training Plan 2022/23</b>		
<b>Report Author</b>	Martin Riley, Helen Baker & Clem Price		
<b>Report Sponsor</b>	Lisa Llewelyn		
<b>Presented by</b>	Lisa Llewelyn		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper presents the high-level overview of the HEIW Education and Training Plan for 2022/23. The plan sets out the recommendation for our commissioning numbers for the education of the health professional workforce together with the medical workforce planning, Dental, GP and Pharmacy recommendations.		
<b>Key Issues</b>	<p>The HEIW Education &amp; Training Plan continues the investment in education and training in Wales that has been increasing over past years. The plan:</p> <ul style="list-style-type: none"> <li>▪ Builds on the '<i>Workforce Strategy for Health and Social Care Wales (Oct 2020) and Health Education and Improvement Wales' Annual Plan 2021/22</i></li> <li>▪ Maintains the growth in the training pipeline, with further increases in some areas.</li> <li>▪ Considers workforce need and challenges and wider workforce intelligence including information from organisations' annual plans</li> <li>▪ Reflects on the experiences of graduate recruitment in 2020 and 2021.</li> <li>▪ Takes into account the impact of Covid, the reset and recovery of services, changes to the provision of education following the Strategic Review of Healthcare Professional Education and training capacity both within the HEIs and the service</li> <li>▪ Recognises the need to create quality learning and service environments to accommodate new ways of working, service developments and changes in professional regulation standards.</li> </ul>		
<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:</p> <ul style="list-style-type: none"> <li>• Note the current position with regard to the 2022/23 Education and Training plan</li> <li>• Support submission of the plan to Welsh Government subject to feedback from the NHS Executive Board</li> <li>• Note that there will be a review of the process to identify lessons learned for next year</li> </ul>		

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# HEIW EDUCATION AND TRAINING PLAN 2022/23

## PURPOSE OF THE REPORT

This paper presents the high-level overview of the HEIW Education and Training Plan for 2022/23. The plan sets out the recommendation for our commissioning numbers for the education of the health professional workforce together with the medical workforce planning recommendations.

The development of the education and training plan is a statutory function of HEIW, given its role as the workforce and education body for NHS Wales. In developing the plan, HEIW considers the workforce plans from NHS Health Boards and Trusts, and the views and advice from other stakeholders. Ultimately it is HEIW's responsibility to produce a plan that is deliverable within the context of the education and training capacity available. This is the third year HEIW has developed the national education and training plan for the health workforce. It builds on the growth in student and training numbers as set out in previous plans and recommends that there is investment in education commissions that maintains or builds on the growth in previous years (Appendix 1).

## KEY ISSUES

The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. This is essential to support the implementation of the Workforce Strategy for Health and Social Care, and to reflect the experience of the pandemic.

The plan:

- Builds on the '*Workforce Strategy for Health and Social Care Wales (Oct 2020) and Health Education and Improvement Wales' Annual Plan 2021/22*
- Maintains the growth in the training pipeline, with further increases in some areas.
- Is based on a consideration of workforce need and challenges and wider workforce intelligence including information from organisations' annual plans
- Reflects on the experiences of graduate recruitment in 2020 and 2021.
- Takes into account the impact of Covid, the reset and recovery of services, training capacity both within the HEIs and the NHS, and changes to the provision of education following the Strategic Review of Healthcare Professional Education. The latter will redesign the content, delivery and pattern of health professional education across Wales.
- Recognises the need to create quality learning and service environments to accommodate new ways of working, service developments and changes in professional regulation standards.

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## INTRODUCTION

Recommendations within the HEIW Education & Training Plan 2022/23 are not based on a single year's workforce need but informed by:

- workforce needs and challenges identified through organisations' plan
- wider workforce intelligence
- capacity within the system to support training/student/trainees
- the needs of several workforce priority areas and national work programmes
- reflections on graduate recruitment in 2020 and 2021
- review of education standards by professional regulatory bodies

This year's plan is based on several assumptions, designed to maintain the growth of students and trainees, especially considering the impact Covid-19 and the reset and recovery of services following the pandemic.

Recommendations within this plan include:

- Increasing nursing commissions for adult, mental health and learning disability
- Maintaining current commissioning numbers for paediatric nursing
- Maintaining current commissioning numbers for midwifery
- Maintaining current commissioning numbers for AHPs/HCS except for a few smaller professions where increases are required
- Maintaining current commissioning numbers for Physicians Associates
- Maintaining current levels of investment for Support Worker, Advanced Practice and Postgraduate Education
- An increase in medical trainees across a range of specialties
- Maintaining the current minimum target of 160 for GP Trainees
- Maintaining the current commissioning level for pharmacy preregistration/foundation trainees
- Maintaining the current commissioning for the dental workforce which has been particularly impacted by COVID

HEIW has explained the changing strategic context for the development of this year's plan through a series of presentations to Chief Executives, Executive peer groups, Wales Partnership Forum and other internal mechanisms, including the Education Quality and Commissioning Committee. The plan has been developed and refined because of these discussions and has been signed off by the HEIW Executive Team. The plan is also being submitted in parallel to NHS Wales Executive Board for support on 27 July.

The detail of the recommendations can be found at Appendices 2 and 3. The costs of the plan are shown in Appendix 4. More detail on the background to these recommendations can be found in Appendices 5 – 10.

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## HEALTH PROFESSIONAL EDUCATION RECOMMENDATIONS

The key proposal for Health Professional Education is to **maintain the 21/22 levels of education commissioning, which builds on 3 years of considerable growth** except for:

- Increases in health professions where intakes are very small and small changes can have a major service impact, e.g. Healthcare Science, Clinical Psychology and some of the smaller HP professions
- Increases in adult, mental health and learning disability nursing

### Nursing

Increased commissions over the past 3 years have led to record numbers of Adult, Mental Health and LD Nursing being trained but there remains a gap between the numbers requested via the IMTPs and the numbers of students that will graduate and be available to work in Wales. Application rates across adult and mental health nursing have reached record highs in 2021/22 and 89% of nursing applicants to Welsh universities are Welsh domiciled. Blended learning and simulated learning opportunities will continue beyond 2021 meaning less pressure on the estate and therefore on maximum cohort size. Streamlining for nursing has demonstrated there is no shortage of posts and more nurse graduates will reduce the impact of the agency bill. The main issue relating to increasing commissioning numbers beyond 2021/22 levels surrounds the availability of placements and there has been **a commitment from Health Boards and Trusts, to work with HEIW and the Universities to develop more placement capacity and innovative solutions for the additional student nurses and their employment upon graduation in 2025.**

This recommendation enables an additional 194 student nurses split across adult, MH and LD as outlined below,

	Commissioning at 21/22 levels	Potential increase	Revised 22/23 commissions
Adult field	1,540	111	1,651
MH field	410	73	483
LD field	77	10	87

The costs for increasing nurse commissions by a further 194 recurrently are:

FINANCIAL YEAR	2022.23 £m	2023.24 £m	2024.25 £m
CONTRACT	1.166	2.914	4.662
BURSARY	0.490	1.388	2.323
	1.656	4.302	6.985

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## Midwifery

Over the past four years, midwifery commissions have increased from 134 to the proposed 185, which represents a 38% increase in commissioning numbers. The additional numbers commissioned have now begun to graduate and a streamlining process to match graduates into posts in Wales has been introduced. Ensuring there are sufficient posts to available at the right time to recruit the graduates has been a key ambition of the scheme. From 2022, two of the four midwifery courses, one in North Wales and one in the South will have two intakes and therefore from 2025 the NHS will have two outputs to assist with graduate recruitment. Due to the recent significant increases and the pressures on recruitment, **the recommendation is to maintain the 2021 commissioning level of 185.**

## Allied Health Professions

Most Allied Health Professions have seen increases in commissioning of between 18% and 43% over the last 3 years. This has been challenging but achievable growth. The main limiting factor to growth has been the availability of clinical placements where students can accumulate their learning outcomes. This pressure has been compounded by the effect of the pandemic on Services. The recommendation is to maintain commissions at 21/22 levels. As commissions are higher now than they were 3 years ago this means there will be record numbers of AHP's in training and places further pressures on the placement circuit. HEIW has appointed a Head of Placement Experience and Improvement to lead and work in partnership with Health Boards / NHS Trusts and Universities to develop new and innovative placement opportunities. In addition, further discussions are needed with some of these professional areas to align workforce planning, the commissioning process and graduate recruitment. Maintaining the growth in the system in 22/23 is still a challenging target but provides stability and opportunities for engagement to build for future growth and development.

	Increase in commissioning numbers between 19/20 & 21/22	WFP Numbers from last 3 IMTP cycles	Expected available graduates to Wales - next 3 years	Numbers available to Wales over next 3 years compared to request in IMTP	% Expected available graduates to Wales - next 3 years against WFP
Human Nutrition / Dietetics	43%	192	113	-79	59%
Occupational Therapy	35%	543	319	-224	59%
ODP	0%	169	96	-73	57%
Physiotherapy	18%	576	375	-201	65%
Podiatry	13%	61	56	-5	92%
Clinical Psychology Doctorate	19%	211	71	-140	34%
Speech & Language Therapy	11%	154	108	-46	70%
Diagnostic Radiography	25%	398	298	-100	75%
Therapeutic Radiography	30%	73	50	-23	68%

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## Physician Associates

This year saw the third cohort of Physicians Associates graduate. The numbers in training have steadily increased, and as part of the bursary tie-in arrangements, Physician Associates graduating in 2021 have been recruited as part of the streamlining processes. HEIW has worked with organisations to identify suitable positions for the graduates, and this has led to an increase in the interest in employing Physician Associates across a wide range of medical specialties in secondary care and in a number of practices in primary care. HEIW are working collaboratively with Bangor University and Swansea University, the Health Boards and Primary Care leads to develop more placements for Physician Associates. Maintaining commissions at 54 is challenging in the current climate and therefore, until further innovative placement capacity is developed further **HEIW recommends maintaining the level of education provision at 54.**

## Healthcare Support Workers

HEIW is now the Welsh Government's Development Partner for the Healthcare Apprenticeship Frameworks, a role previously held by Skills for Health. HEIW is committed to ensuring that Wales has a suite of Apprenticeship Frameworks that met the needs of the HCSW workforce. The development of this workforce also provides those with the aspiration to continue their career and progress on to formal training programmes to become registered healthcare professionals, thus delivering the 'Made in Wales' ethos and also enabling individuals to 'earn while they learn'.

There have been significant increases in Healthcare Support Worker funding over recent years with the budget increasing from £500k in 2016 to £2.5m in 2021/22. Due to restrictions on staff study leave during 2020/21 the budget was not fully utilised. Therefore, utilising the full budget of £2.5m in 2021/22 is achievable but challenging and will result in the highest number of Health Care Support Workers being supported in Wales. **HEIW therefore recommends that funding levels are set at £2.5m for 2022/23 which maintains the growth in the system.**

## Post-Registration Health Professional Education

The post registration budget has grown significantly over the last 5 years from £500k in 2016 to £2m in 21/22. In 20/21 the budget was £1.5m and, due to the pandemic and restrictions on staff study leave, this was not fully utilised. HEIW is further increasing its engagement and support of Health Boards and NHS Trusts in 21/22 to ensure this budget is fully utilised and that benefits and value from the investment is maximised. **The recommendation for 22/23 is to maintain the budget at £2m.** This is a challenging but achievable target and will offer opportunities for more staff than ever before to undertake advanced practice and masters level modules.

It is recommended that the budget for the specialist community public health nursing (SCPHN) programmes remains at the 21/22 levels.

In line with the NMC review of post registration standards that build on ambitions for community and public health nursing in the UK, this will be a priority area in HEIW's phase 2 of the Strategic Review of Health Professional Education. We will be engaging with stakeholders to prepare for the implementation of the new standards, recognising the need to create quality learning and service environments to accommodate new ways of working and skill up our current workforce to meet new standards.

## Pharmacy

In 2021 there will be significant changes to the initial education and training standards for pharmacists and pharmacy technicians. The requirement to upskill the existing pharmacy workforce to the same level of skills has shaped the request from the service to increase investment in the pharmacy team. In recognition of this HEIW has:

- Included 50 new post reg foundation posts who will be upskilled, primarily for primary care and community pharmacy
- Continue 40 Clinical Pharmacy diploma posts for the hospital sector for 2022
- Increased investment in foundation pharmacy technician training bursaries for level 4 Agored units from 20 to 30 and increased to 20 BTEC level 4 clinical skills
- Increased number of Independent Prescribing courses for pharmacists to 200
- Increased funds for advanced and extended practice for pharmacists
- Included DIP/MSc Pharmaceutical Technical services and Quality Assurance to support the Transforming Access to Medicines (TRaMS) programme.

## Dental

HEIW took over Dental Foundation Training (DFT) programme funding from Welsh Government in August 2020 and so this is the first time that the dental workforce has been included in this plan.

By way of background 74 places are funded annually for DFT, this includes the trainee salary, trainers grant and service costs to dental practices. The 2020/21 budget was the first year HEIW held the funding of the Dental Foundation Training (DFT) and Career Development Dentist posts.

In 2020, following discussions with WG, career progression roles (Career Development Dentists) were created to retain young dentists in General Dental Practice in Wales. These have been renamed General Dental Service Core Trainees (GDSCT) for 2021.

For 2020-21 these places were allocated as follows:

- 2 funded places top-sliced and funding allocated by WG to BCUHB for 2 Clinical Fellows
- 62 WG funded DFT posts recruited
- 5 CDD posts recruited
- 5 posts remained vacant (Covid impacted upon recruitment)

For 2021-22 these are allocated as follows:

- 2 funded places top-sliced and funding allocated by WG to BCUHB for 2 Clinical Fellows
- 65 WG funded DFT posts
- 7 GDSCT (previously CDD) posts

For 22-23 and onwards we would request that the full allocation of funding for 74 places is allocated to HEIW to distribute to DFT and GDSCT to maintain the dental workforce in Wales. Due to the increased focus on the prevention agenda, there are recommendations to increase education commissioning for Dental Hygienists and Dental Hygienists and Therapists.

## Medical Workforce Planning Recommendations

A number of specialties have been reviewed in detail based on a review of workforce intelligence and data submitted by Training Programme Directors, Heads of School Royal Colleges, Health Board IMTPs. This included:

- Demographics of the current medical workforce in the specialty including data and trends over time
- Predicted regional and national demand for the future workforce
- Current supply routes for the workforce
- Impact on quality of training programme if places were increased/decreased
- Opportunities for changes to service delivery, e.g. upskilling other healthcare professionals
- Recruitment and retention trends within the specialty

This has informed the recommendations for increases in posts in a number of areas which can be seen within the table at Appendix 3. The medical workforce planning recommendations have been developed in consideration of the wider workforce requirements and the process for other healthcare professionals as it is increasingly important to understand how new roles and ways of working might support the delivery of service in areas traditionally considered the remit of the doctor.

### General Practice

In early 2019, Welsh Government supported HEIW to increase its GP training input target from 136 to 160 with the option to recruit up to 200 if suitable applicants were available. GP training capacity has been increased significantly to support this expansion. This target window was provided in the knowledge that future variability both in numbers of applicants passing selection assessments and also placement capacity between these limits would be likely to vary somewhat from year to year depending on training capacity, applicant numbers and numbers requiring extensions to training which will inevitably increase as a consequence of both the increased intake and COVID related factors.

In 2019, 187 Doctors were successful recruited to GP training in Wales. In 2020, this number increased to 200. HEIW is scoping methods to help understand current qualified GP workforce levels in Wales and to help develop ways to predict the future required workforce. These initiatives will help inform future refinements to the target window for recruitment to GP Specialty Training in Wales. **In the interim, the recommendation is that the current target of 160, with an option to over-recruit to 200 when feasible, is maintained.**

### STAKEHOLDER FEEDBACK

The involvement of stakeholders in the development of the plan was important, and we welcome the feedback they have provided.

This emphasised the need to work in partnership to create and develop quality learning and service environments to accommodate new ways of working, service developments and changes in professional regulation standards.

## FINANCE

The following detail sets out the total funding requirement for Education Commissioning and Training for 2022/23 calculated as **£262.3m** increasing to **£287.4m** by 2024/25.

The total requirement for 2022/23 can be broken down into **£146m** for the wider health professional education, **£12m** for pharmacy training, **£60.5m** for medical training places, **£34.2m** for GP training and **£9.5m** for Dental training.

	2022-23 £m	2023-24 £m	2024-25 £m
Health Professional Commissioning	146.009	157.956	163.790
Pharmacy	12.041	14.110	14.117
Medical Training	60.503	62.939	64.191
GP Training	34.195	33.196	35.393
Dental Training	9.547	9.738	9.933
<b>Total</b>	<b>262.295</b>	<b>277.939</b>	<b>287.424</b>

The increase in requirement for 2022/23 over the 2021/22 planned spend is £32.2m. This is as a result of a range of factors that are described in more detail in the table below.

	Budget 2021-22 £m	E&T Plan 2022-23 £m	Increase £m	Notes
Health Professional Commissioning	125.355	146.009	20.654	Impact of increased commissioning numbers
Pharmacy	11.412	12.041	0.629	Post-registration foundation programme
Medical Training	56.801	60.503	3.702	£3.1m additional workforce plus impact of pay award
GP Training	28.504	34.195	5.691	£2.5m relating to increasing numbers of extensions and protected pay. Further £3.1m due to increase in numbers in original model and inflation
Dental Training	8.028	9.547	1.519	Plan based on 74 trainees. The 21/22 budget based on allocation of 68 trainees
<b>Total</b>	<b>230.100</b>	<b>262.295</b>	<b>32.195</b>	

However, due to the cumulative effect of increasing numbers of students and trainees in the system the budget level for 2022/23 as identified in the 2021/22 plan was £251m. Therefore, the increase in the investment required above the level identified in last year's plan is £11.3m. This is due to the recommended increases set out in this paper and the reasons contained in the table above.

## ADDRESSING DIVERSITY

HEIW is committed to encouraging and supporting diversity within the healthcare workforce and also promoting the widening access agenda to ensure that those we train are representative of the communities they serve. The diversity of UK graduates in regard to ethnicity and other protected characteristics continues to increase, which is to be welcomed and supported.

Between 2018 and 2020, HEIW undertook significant research, data analysis and engagement with key stakeholders, including Students, Service Users, Health Boards and Trusts and Universities to ensure the future structuring of education across Wales and the content of health professional education and training would support diversity for all individuals with protected characteristics in line with equality law. As a result, HEIW's new health professional contracts, which commence in 2022, embed measures that promote the recruitment and ongoing support of students from BAME backgrounds. Current HEIW data offers assurance that our partner HEIs are recruiting from a wide range of ethnic groups. However, to further support this HEIs will be required to implement a contextual admissions policy contained within the new contract, whereby programme entry tariffs will be lowered for students that hold a protected characteristic and are underrepresented in education. The new contracts will require our partners universities to provide specialist advice and support for students regarding diversity, inclusion and practising a religion; and also allow for the gathering HEIW of data and engagement with students which will allow for the identification of any potential variations in experience, perceptions, or attainment for different groups with protected characteristics.

The association between ethnicity and progression in postgraduate medical training has received particular attention in the UK over the last few years. There has been a focus on understanding and addressing the differential attainment gap which has been identified between graduates of IMG, UK BME and UK white backgrounds. The former two groups are more likely to experience issues impacting their progression.

HEIW has established a programme of work to increase understanding of such differences and introduce a range of initiatives to address this; this includes ensuring that our trainers are appropriately trained and skilled in understanding cultural diversity and unconscious bias to better support these individuals.

This work is essential as recruiting international medical graduates (IMGs) has been and continues to be an important part of ensuring the sustainability of the medical workforce in Wales. Despite plans to increase UK and Wales medical student numbers, it is likely that this reliance on IMGs will continue to be a crucial component of our workforce plans and so requires particular attention.

HEIW is also committed to fully understanding barriers and challenges faced by trainees with other protected characteristics, the impact this has on their training experience and where necessary to introduce measures to address any identified issues so that diversity, equality and fairness are fundamental to all aspects of training in Wales.

## **RISKS**

The plan is both challenging and achievable. Even where numbers are recommended to be maintained at 2021 levels it still results in record numbers of students in training in Wales as the newly commissioned numbers are higher than the graduating cohorts. Therefore, there are more students in University and on placements in the NHS and wider health sector than ever before.

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As Universities continue to develop blended learning approaches to support students and trainees their physical infra-structure becomes less of a barrier to growth. However, ensuring students and trainees receive a safe and quality experience is vital and HEIW are working collaboratively across Directorates to assure the quality of education provision. Practice learning experiences are a crucial part of healthcare students' personal and professional development and the quality of placement opportunities are instrumental in supporting the next generation of registrants.

The pandemic has altered the placement landscape, and with more students and trainees ensuring the right capacity in the right areas are available to enable all students and trainees to accumulate their regulatory learning outcomes is vital. HEIW has recently appointed a Head of Placement Experience and Improvement. This is a national role and will work closely with practice educators across Wales but also with medical, pharmacy, optometry, general practice and dental colleagues internally to ensure that all students and trainees receive quality and safe placements built on common principles. This work will lead, develop, and continually improve quality management aspects of placement learning and experience in line with the strategic vision of HEIW.

## **NEXT STEPS**

The plan will be submitted to the NHS Executive Board (July 27<sup>th</sup>) and Ministerial approval is anticipated in September.

## **SUMMARY**

The Board is asked to:

- Note the current position with regard to the 2022/23 Education and Training plan
- Support submission of the plan to Welsh Government subject to feedback from the NHS Executive Board
- Note that there will be a review of the process to identify lessons learned for next year

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07/26/2021 16:32:44

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 continued growth in education and training underpins quality, safe patient centred care by equipping the NHS in Wales with more staff with the right skills and values and the right time. All commissioning, from health professional education, medical, dental, pharmacy, etc., have quality management processes in place to ensure that registrants and trainees meet regulatory requirements.			
<b>Financial Implications</b>			
The financial implications are set out in the Financial section of this report			
<b>Legal Implications (including equality and diversity assessment)</b>			
<b>Staffing Implications</b>			
There are no staffing implications for HEIW.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The plan assists with a more resilient Wales and a Healthier Wales. The Welsh language is embedded within all contracts, and requirements have been further strengthened from 2022.			
<b>Report History</b>			
<b>Appendices</b>		Appendices 1 – 9 are detailed below	

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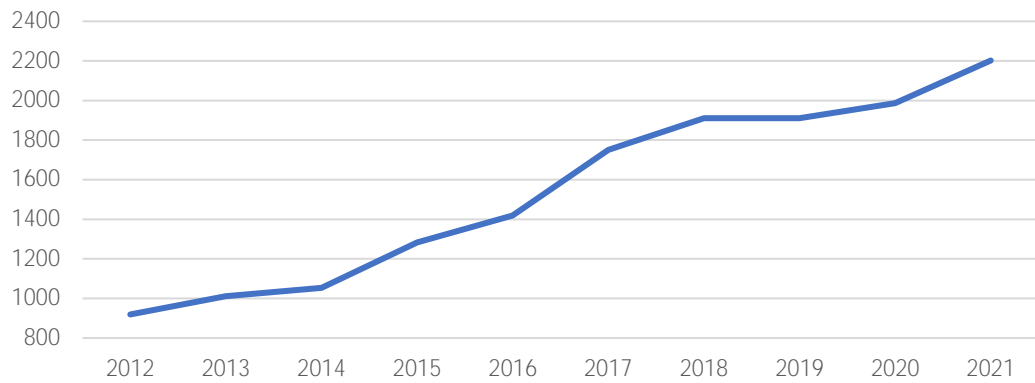
# APPENDICES 1 - 9

Appendix 1	<b>Growth in Students</b>
Appendix 2	<b>Health Professional Staff Recommendations</b>
Appendix 3	<b>Medical Workforce Recommendations for 2022/23</b>
Appendix 4	<b>Workforce Analysis</b>
Appendix 5	<b>Commissioning Trends – Health Professional Staff</b>
Appendix 6	<b>Medical Specialty Training Posts and Changes</b>
Appendix 7	<b>Total Cost of Training a Student over the duration of the course</b>
Appendix 8	<b>Supporting Information</b>
Appendix 9	<b>Priority Workforce Areas</b>

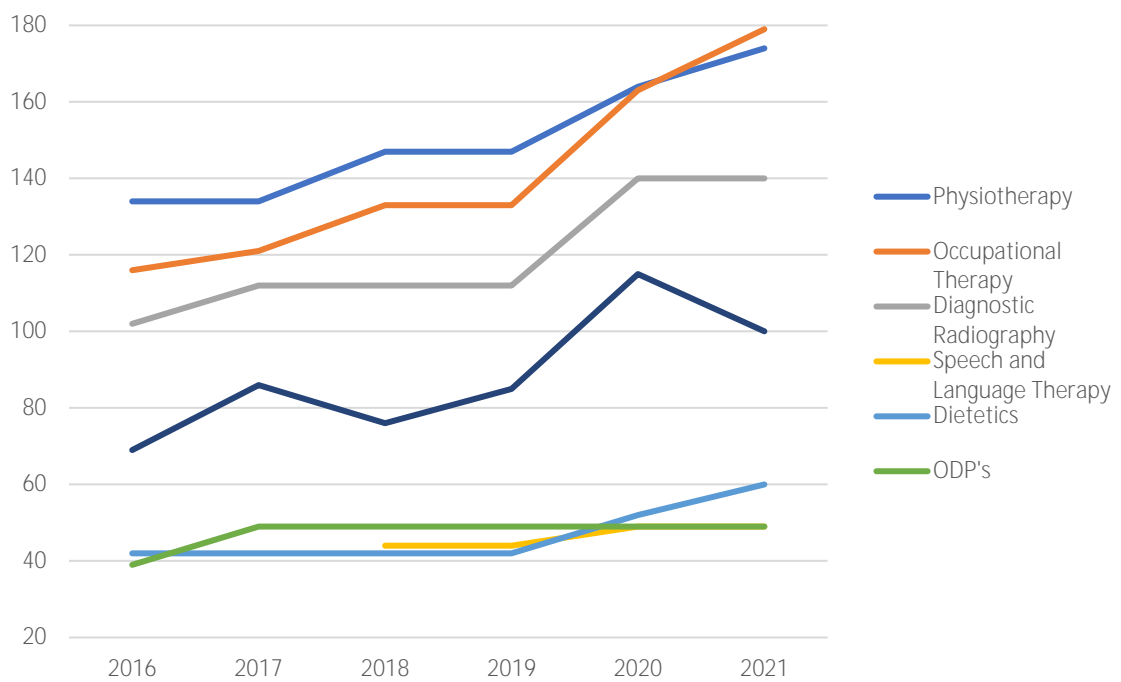
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## Growth in Students

Nurse Commissions - All fields



Larger AHP professions commissioning numbers 2016-21



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## Health Professional Staff Recommendations

Course Title	2022/23 recommendations
Adult Nursing	1,540*
Child	175
Mental Health Nursing	410*
Learning Disability Nursing	77*
<b>Total Nursing</b>	<b>2,202</b>
Midwifery	185
B.Sc. Human Nutrition - Dietician	40
PG Diploma Human Nutrition - Dietician	20
PG Diploma Medical Illustration	7
B.Sc. Occupational Therapy	129
PG Diploma Occupational Therapy	30
B.Sc. Occupational Therapy (Part Time)	20
Degree in ODP	49
B.Sc. Physiotherapy	174
B.Sc. Podiatry	27
PhD Clinical Psychology Doctorate	32
B.Sc. Speech & Language Therapy	40
B.Sc. S&LT - Welsh Language	9
B.Sc. Paramedicine	84
Paramedics - EMT conversion	30
Diploma in Dental Hygiene	18
Degree in Dental Hygiene & Therapy	13
Physicians Associates	54
BSc Diagnostic Radiography	140
BSc Therapy Radiography	26
Assistant Practitioners Radiography - Diagnostic	12
HE Cert in Audiological Practice	15
Physiological Science - PTP	
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	24
B.Sc. (Hons) Healthcare Science - Audiology	12
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	8
B.Sc. (Hons) Healthcare Science - Neurophysiology	3
Physical and Biomedical Engineering - PTP	
B.Sc. (Hons) Healthcare Science- Clinical Engineering	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine	3
B.Sc. (Hons) Healthcare Science - Radiotherapy Physics	3
Life Science - PTP	
B.Sc. (Hons) Healthcare Science- Blood, infection, Cellular, Genetics	25
HIGHER SPECIALIST SCIENTIST TRAINING - HSST	
Physical Sciences	3
Life Sciences	3
Physiological Sciences	2
Post Graduate Healthcare Science Education	
MSc Genomic Medicine	20

## Medical Workforce Recommendations for 2022/23

Following a comprehensive review of all information and data made available to HEIW the table below details the recommendations for 2022/23.

<b>Unscheduled Care</b>	
<i>Emergency Medicine</i>	No increases are recommended for the Higher Emergency Medicine programme for 2022 (see Unscheduled Care section for further details). To review again for 2023.
<i>Higher Anaesthetics</i>	Increase of 3 Higher Anaesthetics posts.
<i>Intensive Care Medicine</i>	Increase of 4 higher Training Programme posts
<b>Cancer Care</b>	
<i>Clinical Oncology</i>	Increase by 4 additional Higher Training posts implementing year 2 of the proposal to expand by 4 posts per year for 5 years.
<i>Medical Oncology</i>	Increase by 3 additional Higher Training posts implementing year 2 of the proposal to expand by 3 posts per year for 5 years.
<i>Palliative Medicine</i>	To increase Palliative Medicine training by 2 posts for August 2022 and a further 2 posts for August 2023.
<b>Small Specialty Review</b>	
<i>Community Sexual &amp; Reproductive Health (CSRH)</i>	To temporarily convert one of the GUM posts to CSRH using existing funding to enable an additional appointment into CSRH for 2021 if possible but if not 2022.
	To recommend an increase of 2 CSRH posts for August 2022
	To explore options for increasing exposure to both CSRH and GUM on the Foundation Programme and for GUM within Internal Medicine.
<i>Oral and Maxillofacial Surgery (OMFS)</i>	To increase the OMFS training programme by 2 posts in August 2022.
<i>Clinical Genetics</i>	To increase the Clinical Genetics Training programme by 2 posts in August 2022. <i>Note - agreement and temporary funding was identified to enable one post to commence in August 2021.</i>
<i>Clinical Neurophysiology</i>	To await the recommendations of the Neurophysiology workforce review. This is considered a fragile and vulnerable training specialty.
<i>Clinical Pharmacology and Therapeutics (CPT)</i>	To retain the 2 posts in CPT and review for 2023. To explore moving one post to North Wales.
	To increase exposure to CPT during Internal Medicine training to increase recruitment in the specialty.
<b>Diagnostic Specialties</b>	
<i>Medical Microbiology/ Infectious Diseases</i>	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 3 of a plan to increase posts every year for 5 years.
<i>Clinical Radiology</i>	To support the recommended expansion as required to appoint 22 trainees for the 2022 intake with 20 in the South and 2 in north Wales.
	To create an INR post which will rotate as required to specialist centres in England to enable Welsh trainees to obtain this much needed training.
<i>Histopathology</i>	To increase Histopathology training in North Wales by 1 post for August 2022.
	To undertake an urgent review exploring solutions to the training capacity challenges within Histopathology and Paediatrics and Perinatal Pathology to make recommendations to Chief Executives in June 2022.

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07/26/2021 16:32:44

<b>Mental Health</b>		
Child and Adolescent Psychiatry		North Wales – to increase by 2 posts for 2022. <i>Note - agreement and temporary funding was identified to enable one of these posts to commence in August 2021 as part of a phased introduction.</i> South Wales – to increase by 2 posts for 2022 and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Old age psychiatry		To increase by 2 training posts for 2022, 2 for 2023 and a further 2 for 2024. With a review once the HEIW review on Mental Health workforce has reported its findings.
General Adult Psychiatry		To make no changes to the current level of posts on the General Adult Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Forensic Psychiatry		To make no changes to the current level of posts on the Forensic Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Learning Disabilities		To convert the shared LD/CAMHS post in North Wales to LD thereby increasing the programme by 1 post. To review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<b>Foundation, Core and Higher Programme Alignment</b>		
Foundation		To increase the number of Foundation Year 1 posts by 30 and Foundation Year 2 posts by 30 for August 2022 as detailed in the Foundation Expansion Business Case.
ACCS Emergency Medicine		The ACCS Programme is expanded by a further 4 posts for 2022 and a further 2 posts in 2023. This will complete the development of the Bangor Programme and enable a new Programme in Cardiff to be created to maximise current training capacity.
ACCS Anaesthetics		5 new posts are to be created in Emergency Medicine and Acute Medicine to enable the creation of a ACCS Anaesthetics programmes to support the alignment with Intensive Care Training
Anaesthetics		Increase of 5 Core Training Programme posts to ensure alignment between Core and Higher programmes and to meet training curriculum and LTFT requirements going forward.
Internal Medicine		To increase Internal Medicine training by 12 posts for August 2022
Core Psychiatry		To increase Core Psychiatry Training by 8 posts for August 2022.
<b>Additional workforce priority areas</b>		
Public Health Medicine		Recruitment into existing training posts is to be maximised and to support this funding for 2 posts is required for 2022 and for 3 posts in 2023.  Work should be undertaken to maximise the current interest in the specialty from Junior Doctors. This includes the provision of Foundation Training Placements in Public Health Medicine within the Foundation expansion programme
Rheumatology		To increase Rheumatology training by 2 posts for August 2022 and a further 2 posts for August 2023.
Gastroenterology – Hepatology Specialist post		To create 1 Hepatology Sub-specialty post for August 2022 with 3 months of this time spent in a specialist centre outside of Wales.
Paediatrics		Increase of 4 ST3 posts to enable the expanded numbers of trainees created in 2020 and 2021 to progress through the training programme and to front-load the programme to maximise %WTE from ST4 onwards.
General Practice		Maintain the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible

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## WORKFORCE ANALYSIS

The Covid-19 pandemic will impact on the workforce going forward. Health and Social Care in Wales – Covid 19: Looking Forward (March 2021) identifies that recovery from the pandemic is estimated to take 5 years, that there will be increased demand across services including in Mental Health, that there will need to be a greater focus on health and wellbeing and there will be continued working from home. Some of the impact on the workforce is yet to emerge and will need to be monitored. There could be a short-term impact on people choosing early retirements, especially in light of the recent changes to the NHS Pension scheme.

The Wales population continues to grow and age and combined with the impact of the pandemic on the delivery of services, associated backlogs and potential impact on workforce behaviours will drive the need for workforce. The pandemic has seen a rise in flexible working patterns with the requirement for non-public facing staff to work from home where possible and this coupled with the ongoing changes in attitudes towards work and career will be an important trend to monitor. NHS Wales has invested in supporting the health and wellbeing of staff during and beyond the pandemic and the need for flexibility to provide people opportunities to maintain a work-life balance will be key.

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit. The Government has introduced a new points-based immigration system from January 2021 and this, coupled with the COVID-19 pandemic is likely to accelerate the work to produce a more 'home grown' workforce and reduce the reliance on overseas workers.

The NHS workforce is widely dispersed across Wales, and different parts of the country have very different needs. This is largely due to the urban/rural geography of Wales with staff being attracted more to working in large urban centres than rural areas and thus creating recruitment issues in some of these areas. It is HEIW's role as a system leader, in partnership with NHS Organisations, for education and training to bring the different strands of the workforce together and to consider innovative ways of ensuring the provision of education and training for the NHS workforce in rural and remote areas. HEIW will continue to explore how the development of programmes such as Made in Wales, the Strategic Review of Health Professions Education and a move towards more blended learning can contribute to the sustainability of local communities as well as contributing towards the Environment (Wales) Act 2016 by reducing reliance on travel and negative impacts on the climate and environment.

HEIW regularly analyses key workforce trends and the main trends to note for the Education and Training Plan are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 21% (over 15,000 FTE) over the last 6 years (2015 – 2021)
- During this period, the medical workforce has grown by 24% (up from a 16.5% growth as reported in the last plan - an increase of over 1,500 FTE) and the nursing workforce by 8% (up from a 3.2% as reported in the last plan - an increase of 1,767 FTE)
- Over the last 6 years agency and locum spend has increased by 47% from £135.2 million to £199.1 million (in 2019/20 it was £177 million). This

represents an increase of 13%). Nursing and Midwifery has the largest agency spend at £94.4 million for 20/21, an increase of 16% increase on the previous financial year (despite an 8% increase in the workforce between 2015 and 2021). Locum spend for Medical and Dental was £58.5 million for 20/21 a 3% decrease on the previous financial year and a reduction of 6% since 2015/16. This will have been driven by the pandemic and mass vaccination programmes.

- The cost of the directly employed workforce in 2020/21 is circa £4.8 billion, a 15% increase from the previous year. This is the biggest annual increase in over 10 years and can be attributed to increasing agency spend, the increased size of the workforce and increases in employers pension contributions.
- In 2020/21 the twelve-month rolling sickness absence level peaked at 6% as compared to 5.6% in the previous year. Over the last few years Anxiety/Stress and Back and other Musculoskeletal have been the two most common reasons for sickness; however, between April 2020 and March 2021 there was an increase in sickness due to Infectious Disease/Respiratory.
- The participation rate for the female workforce equates to 0.85 and 0.95 for males. The NHS Wales workforce is predominantly female, accounting for 77% of the total workforce; however, as the workforce ages staff tend to reduce their hours especially from age 55 onwards.
- The age profile of the workforce changed between 2015 and 2021. The workforce aged 55+ has increased 7,509 in 2021 as compared to 2015. The proportion of staff in this age group has increased from 19% in 2015 to 24% in 2021.

## **Analysis of Annual Plans**

Due to the ongoing Covid pressures felt across the entire NHS, organisations were asked to submit an Annual Plan as opposed to a full IMTP outlining their future strategic aims and workforce planning needs.

The Annual Plans identified a number of significant workforce risks and challenges including: -

## **Recruitment Challenges**

- Nursing across all four fields of practice; - adult, children, learning and disability and mental health, and further to the extension of the Nurse Staffing Levels (Wales) Act 2016 with provisions due to extend to paediatric inpatients in late 2021
- Health Care Support Workers and gaps within the funded establishment
- Existing vacancies within specialist posts which have been hard to recruit into, including CAMHs Child Psychiatrists, Dermatology, Plastic Surgery, Urology, COTE, Intensivists, Stroke and Psychiatry
- Gaps within Mental Health services, as well as Trauma/Emergency Department
- Shortages and pinch points within diagnostic testing including Radiology, Neurophysiology, Cardiac Physiology and Endoscopy
- Shortages of Junior Doctors across secondary care

English Catherine  
07/26/2021 16:32:44

## **The Impact of Covid and post-Covid**

The full impact of the Covid pandemic will be felt over the entire NHS system for years to come. Key concerns impacting the workforce noted in the Annual Plans included:-

- Although high levels of retirements are expected across Nursing and Consultant posts over the next five years due to an ageing workforce, the
- impact of Covid on staff retention is currently unknown. There may be an increase in the desire of staff to retire earlier than planned.
- It is anticipated that there may be a reduction in the workforce available to undertake overtime or out of hours shifts, again due to Covid fatigue and where NHS organisations were previously reliant upon staff goodwill to reduce gaps in workforce cover. There has been an increase in the number of requests for flexible or part-time working which may impact upon service delivery.
- There is a concern that the focus on the immediate need to sustain services post Covid may have an impact upon organisations' ability to future-focus and undertake long-term workforce planning.

## **The Impact of Brexit**

The Annual Plans indicate that it has been impossible to fully understand the impact of Brexit following the end of the transition period in January 2020 and the beginning of the Covid pandemic in the early spring of 2020 specifically on overseas recruitment. There will need to be a re-set period as the pandemic subsides to fully consider the implications of Brexit on NHS organisations and their ability to regularly recruit from outside of the UK.

The Annual Plans have also identified a number of opportunities for workforce transformation, as follows: -

### **1. Workforce Redesign**

Whilst it will take many years to fully assess and comprehend the impact of Covid on the entire NHS, the pandemic has highlighted that NHS organisations can make better use of digital technology to deliver effective patient care, utilising a range of new technology. It is unlikely that NHS services will ever return to their pre-Covid ways of operating with virtual appointments with GPs and telephone triage with 111/Phone First (as just two examples) being here to stay. There is a real appetite to make effective use of the technology available to shift how, when and where work is undertaken, making greater use of the range of skills of a diverse workforce to deliver world-class patient care.

### **2. Strengthening the Multi-Disciplinary Team**

Each of the annual plans intends to focus the delivery of care within the community setting for those with chronic or long-term conditions (as far as practicably possible) by integrating speciality practitioners into broader multi-disciplinary teams, utilising cross-organisation working and sharing resources. In addition, the desire is clear to develop Ambulatory Care Assessment Centres within the community, which are integrated with acute community teams to support day cases and reduce hospital admissions, managing patients in their home environment provided that it is appropriate and clinically safe to do so.

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07/26/2021 16:32:44

### 3. Up-skilling the existing Workforce

NHS organisations understand that the majority of their workforce of tomorrow is in post today. Promoting top of license working for registrants (whilst reviewing their skill mix), developing new roles and maximising the contributions of the unregistered Workforce will all help to up-skill and shape the future workforce. Organisations also see the importance of investing significantly in “Grow your Own” to meet the range of post-Covid demands, including through the development of the Band 4 Assistant Practitioner post. The creation of a range of new roles will not only support alternate models of care but will also help in facilitating the move towards 7 days working, e.g. looking at the introduction of Surgical Scrub Technicians for day surgery cases.

Up-skilling extends beyond secondary care as support will be given to community Pharmacy development to increase the number of independent Pharmacist prescribers and contribute to a fully integrated community-based multi-disciplinary team.

Across the UK, national bodies continue to recognise the need to grow the workforce in order to meet the increasing demands, Wales is in a similar position, and this plan has been developed in the knowledge that there is a need for the health care workforce in Wales to continue to grow. HEIW has undertaken an extensive modelling exercise for a number of professions to consider future changes in the workforce and used this information to underpin this year’s recommendations to maintain the growth in the numbers of students and trainees.

In recent years the UK Government has made changes to the previous Shortage Professions list for England/Wales. The Skilled Worker Visa: Shortage Occupations for Healthcare and Education, published 6 April 2021 now indicates that all healthcare professionals are on the list.

The above provides important context for the Education and Training Plan, ensuring that there are clear links to these priority areas, whilst recognising the Plan will not address all of the challenges, particularly in the short term.

English Catherine  
07/26/2021 16:32:44

## Appendix 5

### Commissioning Trends – Health Professional Staff

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Pre Registration Nursing	1,987	1,911	1,911	1,750	1,418	1,283	1,053	1,011	919	1,035	1,070	1,179	1,095	1,079	1,271	1,265	1,247	1,387	1,291	990	1,113	976	905
Midwifery	161	134	134	134	94	94	94	109	107	102	123	110	95	90	100	97	97	100	120	96	86	70	72
District Nurses	80	80	80	80	41	41	24	31	20	26	30	26	28	45	71	68	71	65	57	62	69	50	52
DN (Modules)	123	123	123	123	123	123	163	172	100	50	40	40	98										
Health Visitors	92	92	90	82	71	66	49	39	31	31	36	46	36	36	37	47	53	62	55	48	36	44	44
Health Visitors (Modules)	30	30	30	40																			
CPNs	30	30	30	39	21	27	23	13	26	20	21	21	21	13	23	15	17	34	34	30	40	16	35
CPN (Modules)	60	60	60	40	48	48	40	40	30	20	20	20	20										
CLDNs	0	0	0	0	12	12	0	0	5	0	2	3	2	3	6	5	10	10	14	10	13	7	15
CLDNs (Modules)	0	10	10	10	12	12	7	8	0	4	10	6	4										
School nurse	19	19	19	19	18	18	18	18	27	22	24	24	24	22	21	21	24	20	17	13	6	0	0
School nurse (modules)	3	3	3	3	2	2	6	10	0	25													
Practice nurses	20	20	20	20	1	1	14	12	39	16	16	18	16	20	23	17	11	15	15	23	0	0	0
PN (Modules)	29	29	29	29	29	34	18	8	10	12	16	16	16										
Paediatric nurses	7	0	0	16	12	12	11	13	10	8	6	9	7	2	15	10	7	13	15	0	0	0	0
Paed. nurses (Modules)	10	24	24	24	3	3	13	8	3	8	8	8	8										

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07/26/2021 16:32:44

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Occupational Therapists	163	133	133	121	116	111	88	79	71	69	102	100	93	81	98	91	106	112	79	65	45	40	37
Physiotherapists	164	147	147	134	134	121	96	89	103	90	90	95	85	82	86	101	126	140	115	91	77	73	67
Speech & Language Therapy	49	44	44	0	44	44	37	30	25	36	43	35	35	54	44	40	39	40	38	33	33	33	27
Dietetics	40	30	30	30	42	38	30	33	28	30	36	40	34	22	24	24	30	31	28	28	28	28	27
Post grad. Dietetics	20	12	12	12									12	11	12	12	14	15	15	15	15	30	
Podiatry	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	28	28	21	
Orthoptics	5	5	5	5	5	5	5	3	2	0	0	0	0	0									
Medical Photography	5	5	5	5	4	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	
ODPs	49	49	49	49	39	39	46	44	28	32	29	30	25	23	32	32	39	41	36	33	32	14	14
Surgical Care Pracs	0	0	0	0	0	0	0	0	0	0	0	8	8										
Physicians Associate	60	42	32	32	27																		
Clinical Psychologists	29	27	27	27	27	27	26	25	21	16	18	19	18	18	21	21	21	20	19	18	15	15	15
Pharmacists - Pre Reg.	40	50	41	41	38	38	40	40	39	43	45	43	38	36	40	40	40	40	36	34	4	30	30
Pharmacists Dip & Techs	99	85	75	75	60	60	62	63	63	41	54	66	54	51	66	64	50	53	21	20	19	14	12
Dental Hygienists	18	18	18	18	18	18	10	12	10	7	9	11	9	9	9	9	9	9	8	8	7	7	6
Dental Therapists	13	13	13	13	13	13	12	11	11	6	8	11	8	8	8	8	8	8	7	7	6	6	0
Ambulance Paramedics	115	85	76	86	69	94	36	25	24	40	57	75	101	70	90	85	85	70	57	48	48	40	48

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07/26/2021 16:32:44

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	140	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	22	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																							
BMS - Blood/Infection/Cellular/Genetics	24	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
HE Cert in Audiological Practice	15																						
Clinical Physiologists - Cardiac																							
Physiology/Audiology/Respiratory and Sleep Science	39	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	4	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine & Radiotherapy Physics	3	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	2	3	3	2	1	1	2	1															
Medical Engineering	0	0	0	0		1																	
STP																							
Audiological Scientists/Neurosensory Sciences	6	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	0	2	2																				
Respiratory and sleep science	1	3																					
Reconstructive Science	0	1																					
Cardiac Physiology	3	1	3																				
Haematology and Transfusion Science	1																						
Biochemists/Blood Sciences	4	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	7	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/Cancer Genomics	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Genomic Counselling	2																						
Bioinformatics	1	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering	2	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology	1	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	2	0	3	3	0	1	0	1															
HSST																							
Life Sciences - Genetics/Genomics	1	0	0	1	1																		
Microbiology	0	0	1																				
Life Sciences - Molecular Pathology of acquired disease	0	0	1	0	1																		
Physical Sciences and Biomedical Engineering - Medical Physics (Radiotherapy)	1	1	1	1	1																		
Physical Sciences and Biomedical Engineering - Clinical Biomedical Engineering	1	1	0	1	1																		
Bioinformatics	0	1																					
Audiology	1	0	0	1																			
Histocompatibility & Immunology	1	1	0	1																			
Transfusion Science	0	0	1																				

## Medical Specialty Training Posts and Changes

Specialty	2022 proposals	August 2021 post numbers	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
<b>Anaesthetics/ICM</b>							
Core Anaesthetics Training/ACCS Anaesthetics	+9 <sup>1</sup>	122					
Higher Anaesthetics	+3	140	+3	+3			
ACCS Intensive Care		14					
Higher Intensive Care Medicine	+4	31	+4	+4	+2		+4
<b>Emergency Medicine</b>							
Acute Care Common Stem - Emergency Medicine	+4	23	+2				+4
Emergency Medicine (includes PEM & PHEM)		54	+5	+7	+4		+2
<b>Medicine</b>							
Core Medical Training/ACCS Acute Medicine	+12	259	+15	+13			
Acute Internal Medicine		14	+2				
Audiovestibular medicine		1					
Cardiology		38					
Clinical Genetics	+2	5					
Clinical Neurophysiology		1					
Clinical Oncology	+4	20	+4				

<sup>1</sup> 5 posts for ACCS Anaesthetics to be in Emergency Medicine and Acute Medicine and 4 posts for the Core Anaesthetics programme

Clinical Pharmacology and Therapeutics		2					
Dermatology		17		+3			
Endocrinology & Diabetes		23					
Gastroenterology	+1	26	+2				
Genito-urinary Medicine		4					
Geriatric medicine		52					+3
Haematology		18					
Immunology		1					
Medical Oncology	+3	9	+3				
Neurology		17					
Palliative Medicine	+2	13					
Rehabilitation Medicine		2		+1			
Renal medicine		17					
Respiratory Medicine		31	+2				
Rheumatology	+2	10					
<b>Surgery</b>							
Core Surgical Training		100					
Cardio-thoracic surgery		7					
General surgery		58	+4				
Neurosurgery		7	-1				
Ophthalmology		40				+4	
Oral and Maxillo-facial Surgery	+2	9					
Otolaryngology		18					
Paediatric Surgery		2					
Plastic surgery		15	+2				
Trauma & Orthopaedic surgery		45			+4		
Urology		20	+4				

Vascular surgery		9					
<b>Pathology</b>							
Chemical pathology		4					
Histopathology	+1	20					+2
Infectious diseases		2					
Medical Microbiology and Infectious Diseases	+3	16	+3	+3			
Paediatric & Perinatal pathology	-1	2					+1
<b>Psychiatry</b>							
Core Psychiatry Training	+8	85					
Child and Adolescent Psychiatry	+4	12					
Forensic Psychiatry		6					
Old Age Psychiatry	+2	11		+2	+2 (not filled)		
General Psychiatry		29					
Psychiatry of Learning Disability		5					
<b>Imaging and Radiology</b>							
Clinical Radiology	+15 <sup>2</sup>	92	+10	+ 10	+4	+7	+11
Interventional Neuro Radiology	+1	0					
Nuclear medicine		1					
<b>Women's Health</b>							
Obstetrics and gynaecology		95	+2				
Community Sexual & Reproductive Health	+2	2					
<b>Paediatrics</b>	+4	149	+6				

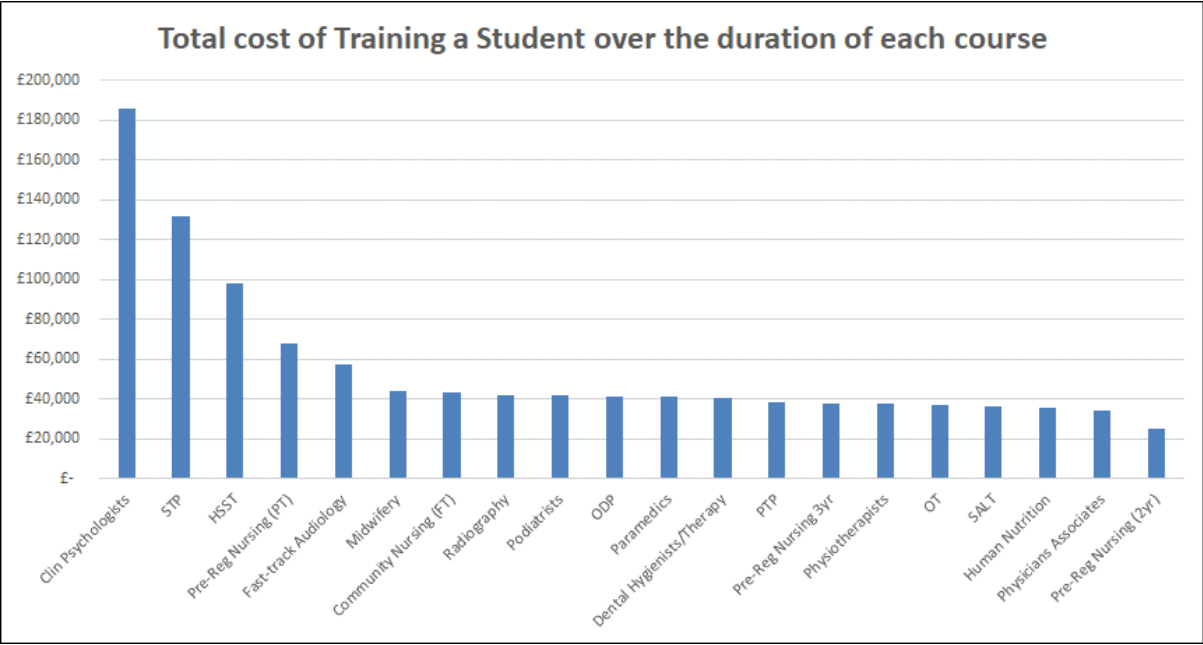
<sup>2</sup> Estimated number based on current projections of trainees completing in order to maintain an intake of 20 for August 2022

<b>Public Health</b> +2 <sup>3</sup> <b>23</b>							
<b>Medicine</b>							
<b>Foundation Training</b>							
Foundation Year 1	+30	<b>381</b>	+30	+12			
Foundation Year 2	+30	<b>351</b>	+12				

English Catherine  
07/26/2021 16:32:47

<sup>3</sup> This will not increase the posts numbers beyond 23 however it will maximise the use of these posts which is not currently the case.

Total Cost of Training a Student over the duration of the course



English Catherine  
07/26/2021 16:32:44

## SUPPORTING INFORMATION

In developing the recommendations made within this plan a wide range of information has been taken into consideration, the following section provides a commentary on this to inform the position taken within this paper.

### 1. Nursing & Midwifery

There are five well-established routes into nursing within Wales.

- 3-year pre-registration programme
- A 2-year graduate entry accelerated education programme leading to registration
- A 2-year HCSW accelerated pre-registration programme
- Route for HCSW (this includes existing and new HCSW) to complete nurse education on a part-time basis (over 4 years) while they continue to be employed by their existing NHS employer
- A distance-learning programme for existing and new HCSW, which will take on average 4 years to complete. Staff will be employed by the NHS

Over the past two years HEIW has commissioned more places on the part-time employed routes. These routes are an excellent route for HCSWs to progress their careers and provide a much-needed workforce of local people who want to train and stay in Wales to work on completion of the programme. HEIW propose a continuation of the increases in the commissioned places for these programmes. This will provide a number of benefits, which include:

- Provide widening access to the local workforce
- Support career development for HCSWs currently employed in NHS Wales, which will promote recruitment and retention within the NHS Wales workforce.
- Increase the supply of nurses from the local population.
- HCSWs are a valuable supply source for the recruitment to pre-registration programmes and therefore this will contribute to a solution to the recruitment challenges currently faced.
- Increase the opportunity to make places available to care home providers.

The additional investment in three of the nursing fields as identified below should be considered against the following:

- The potential impact of Brexit on the available nursing workforce.
- The potential impact of Covid on the number of people seeking to leave the profession or taking the opportunity to retire.
- Health Board need to comply with the requirements of the Nurse Staffing Levels (Wales) Act (2016) which came into full force from 6<sup>th</sup> April 2018.
- Nursing remains a shortage profession,
- Ongoing recruitment difficulties across the UK
- Changes in work patterns – increasing levels of part-time working, this results in a greater
- Agency nursing costs and the need to invest now to prevent an escalation of the agency expenditure in the medium/long term

English Catherine  
07/26/2021 16:32:44

Following the award of the new education contracts HEIW will be able to commission more nurse pre-registration education places in Wales. In recent years the HEIs in Wales have struggled to meet the target commissioned pre-registration places in some fields. The number of applicants has not dropped but the number of training places increased. From 2022 HEIW will be commissioning two more Adult Nursing programmes in Wales that will help to attract people who previously may not have been able to access this training. There will be a full-time programme to service HDUHB North and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

HEIW added to the distance learning commissions with a small pilot of pre-registration adult nurse training for care home HCSW. The progression of this pilot is currently being evaluated. HEIW will look to increase the number of places available through this route once the first cohort of students have completed the first year of study.

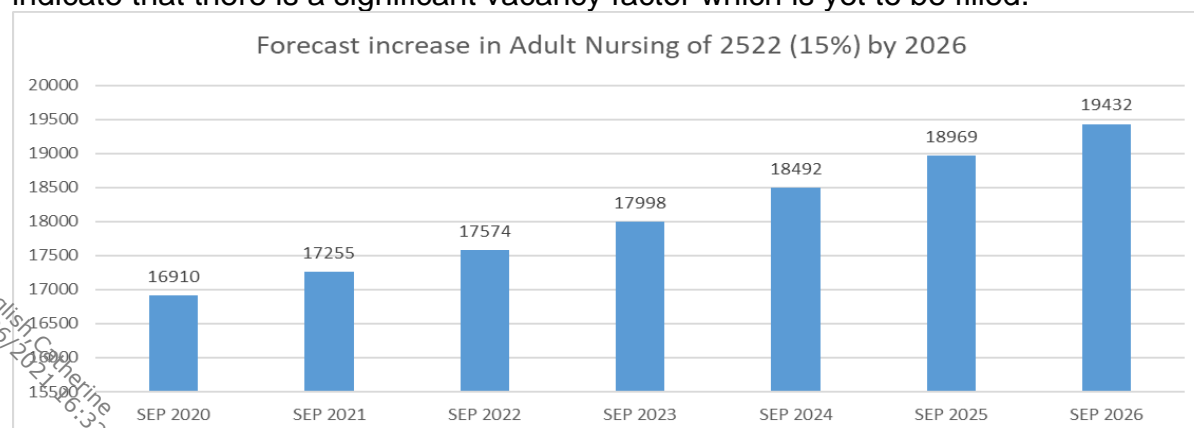
The table below summarises the number of nursing students, recommended for 2022/23 and those commissioned over the past 3 years.

Course Title	Ed Com. 2019/20	Ed Com. 2019/20	Ed Com. 2020/21	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
Adult Nursing	1,216	1,400	1,540	2,502	1,651
Child	154	154	175	234	175
Mental Health Nursing	330	356	410	576	483
Learning Disability Nursing	77	77	77	117	87
Total Nursing	1,777	1,987	2,202	3,486	2,396

## Adult Nursing

It is recommended that Adult places will increase 111 to **1,651**. In 2019/20 1,400 adult places were commissioned. Therefore in 2 years the recommendation is for a 18% increase in adult nurse training numbers.

The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **2,522 (15%)** between September 2020 and September 2026 taking the projected workforce to **19,432 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.



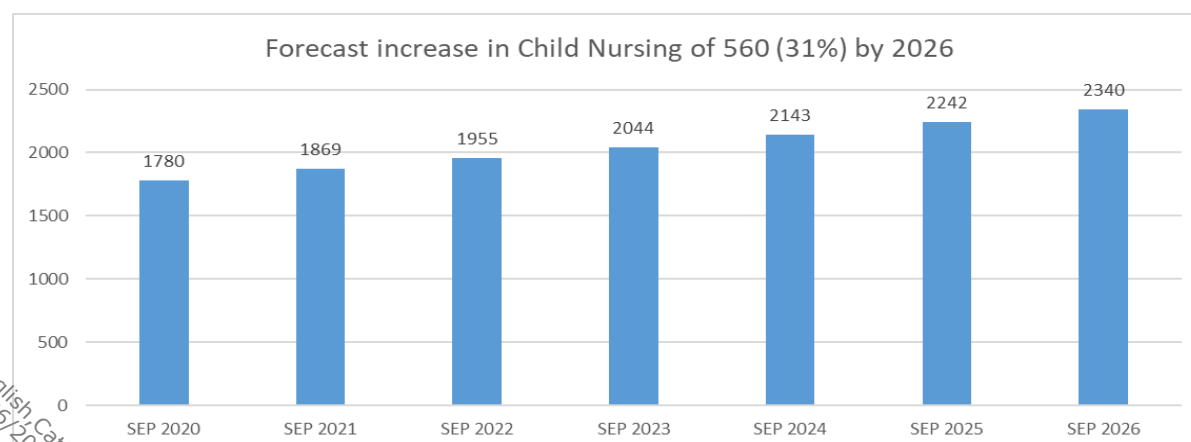
The high-level rationale is set out in the main body of the report but other contributory factors when considering this option include:

- 89% of nursing students are Welsh domiciled
- Retention is good for graduates.
- Agency costs for nursing increased last 10 years and all organisations reporting vacancies.
- Cost effective to train additional nurses.
- July first report to WG on Nurse Staffing Act – anticipating identification of vacancy factor
- 2022 introduction of 2 dispersed learning to offer education locally and for rural areas – Hywel Dda and Powys.
- New provider in Aberystwyth for North Hywel Dda.
- New contracts enable increased commissions: maximum possible in 2022 across all contracts: 1,651
- March cohort under recruited in 2021
- Streamlining very successful conversion graduates into employment
- Age profile: 22% could retire next 5 years
- Participation rate drops off with age and 85% across other age bands
- +200 HCert places in addition for existing staff
- Working to open new training placements across primary, social care, independent sector etc.
- Commissioning of max of 1,651 students likely to give an output of 1,442 graduates

## Children's Nursing

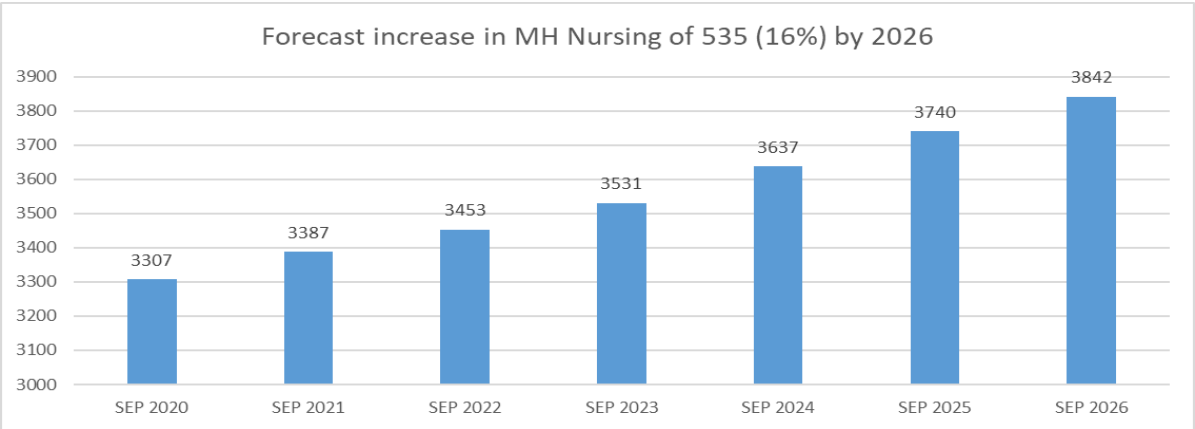
It is recommended that Children's nursing numbers are maintained at **175**. In 2021/22 years the number of pre-registration training places for children's nursing increased from **154 to 175**, this represents a 14% increase in places. Applications and fill rates for this field remain buoyant and therefore no further increase is recommended for 2022.

In addition, the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **560 (31%)** between September 2020 and September 2026 where the forecast is **2,340 FTE's** (see table below).



Mental Health

It is recommended that Mental Health numbers increase to **483**. The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **585 (16%)** between September 2020 and September 2026 where the forecast is **3,842 FTE's** (See table below).

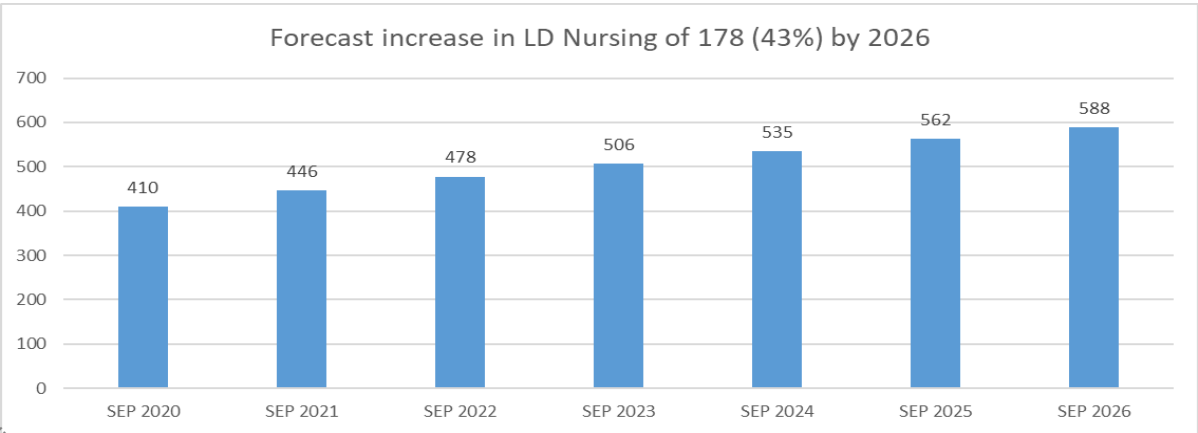


Learning Disability

It is recommended that Learning Disability field numbers increase to **87**. Over the past three years both Welsh education providers were unable to recruit to the full commissioned education levels. This is a reflection of a national workforce challenge in this sector. The HEIs have worked collaboratively to increase the profile of learning disability nurse education and career opportunities in Wales, and it is anticipated that this commissioning level will be achieved in 2021 and 2022.

In addition, from 2022, HEIW will be commissioning one additional LD nursing pre-registration education programme in South West Wales which allows people to access this education who would not have been able to previously.

The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 178 (43%) between September 2020 and September 2026 where the forecast is 588 FTE.



English Catherine  
07/26/2021 16:32:44

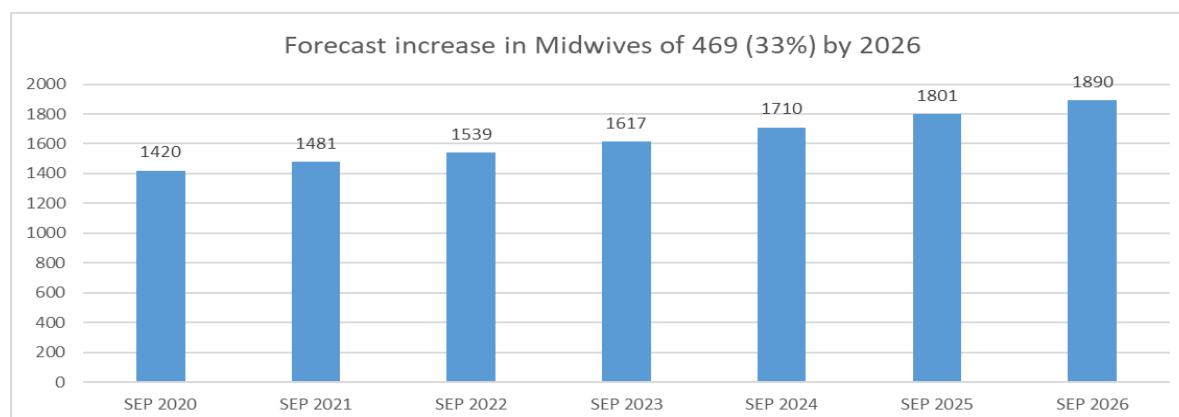
## Midwifery

It is recommended that midwifery places will be maintained at **185** (see table below).

Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
Midwifery	134	161	185	169	185

Over the past four years midwifery places have increased from 134 to the proposed 185, which represents a 38% increase in commissioning numbers. The additional numbers commissioned have now begun to graduate and a streamlining process to match graduates into posts in Wales has now been introduced. Ensuring there are sufficient posts available at the right time to recruit the graduates has been a key ambition of the scheme.

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **469 (33%)** between September 2020 and September 2026 where the forecast is **1,890 FTE's**.



## 2. Allied Health Professionals

In recent years HEIW has invested in increasing the education commissions for the AHP workforce in order for the 'A Healthier Wales' plan to be realised. Allied Health Professionals have a key role to play in the plans to expand community/primary care services and developing a wider range of professionally-led services and support. IMTPs indicated that a number of professional roles will need to be expanded. This was in a climate of growing recruitment challenges for these professionals, with evidence of unfilled vacancies particularly in rural areas. Greater numbers of AHPs in comparison to nursing disciplines opt to work in England following graduation, therefore the bursary two-year tie in with a commitment to work in Wales following the completion of their programme was predicted to have an impact on filling vacancies.

As discussed in section 2.4 HEIW worked with NWSSP to implement a streamlining process for AHP graduates in 2021. The introduction of this process has highlighted issues with the number of vacancies available across Wales for this workforce. Health Boards were required to recruit over establishment in many cases to ensure that sufficient posts were made available at the right time. The impact of Covid on these

professions has been significant with many practitioners redeployed during the first wave and a perceived reduction in service development against IMTPs.

In terms of education provision for AHPs in Wales, the majority is based in the Cardiff area and is delivered by sole providers i.e. only one training programme in Wales exists delivered by one University. The Strategic Review of Health Professional Education will address this from 2022 as where it is possible to both,

- Maintain financial viability of programmes and
- Still provide an excellent student experience

Commissions will be spread across Wales. This will add resilience to the commissioning model, attract more local students and also better meet the needs of all parts of Wales when students graduate. HEIW are increasing the numbers of providers in Wales in the following areas:

Course	Current Provision		Shape of Provision in 2022	
	Providers	Location	Providers	Location
Occupational Therapy	2	SEW, NW	3	SEW, SWW, NW
Physiotherapy	3	SEW, NW(x2)	4	SEW, SWW, NW (x2)
Diagnostic Radiography	2	SEW	3	SEW, SWW, NW
Speech & Language Therapy	1	SEW	2	SW, NW
Dietetics	1	SEW	2	SW, NW
ODPs	1	SEW	3	SEW, SWW, NW
Dental Hygiene and Therapy	1	SEW	2	SW, NW
Paramedics	1	SWW	2	SW, NW

Key: SEW - South East Wales, SW - South Wales, SWW - South West Wales, NW - North Wales

Despite recruitment challenges there have been a number of publications including the NICE guidance on managing the long term effects of Covid, UK AHP public Health Strategic Framework, AHP Framework (Wales), Healthy Weight: Healthy Wales Obesity Strategy, 3 year action plan for the delivery of outpatient services and Rehabilitation Post COVID19 Evaluation Guidance that lead HEIW to believe that supporting the ongoing growth and development of these professions in Wales is required in the following areas:

- COVID-19 Rehabilitation – e.g. supporting the multi-professional rehabilitation and self-management following acute and long COVID-19.
- Rehabilitation – e.g. supporting people indirectly affected by COVID-19 (including people with Dementia whose quality of life has been compromised by prolonged social isolation).

- Public health – e.g. reducing the risk of long-term conditions / increasing awareness of existing lifestyle and risk reduction programmes (consider priority populations including childhood obesity – Healthy Weight Healthy Wales / supporting workplace health)
- Primary and community care – e.g. widening access to AHP services through direct access. Early intervention of rehabilitation and other AHP interventions from primary and community care/restructuring services to provide interventions closer to home.
- Surgical waiting list reduction – e.g. provision of multi-professional lifestyle/behaviour change interventions for people who may not be suitable for surgery.
- Surgical waiting list support– e.g. provision of pre-habilitation to ensure those on the waiting list overcome social-restriction-related debility and become fit for surgery.

The table below summarises the number of students recommended for 2022/23 and those commissioned over the past 3 years.

Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23- HEIW Recommendations
<b>Allied Health Professionals</b>					
B.Sc. Human Nutrition - Dietician	30	35	40	39	40
PG Diploma Human Nutrition - Dietician	12	17	20	25	20
PG Diploma Medical Illustration	5	5	7	7	7
B.Sc. Occupational Therapy	113	125	129	93	129
PG Diploma Occupational Therapy	20	23	30	20	30
B.Sc. Occupational Therapy (Part Time)	0	15	20	24	20
B.Sc. ODP	49	49	49	58	49
B.Sc. Physiotherapy	147	164	174	131	174
B.Sc. Podiatry	24	24	27	24	27
PhD Clinical Psychology Doctorate	27	29	32	56	32
B.Sc. Speech & Language Therapy	36	40	40	23	40
B.Sc. S&LT - Welsh Language	8	9	9	5	9
B.Sc. Paramedicine	0	52	75	86	86
Paramedics - Diploma	70	70	0	0	0
Paramedics - EMT conversion	15	30	30	30	30

Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
<b>Other</b>					
Physicians Associates	42	54	54	41	54

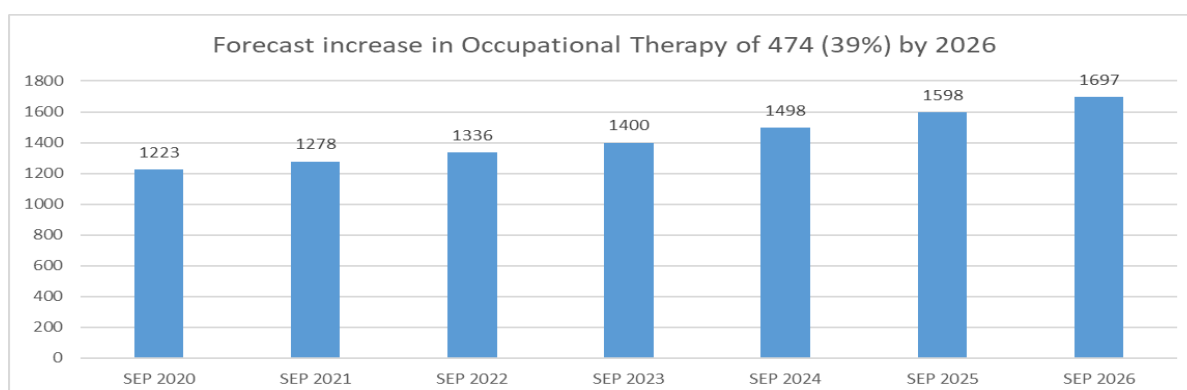
## Occupational Therapy

Occupational Therapists (OT) are key to realising the plan to develop primary care services. Areas of work where OTs can evidence impact and a requirement for future growth include; rehabilitation frailty, social prescribing, self-management of chronic conditions, mental health and fitness for work, all linked with the Healthier Wales

values of developing health and wellbeing; keeping people in their homes for longer. Occupational Therapists can reduce demand on General Practitioners by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the Practice. Workforce modelling undertaken by HEIW provides evidence that the recent investment in pre-registration training will result in an increase in the workforce in coming years.

HEIW recommends maintaining the commissions for this profession at 179 for 2022/23. Commissions will be split across the full-time, part-time and PG Dip routes and recruitment into Local Authority posts has been included in the total commissioned places.

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **474 (39%)** between September 2020 and September 2026 where the forecast is **1,697 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



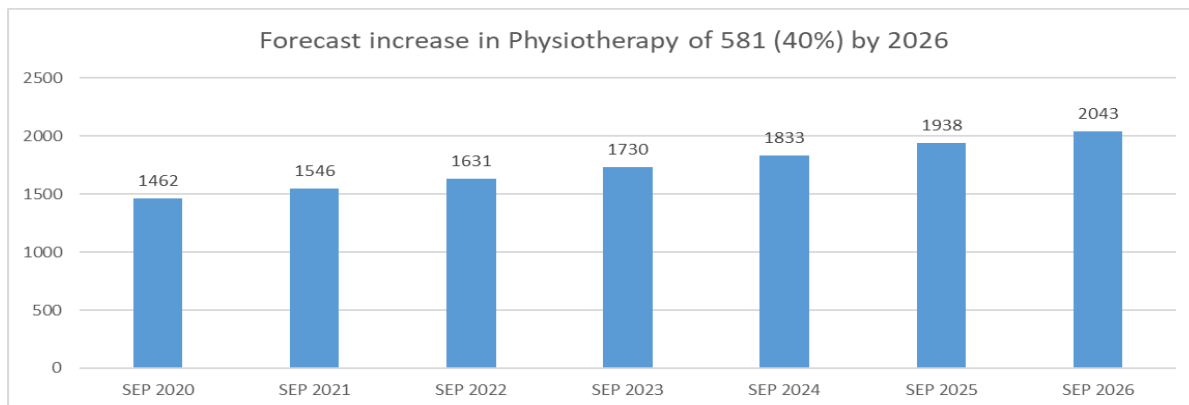
## Physiotherapy

NHS Wales currently employs circa 1,462 physiotherapists. In recent years, increasing demand has been driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service has been identified in the IMTPs. There is a well-developed model comprising of band 7 and a smaller number of 8a advanced practice/extended role physiotherapists that undertake prescribing and therapeutic injections reducing dependency on General Practitioners and emergency services. The development of new models of physiotherapy will also potentially impact on requirements in Trauma & Orthopaedic medical requirements.

Workforce modelling undertaken by HEIW provides evidence that the recent increases in investment in pre-registration training will result in an increase in the workforce in coming years.

HEIW recommends the maintenance of the commissioning numbers of **174** places in 2022/23.

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **581 (40%)** between September 2020 and September 2026 where the forecast is **2,043 FTE's**.



## Dietetics

Escalating rates and earlier presentation of diabetes and unacceptably high levels of obesity across Wales are well documented. In line with the Healthy Weight Health Wales obesity Strategy, dietetic services have been developed in all health boards and, working with their partners, are providing level one and two services. Aneurin Bevan University Health Board, Cardiff, and Vale University Health Board offer adult level 3 services. Other health boards are also currently developing their level 3 specifications, emphasising a future requirement for growth in dietetic services. There has also been a growth in requirement for patient group education to support diabetes management in addition to irritable bowel FODMAP dietary therapy group support. Other developments that will require dietetic services include the single cancer pathway and expansion of eating disorder services.

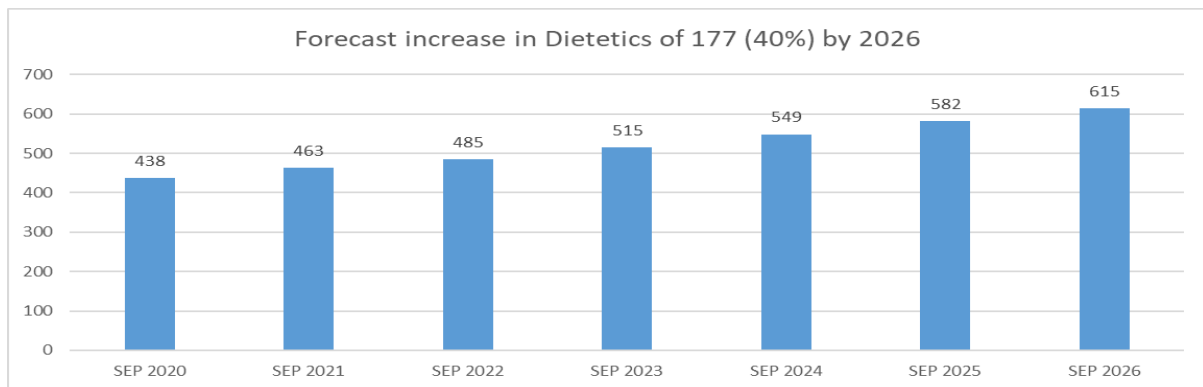
The Nutrition and Dietetic workforce in Wales need to be able to meet the challenges of Healthy Weight: Healthy Wales in its entirety from prevention to complex treatment and the long-term challenges of rehabilitation stemming from the COVID pandemic. The core clinical risk factors identified in the pandemic included Obesity and Diabetes. The demand for dietitians is across the spectrum from prevention and chronic condition management to rehabilitation and reablement. The NHS Wales Delivery Unit has also released Right Sizing Community Services to Support Hospital Discharges. The role of nutrition and dietetics is pivotal in the recovery and reablement pathway and a key enabler to achieving the desired rehabilitation goals. There is also a role in educating the wider multi- professional team in health and social care to enable the wider workforce impact and ensure consistency of nutrition messages across a range of settings.

Evidence exists of ongoing vacancies in service particularly in rural areas of Wales and use of agency staff.

HEIW significantly increased the commissions for this profession in 2021 (52 to 60 places an increase of **43%**). HEIW recommends maintaining commissioning at **60** for 2022/23.

The workforce intelligence model identifies that the dietetics workforce is projected to grow by **177 (40%)** between September 2020 and September 2026 where the forecast is **615 FTE's**.

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## Podiatry

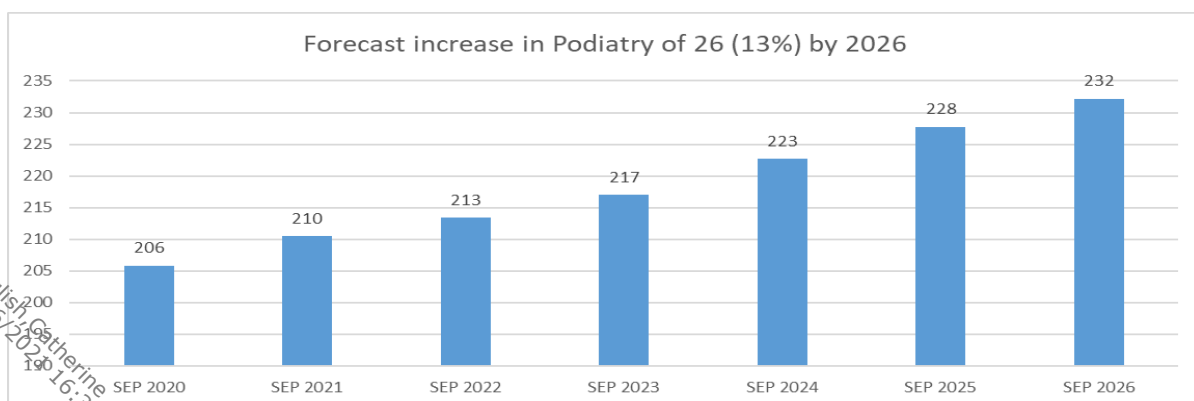
Within podiatry there is an ageing workforce. Over 55% of the podiatry workforce in Wales are aged 50+ (HCPC data, 2018). It is imperative for the sustainability of the profession that there are adequate numbers of podiatrists being trained to replace those who are retiring.

The number of people living in Wales with long term conditions which can affect the feet and lower limbs, such as rheumatoid disease, vascular disease and diabetes continues to rise, as does the population who are at risk of falls. It is vital that the podiatry workforce can meet the podiatric needs of the population both now and in the future as demand for podiatric interventions increases. Investment in the podiatry workforce will prevent a number of adverse and costly health outcomes including falls and lower limb amputations and help the population to remain healthy, mobile and active, supporting crucial public health outcomes and wellbeing of people across Wales.

Podiatry was not included in the recent round of streaming as one of the smaller professions but also because of the likelihood of progressing to work in the private sector.

HEIW recommends maintenance of the current commissioning numbers at **27**.

The workforce intelligence model developed by HEIW shows that the Podiatry workforce is projected to grow by **26 (13%)** between September 2020 and September 2026 where the forecast is **232 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



## Speech and Language Therapy

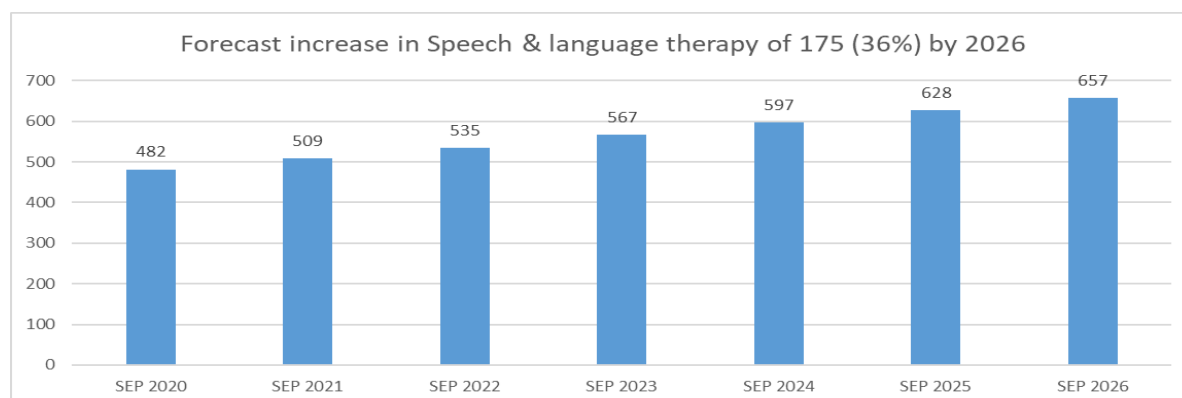
All health boards are required to provide clinical services through the medium of Welsh however the pressures in North Wales are more acute than other parts of Wales. Clinical posts exist which are deemed to be Welsh-essential and it is increasingly challenging to recruit suitably qualified and experienced staff to fill these posts. Welsh language use reported in Anglesey is 57% and Gwynedd 65% of the population. The BCU IMTP highlights the need for Welsh speaking SLT professionals specifically.

The strategic review of healthcare professional education will help to address this with the formation of a new SLT pre-registration programme in North Wales.

New developments within Unscheduled Care, Primary Care and Mental Health settings are predicated to lead to greater demand for SLT services. Currently, SLTs have replaced ENT Consultants' and Radiologists' time within instrumental swallowing clinics. Modelling suggests that currently, demand is being met by the existing training provision apart from Welsh language medium training.

It is recommended that speech and language therapy numbers remain at **49**.

The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **175 (36%)** between September 2020 and September 2026 where the forecast is **657 FTE's**.



## Paramedics

For 2021 the WAST IMTP stated the need for 100 paramedics to be commissioned. This is not possible for a number of reasons including the move to two providers in 2022. The need to ensure stable and sustainable growth within this area is vital. Therefore, in 2021 it was recommended that 75 places are commissioned on the BSc programme (an increase of 31%) in addition to an increase in EMT places. From 2022 as a result of the education strategic review HEIW is able to commission the full number requested in the IMTP.

HEIW recommends **86** on the BSc Programme (**13% increase from last year**) and **30** EMT conversion places. (It is noted that the EMT conversion programme is now 2 years in duration due to the HCPC requirement to education to degree level for this profession).

## Physician Associates

This year saw the third cohort of Physicians Associates graduate. The numbers in training have steadily increased and as part of the bursary tie-in arrangements, Physician Associates graduating in 2021 have been recruited as part of the streamlining processes. HEIW has worked with organisations to identify suitable positions for the graduates and this has led to an increase in the interest in employing Physician Associates across a wide range of medical specialties in secondary care and in a number of practices in primary care. Regulation of Physician Associates will come under the General Medical Council in 2022 which will open the opportunity for this role to become independent prescribers.

HEIW are working collaboratively with Bangor University and Swansea University, the Health Boards and Primary Care leads to develop more placements for Physician Associates. Maintaining commissions at 54 is challenging in the current climate and therefore, until further innovative placement capacity is developed further **HEIW recommends maintaining the level of education provision at 54.**

### 3. Pharmacy

A notable change for 2022/23 is that NHS Wales, as single lead employer, is unique in moving to offer only multi-sector trainee pharmacist programmes, based on GPhC 2021 interim learning outcomes and standard curriculum which starts to move further towards the new IETPs. The single programme will drive transformational changes to developing the pharmacist workforce. A single learning programme will improve alignment to the HEIW Strategic Equality Plan ensuring an equitable experience for all learners.

As pre-reg foundation pharmacist recruitment is becoming more challenging, with demand for trainees exceeding supply, a very clear offering to students of a single consistent and high-quality national multi-sector programme provides Wales with a marketing and recruitment advantage.

#### Pharmacy Technicians

In 2017 new initial education and training standards for pharmacy technicians were published incorporating extending learning outcomes in specific areas, such as accuracy checking of dispensed medicines and with an increased focus on person-centred care.

Our future aspiration is for multi-sector training for pharmacy technicians to become the norm to ensure person-centred care across the integrated care pathway. Initial steps have been taken with multi-sector pilots for pre-registration pharmacy technicians, but further explorations into workable models are needed during 2022-23.

Due to the fact that the learning outcomes relating to the preparation of pharmaceuticals changed to 'shows how', rather than 'does', a new pathway has been created to engage a minimum number of trainees, thereby providing new registrants for the pharmacy technical and manufacturing services in Wales. The first intake for both strands of the course is autumn 2021-22.

## Existing workforce

During the whole period of implementation of the new IETs, 2021-2026, the HEIW plan is to upskill the existing pharmacist workforce to achieve independent prescribing (IP) status. A career pathway for new registrants is being developed that will provide the opportunity to achieve IP status alongside a Royal Pharmaceutical Society (RPS) credential which will offer recognition of competence at the 'early career' stage, facilitating the pathway to RPS advanced and consultant level practice.

During 2021 the GPhC are reviewing the current requirement for a pharmacist to have worked in a clinical area for two years before training to prescribe in that area. If this requirement were removed, the rate at which the existing pharmacists' workforce could reach IP status could be accelerated.

The pharmacy technician workforce will be developed to lead pharmacy teams, specifically developing education, leadership and clinical skills in line with the national foundation and primary care frameworks.

Pharmacy requests in IMTPs have been prioritised in the context of the new initial education and training standards (IETs) that must be delivered for pharmacists and pharmacy technicians and the requirement to upskill the existing workforce to an equivalent level.

Recruitment challenges in specific staff groups and training capacity have been considered along with additional workforce intelligence to supplement Health Board education and training requests which have not all fully captured training needs of primary and community teams.

Recommendations are intended to support diversification within pharmacy teams. The key priorities for the pharmacy workforce in 2022-23 are:-

Priority	Purpose
<i>Provide <b>access to programme</b> for health care support staff to gain the necessary entry criteria for level 3</i>	Provides a 'widening access' route to pharmacy technician training, and a prudent workforce, releasing pharmacy technicians from historic roles (including dispensing).
<i>Implement a <b>national post-registration foundation pharmacist programme</b> that follows the multi-sector trainee pharmacist programme</i>  <i>(pending business case approval)</i>	Equitable support for novice pharmacists in all areas of practice to an RPS credential, assuring employers of 'level of competence' and expediting the registrant journey to prescriber and advanced practice.
<i>Increase annual numbers of <b>independent prescribing courses for community pharmacists</b> to 100 with supporting bursaries</i>	All patient facing pharmacists in Wales are independent prescribers.
<i>Continue to increase competency in <b>advanced practice</b> amongst the existing pharmacist and pharmacy technician workforce and for those transitioning to GP practice</i>	To deliver service transformation in medicines management close to people's homes.

By ensuring all training of our future pharmacy professionals is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of A Healthier Wales.

## Pharmacy Support Staff

Health boards report increasing utilisation of pharmacy assistants in place of pharmacy technicians as they can be more easily recruited and retained and can be developed into extended roles, for example undertaking medicines management in critical care during the pandemic.

There is a need to offer routes for progression for the additional assistants recruited during COVID. The 'access to' course is a priority with initial delivery planned early in 2022 through the Made in Wales workstream.

## Pre-reg Pharmacy Technicians

Health Boards report difficulty recruiting and retaining Band 4 pharmacy technicians as the number and type of roles for pharmacy technicians have increased. In addition, the existing pipeline of new registrants has slowed due to the introduction of new Initial Education and Training Standards (IETs) requiring a new training programme to be tendered and implemented, delaying the start date for the 2021 cohorts until Q3. Currently this development has a course funded through the modern apprenticeship route with NHS employers receiving full salary support for trainees and NHS contractors receiving a £2000 bursary to support workplace release over 2 years.

In hospital sites, training capacity for the 2-year, work-based apprenticeship is currently a barrier to increasing numbers. In community pharmacy, barriers are the ability of existing staff to meet the entry threshold for the training course, and the need for time with experienced tutors.

Despite the shortage of pharmacy technicians, post numbers are recommended to be maintained at 2021-22 levels for the next 12 months of commissioning. With the new training programme for pre-registration pharmacy technicians expected to commence in autumn 2021, it is recommended the course has time to 'bed-in' before increasing numbers.

During 2022-23 the priority is to introduce the 'access to' course, through the Made in Wales workstream, to create a pathway to pre-registration pharmacy technician training for pharmacy employees working at the assistant level who have the potential to progress. This will create a new pipeline to increase post numbers in future years.

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## **Recommendation**

- **NHS Employed 55**
- **NHS Employed Pharmacy Technical and Manufacturing services 8**
- **NHS contractor/community employed 20**

The medium-term aspiration for pharmacy technician training mirrors that for pharmacists; a quality clinical and technical experience across the whole integrated care pathway with an equitable bursary package. Whilst numbers are held constant in 2022-23, workable future models to deliver this aspiration will be explored.

## **Trainee Pharmacists**

Community pharmacists were added to the Home Office shortage occupation list in 2020 and with new GP practice and cluster pharmacist roles continuing to emerge in 2020-21, a continued gradual increase in trainee pharmacist numbers would be desirable.

However, for 2022-23 the number of trainee pharmacists must first be stabilised to facilitate an essential and accelerated transition to the new GPhC Initial Education and Training standards (IETs) through a single multi-sector model, with 100% of training posts having time in hospital, community and GP practice.

Initially, a five-year financial model was generated to support an increase in training post numbers towards 180 in 2022. A revised proposal for 2022-23 outlines why the subsequent announcement of an accelerated implementation of new IETs, requires post numbers first, to be stabilised at 132 to permit additional investment in the infrastructure that this more complex training model requires. The original increasing post funding will be re-purposed to support host organisations in all sectors via increased training grants for local administration, the introduction of Training Programme Director roles and increased staff infrastructure within the pharmacy foundation team.

The picture GB-wide is that the demand for trainee pharmacists in England, Scotland and Wales has begun to exceed the available number of graduates. It is vitally important Wales presents the best quality training model to continue its impressive 100% multi-sector fill rate, supported by the 'This is Wales: Train Work Live' campaign.

## **Recommendation: 132 multi-sector posts**

### **Post-Reg Foundation Pharmacists**

In 2021 the new UK post-reg foundation curricula developed by the Royal Pharmaceutical Society (RPS) will be launched. The curricula and assessment strategy have been produced through extensive stakeholder engagement across all sectors of practice. In addition, the curricula has been adapted to reflect the new GPhC IETs.

HEIW welcomes an agreed UK wide post-reg foundation framework for all sectors of practice. In line with these developments, HEIW intends to reshape the current commissioned Clinical Diploma/MSc for hospital pharmacists to offer a revised programme of learning aligned to the RPS post-reg foundation curriculum.

For 2022, the Wales transition includes financial modelling for 50 pharmacists on the new 'national post-registration foundation programme' and a final intake of 40 Clinical Diploma/MSc pharmacists in the NHS managed sector, prior to all posts being commissioned through the new national post-registration foundation programme in 2023.

## **Foundation Pharmacy Technicians**

Requests for developments for this staff group through IMTPs have increased three-fold since last year and include requests from community, primary and secondary care. There is increasing recognition of the need to upskill the existing pharmacy technician workforce, primarily as the value of the professional role is acknowledged and secondly, in direct response to role expansion prompted by the changing pharmacist role.

In anticipation of increased development of the pharmacy technician framework in all sectors against foundation and primary care frameworks:-

### **Recommendation:**

- **Increase the number of £1000 training bursaries for Level 4 Agored units (education, leadership, professional practice, procurement) from 20 to 30 in community pharmacy**
- **Increase the BTEC Level 4 clinical skills to 20.**

## **Independent Prescribing (IP) and Advanced & Extended Practice (A&EP)**

Considering that from 2026 all new pharmacist registrants will be IPs, this presents a five-year window where the need to upskill Wales existing patient-facing pharmacist workforce is a priority as Wales moves towards greater uniformity in terms of a proposed national programme of community pharmacy services, including independent prescribing.

In 2022-23 there is a need to further increase access to independent prescribing courses and advanced and extended practice developments for pharmacy professionals.

### **Independent Prescribing**

Approximately 50% of Wales 578 NHS employed patient facing pharmacists are IPs and this is significantly lower for the 1084 NHS contractor employed pharmacists and the figure is not known for locum pharmacists.

### **Recommendation: increase IP courses to 200 in 2022-23**

- **100 hospital and**
- **100 community, including 3k bursary**

The number of IP courses cannot realistically be higher due to two limiting factors. Firstly, the availability of Designated Prescribing Practitioners (including Designated Supervising Medical Practitioners). Steps to improve access ready for a continuing increase of commissions must be addressed to realise increases in academic intakes 2022. Also, the demand for affordable IP courses in Wales has reached the current HEI capacity and may necessitate tendering outside Wales.

## **Advanced & Extended Practice for Pharmacists**

Currently rotations in the second year of the diploma provide a pipeline of pharmacists competent to cover specialist hospital wards including: - mental health, paediatrics, critical care and technical services. It is important to maintain stability in areas of national clinical priority during the transition, and so adequate access to advanced and extended practice resources for the hospital sector need to remain whilst other mechanisms for developing generalist advanced practice are embedded to follow on from a national foundation programme.

In community pharmacy, the rate of engagement with minor ailments training has proved sustainable and remains a suitable pre-cursor to IP training.

Education is one of the 'four pillars of advanced practice'. Due to the need for more quality clinical placements for students and trainees in all sectors of practice to implement the new IETs, there is an increased need for skilled educational supervisors and mentors to be developed in the pharmacy workforce and health boards have not identified this in IMTPs.

As new courses for digital skills development of the clinical workforce are coming online, an increase in IMTP requests in this area has been seen and is supported as the pharmacy workforce seek to engage with this agenda.

**Recommend: increase funds 10% for hospital and maintain 2022 level for community**

**242k hospital and 250k community  
GP Transition programme**

The GP transition programme is currently the required programme for any pharmacist to achieve competence working in this sector. For 2022-23, continuing provision at current levels matches well with demand. This will be reviewed within 12 months as outputs from the primary care group aligning programmes to a central primary care training model.

**Recommendation: 30 transition programmes**

## **Specialist Services - Pharmacy Technical Services**

Pharmacy Technical and Manufacturing Services in Wales are currently undertaking a transformation project with Welsh Government. An approved capital fund of 67 million over the next 5 years will be used to reconfigure the way in which medicines are prepared and manufactured to meet the populations growing demand of 5-10% per annum. NWSSP will be the employer for three new manufacturing hubs across Wales, with one Clinical Director.

Overall, a skilled technical and manufacturing workforce needs to be grown using existing health board sites to train the staff for the future NWSSP units. The future workforce must be more diverse using different supply lines like science graduates and health care science apprenticeships alongside the minimum number of qualified pharmacy professionals required to attain regulatory compliance with the MHRA and for the Quality Assurance of Aseptic Services Standards.

## Pharmacy professionals

There have been difficulties recruiting specialist pharmacists due to a lack of skills and experience in this area due to significant underfunding for training over many years. Manchester University provides the only manufacturing MSc - Pharmaceutical Technology and Quality Assurance (PTQA) which enables pharmacists to specialise in technical services and, following a pan-Wales approach, pharmacy has a plan to stabilise and sustain the service through specialist staff development which can be seen through IMTP requests.

### **Recommendation: 7 MSc/PTQA courses**

## Pharmacy procurement

Purchase of medicines is a specialist role outside of NHS Welsh Health Supplies and requires a team trained to a global standard. The value of this service was proven during the pandemic as high demands on a narrow range of medicines was dealt with by skilled teams for which we need to undertake succession planning.

A foundation in the area will be provided through vocational training with an Agored Level 4 qualification in Procurement. For those then looking to specialise the entry level qualification is Chartered Institute of Procurement and Supply Diploma Level 4, which has previously been considered outside of the current Advanced practice criteria but needs to be available to enable succession planning for the whole of Wales in this specialist area. Level 5 and 6 have already been supported through the Advanced Practice route.

### **Recommendation: 5 CIPS course at the required level Consultant Level Practice**

An interim review of a 'Learning Needs Analysis', of the advanced practice pharmacist workforce, provides new evidence that pharmacists need support to develop multi-professional practice research credentials.

HEIW will work with stakeholders to identify the learning needs of the pharmacist workforce, which will prepare them for Consultant Pharmacist roles.

## **4. Healthcare Scientists**

Healthcare Scientists within healthcare represent a broad range of professional groups and specialisms and represent a rich and diverse group of over 50 disciplines. Staff numbers within each specialism or discipline are relatively small and the number of staff trained each year reflects this. There are greater numbers commissioned at undergraduate level Practitioner Training Programme (PTP) with smaller numbers at MSc Clinical Scientist Training Programme (STP) and PhD Higher Specialist Scientist Training (HSST) level. There has been a year on year increase in trainees at STP and there are now the most scientist trainees in the system than ever.

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## Healthcare Science PTP

The pathology workforce has been identified as a key area for workforce development following the demands of the pandemic and projected changes to workforce requirements in the development of diagnostic hubs and workstream progression such as the single cancer pathway. HEIW therefore recommends the expansion of the commissioned education for these professions.

HEIW Recommends **28** commissioned places (**10% increase from 2021**).

The Clinical Engineering professions have been key to meeting the demands of the pandemic and development of this very small workforce is at risk. HEIW has undertaken some work to commission a PTP programme in Wales as part of the education strategic review.

HEIW recommends **8** (**4** Rehabilitation Engineering and **4** Medical Engineering).

Workforce shortages and the service development plans in both Neurophysiology and Respiratory physiology has led to recommendations to increase commissions **8** and **4** respectively.

## Healthcare Science STP

The STP trainee programme continues to be a highly competitive and sought-after training programme with the NHS Wales recruitment process for 2021 lead by HEIW yielding 1500 applicants for the 35 available posts.

New areas to be introduced within the recommended numbers **39** for 2022/23 are Cellular pathology **HEIW recommend 3 posts** and MSc Clinical Science (Pharmaceutical) **HEIW recommend 3 posts**

- MSc Clinical Science (Pharmaceutical) trainees will utilise specialist centres in Technical Services Production, Radio pharmacy, Quality Assurance and Quality Control to create a new career pathway for science graduates. STP Pharmaceutical Sciences are already established in England. Graduates from Wales first cohort will complete in 2025 as new opportunities within Wales manufacturing units are anticipated to be coming online.
- The curriculum review of the cellular pathology STP programme undertaken by the National School of Healthcare Science has initiated an appetite to train STPs in this field, as previously the curriculum was not deemed suitable.

**HEIW recommends an increase of clinical scientist trainees (STP) to 39 for 22/23**

**HEIW recommends maintaining the same level of HSST at 8 for 22/23**

## Equivalence routes to registration

HEIW worked successfully with NHS organisations throughout 2019 to embed 'equivalence' pathways into the NHS for the healthcare science workforce. This supports individuals to gain professional registration and progress through the scientific career structure.

There is a continuing theme around a need for “grow-your own” and for in-house training to extend practice for Healthcare Science. Using equivalence to develop clinical and consultant scientists is a cost-effective way of realising the increase in numbers as reported in the IMTPs, whilst recognising the value and skills currently employed. This will enable the workforce to grow and develop and will support staff within the service to progress their careers whilst continuing to work.

**HEIW recommends that investment in equivalence continues at current level of £80,000.**

## **5. Post Registration and Post Graduate Education**

Developing the registrant workforce is integral in supporting the transformation and redesign of clinical services. Providing clinicians with funding to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high-quality patient care from expert practitioners.

There are a number of different funding streams to support staff development:

- Advanced and extended Practice education
- Non-medical prescribing
- Medical ultrasound education
- Reporting Radiography education
- Genomic Medicine Education
- Community Health studies (SPQ)
- Specialist Community Public Health Nursing (SCPHN)

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

### **Advanced and Extended Practice Education**

Investment has been consistently growing year on year. This has supported a wide range of clinicians to develop advanced and extended skills and has also supported health services to gain advanced practitioners. Priority areas identified for health boards and trust to target their spend for 2022 will be:

- Community and Primary care/GP OOHs
- Unscheduled care to include emergency care, critical care
- Cancer services
- Diagnostics
- Eye Health/Ophthalmology access
- Mental Health

It is clear that the Covid 19 pandemic affected the ability for registrants to be able to be released to undertake post graduate education programmes, as we saw an underspend against this budget at year end 20-21. The pandemic affected the ability for registrants to be able to be released to undertake post-graduate education programmes. HEIW are working with Health Boards to minimise the impact on study leave in 2021/22. The post reg education budget was £500k in 2016 and has

increased to £2m in 2021/22. Fully utilising the £2m in 21/22 and 22/23 is challenging and is significantly higher than previous investment levels. Full spend to maximise benefits to staff and Services is challenging but achievable and affords the opportunity for record numbers of staff to undertake masters level education.

**The recommendation is that the budget remains at £2 million**

### **Non-Medical prescribing Education**

Investment in these programmes increased for 20/21 to £500k. It is clear that the Covid 19 pandemic affected the ability for registrants to be able to be released to undertake these programmes, as we found ourselves in the same position as with advanced practice education. Also, the capacity within the university's in terms of numbers per cohort is at its upper limit.

**The recommendation is that the budget remains at the current level of £500k**

### **Reporting Radiographers**

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. Due to pressures on the Service it is difficult to increase the budget above the 2020/21 level of £40k.

**The recommendation is that the budget remains at the current level of £40k**

### **Medical Ultrasound/Sonography**

The development of Medical ultrasound/sonography skills amongst clinicians is now well established within NHS Wales. In 19/20 the fund started to be accessed across a broader range of professionals, e.g. podiatrists and physiotherapists. The level of need amongst the workforce continues to be significant, with some of this education requiring topping up from the advanced practice funding. This programme will be re-tendered for as part of phase 2 of the strategic review and the plan is to have new contracts in place by 2022. HEIW have had discussions with the Imaging Academy with regards to what part they can play in the delivery of this education. This funding also includes salary backfill funding at 2/3<sup>rd</sup> of the current trainee salary

**HEIW recommends that the budget remains at current level to enable new contracts to embed within the system.**

### **MSc in Genomic Medicine**

Genetics and Genomic medicine continue to build momentum within healthcare provision. Advances in this field have provided patients with earlier and more accurate diagnosis and more individualised treatment and patient care. Welsh Government has identified a need to increase the capacity and capability of the scientific workforce in genomic medicine, and the Genomics for precision medicine strategy was published in July 2017, which sets out the Welsh Government's plan to create a sustainable, internationally-competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales. Since then the Topol report (2019) has also been published which contains eight recommendations for genomics specifically, with a heavy emphasis on workforce development and

planning. This budget has seen significant rises in recent years and maintaining the growth will provide a challenging but achievable target.

**HEIW recommends that the budget remains at the current level.**

## Community Education

Specialist Practice Qualifications (SPQs): These programmes are currently under review by the NMC and a consultation on draft new standards is underway. The NMC states that:

*“Our new standards will ensure that people who use health and care services can be confident that they will receive high quality care from their specialist practitioner whether they're at home, in the community, or accessing public health services.”*

These standards have not been reviewed in around 15 years and now need to reflect how modern healthcare services are delivered in the community. Currently the funding supports the following:

- Programmes which lead to a **recordable** qualification, i.e. District Nurse, Practice Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Paediatric Community Nurse
- Programmes which may lead to an academic award which is not formally recognised by the NMC.

The tables below identify the number of students which it is recommended are commissioned for 2022-23.

Course Title	Ed Com. 19/20	Ed Com. 20/21	Ed Com. 21/22	22/23 (WF Plans)	2022/23 - HEIW Recommendations
<b>Community Health Studies</b>					
District Nursing (Part-time)	80	80	80	114	80
District Nursing Modules	123	123	123	100	123
Practice Nursing (Part-time)	20	20	20	22	30
Practice Nursing Modules	29	29	29	78	50
Community Paediatric (Part-time)	0	0	0	12	0
Community Paediatric Modules	24	24	24	17	24
CPN (Part-time)	30	30	30	62	30
CPN Modules	60	60	60	19	60
CLDN (Part-time)	0	0	0	10	0
CLDN Modules	10	10	10	12	10
Additional Modules	472	560	560	22	560

## Specialist Community Public Health Nursing

### Health Visiting

These programmes are currently under review by the NMC and a consultation on draft new standards is underway. Health Visiting is currently delivered through a number of routes.

- Full time: This is a full-time continuous 45-week course with a period of consolidation which takes the student up to 52 weeks.
- Part time: The part time route is undertaken on a part-time basis and usually completed over a period of 2 years
- Modular: Students undertake one or more specific taught modules over an undefined period of time.

The modular route continues to prove a challenge to service in releasing staff to undertake this programme.

**This a priority area in phase 2 of the strategic review. HEIW recommend maintaining the same level of education provision as in 2021/22.**

The tables below identify the number of students which it is recommended are commissioned for 2022/23

Course Title	Ed Com. 19/20	Ed Com. 20/21	Ed Com. 21/22	22/23 (WF Plans)	2022/23 - HEIW Recommendations
Health Visiting (Full-time)	58	58	58	85	58
Health Nursing (Part-time)	34	34	34	13	34
Health Visiting (modules)	30	30	30	6	30
School Nursing (Full-time)	14	14	20	31	20
School Nursing (Part-time)	5	5	10	8	10
School Nursing (modules)	3	3	0	0	0
Occupational Health (Full-time)	0	0	0	3	0
Occupational Health (Part-time)	0	0	0	7	0

## 6. Healthcare Support Worker Development

Healthcare Support Workers (HCSWs) make up 41% of the NHS Wales workforce and make a valuable contribution to service delivery in all settings with over half of this 41% working in roles supporting nurses and allied health professionals. Workforce profiling suggests that 80% of tomorrow's NHS workforce is in post today, therefore greater priority needs to be given to developing the skills and competences of the current workforce, to better meet the health and care needs of service users today and tomorrow. Without building capacities and capabilities in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's healthcare needs. There is an urgent need, therefore, to develop and invest in HCSWs working in primary, community and hospital services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer.

In addition, there needs to be equal opportunities for all HCSWs including those who work within Healthcare Science and Facilities Services. HEIW and WEDS previously have worked to fill the education gaps within the HCSW Career Framework and broadened it to include non-clinical areas by developing appropriate work-based learning qualifications. A number of HCSW qualifications sit within Apprenticeship Frameworks and HEIW have developed a draft Governance Framework for Work Based Learning which includes examples of the different models for delivery and

where HEIW could add value to the learner's experience. This workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sort to increase the numbers of HCSWs undertaking Apprenticeships, which are referenced to within a number of the IMTPs. It is expected that organisations will continue to maximise the use of Apprenticeship funding, which would increase the breadth of support that could be given to organisations from the non-medical education budget. HEIW is now the Welsh Government's Development Partner for the Healthcare Apprenticeship Frameworks, a role previously held by Skills for Health. An overarching Steering Group has been established, chaired by Alex Howells. One of the purposes of this Group is to ensure that NHS Wales has a suite of Apprenticeship Frameworks that met the needs of the HCSW workforce.

Other areas for the development of HCSWs outlined within the IMTP/Annual Plans and from ongoing discussions with Health Boards/Trusts include:

- Primary Care
- Joint Health and Social Care roles
- Theatres
- Healthcare Science
- Therapies, including Rehabilitation Support Workers

Healthcare support workers are playing an increasingly important role in the delivery of care across all areas of healthcare provision. HEIW has reviewed and refreshed the All Wales Delegation Guidelines to support the better use of the skills and competencies of Health Care Support Workers. HEIW will continue to increase its investment in the education of this workforce to ensure they are competent and confident to take on new areas of care and registered practitioners are confident to delegate work to them.

The development of this workforce will also provide those with the aspiration to continue their career and progress on to formal training programmes to become registered healthcare professionals, thus delivering the 'Made in Wales' ethos and also enabling individuals to 'earn while they learn'. Where possible this will be achieved using existing Apprenticeship Frameworks and the development of new Frameworks should this be required.

There has been significant increases in Healthcare Support Worker funding over recent years with the budget increasing from £500k in 2016 to £2.5m in 2021/22. Due to restrictions on staff study leave during 2020/21 the budget was not fully utilised. Therefore, utilising the full budget of £2.5m in 2021/22 is achievable but challenging and will result in the highest number of Health Care Support Workers being supported in Wales.

**HEIW therefore recommends that funding levels are maintained in 2022/23 which maintains the growth in the system.**

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## 7. Medical & Dental

For 2022/23 the approach to workforce planning for the medical workforce has focused on several key themes:

- Impact of the Coronavirus pandemic on medical training
- Unscheduled Care
- Cancer Care
- Review of small specialties, which have not been considered to date
- Diagnostic Specialties
- Review of specialties aligned to supporting Mental Health
- Promoting training programme sustainability by ensuring appropriate alignment of Foundation, Core and Higher training post numbers
- Other workforce priority areas identified by national policy or local UHB need.

Following a decision on the specialties for review for 2022/23 a series of engagement and planning meetings were set up, with membership comprising the Postgraduate Medical Dean and other leads within HEIW, to review workforce intelligence and data submitted by Training Programme Directors, Heads of School, Royal Colleges, Health Board IMTPs and any other relevant source of information in the following areas:

- Description of the demographics of the current medical workforce in the specialty including data and trends over time
- Predicted regional and national demand for the future workforce
- Current supply routes for the workforce
- Impact on quality of training programme if places were increased/decreased
- Opportunities for changes to service delivery e.g. upskilling other healthcare professionals
- Recruitment and retention trends within the specialty

This systematic approach has enabled a detailed review of a large number of medical specialties (Table 1), further developing our ambition to provide a comprehensive, responsive and consistent modelling approach to medical workforce planning.

Recommendations to commission or decommission training posts as outlined in this paper were agreed following an analysis of the key data as highlighted above alongside consideration of the recruitment and retention rates and historical trends within the specialty to determine appropriate levels of change (see Table 2 for the Workforce planning 2022/23- Criteria with supporting data).

In addition to the process as outlined above a 'deep dive' analysis was undertaken for Renal Medicine and Diabetes and Endocrinology; specialties where previous workforce modelling by the Centre for Workforce Intelligence indicated a potential oversupply of trainees in Wales and elsewhere in the UK. This 'deep dive' process has analysed and mapped trainee and consultant data over time to identify potential trends to assist with modelling and forecasting future numbers. This detailed process remains a work in progress and so at the point of writing recommendations for these specialties are not yet available and so will feature in the 2023/24 plan.

The medical workforce planning process and its recommendations is not undertaken in isolation from the process for other healthcare professionals. It is increasingly important to understand how new roles and new ways of working might support

delivery of service in areas which were traditionally considered the remit of the doctor. Cross sectional collaboration within HEIW is undertaken to explore future needs in this context and ensure clear understanding of progress for establishing new roles in other healthcare professionals, which could impact on the recommendations for medical training posts. This work is ongoing and at this point in time has relatively little impact on the medical recommendations in the specialty areas included for 2022/23. It is important to notice that in several specialty areas there is a limit in available medical training capacity e.g. histopathology and neurophysiology, something which impacts not just on medical training post opportunities but also on the support and supervision available to develop alternative roles for specialist/advanced practitioner provide future service.

**Table 1 – Medical specialties considered for 2022/23**

Unscheduled care		
Intensive Care Medicine	Emergency Medicine	Anaesthetics
See Foundation, Core and Higher alignment for Acute Care Common Stem, Core Anaesthetics and Internal Medicine		
Cancer Care		
Clinical Oncology	Medical oncology	Palliative Medicine
Small specialties		
Community and Sexual Reproductive Health	Oral and Maxillofacial Surgery	Clinical Genetics
Clinical Neurophysiology	Clinical Pharmacology & Therapeutics	
Diagnostic specialties		
Medical Microbiology/ Infectious Diseases	Clinical Radiology	Histopathology
Mental Health		
Child & Adolescent Psychiatry	Old Age psychiatry	Forensic Psychiatry
Learning disabilities	See Foundation, Core and Higher alignment for Core psychiatry	
Foundation, Core and Higher alignment		
Internal Medicine	Core Psychiatry	Acute Care Common Stem
Core Anaesthetics		
Additional workforce priorities		
Paediatrics	Public Health Medicine	Rheumatology
Gastroenterology/Hepatology	Diabetes & Endocrinology	Renal Medicine

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## Impact of the Coronavirus Pandemic on medical training

The Coronavirus pandemic which commenced in early 2020 has impacted medical training in a number of key areas and highlighted the need for more resilience in some specialties. There has also undoubtedly been an impact on the wellbeing of the medical workforce with reports suggesting increased levels of fatigue and potentially burnout. The Professional Support Unit has seen a significant increase in the numbers of self-referrals from medical trainees for health reasons since the second wave of the pandemic. It remains to be seen whether this will impact future recruitment and retention

**Foundation Training:** The majority of Foundation trainees were redeployed to support the care of COVID patients during the pandemic, significantly impacting on their experience and planned placements. However, due to the generalist nature of Foundation training, this had minimal impact on their progression.

**Core & Specialty Training:** Contingency arrangements were introduced for recruitment into Core and Specialty programmes with the introduction of online interviews and increased use of situational judgment testing as a method of entry. The necessary changes to the recruitment timetable will mean that final appointed numbers will not be available until mid-May for round 1 (core level (CT1/ST1)) and the end of June for round 2 (higher specialty (ST3/4)). Deferral arrangements and delayed start dates may need to be introduced for certain trainees who, due to VISA applications and travel restrictions, are unable to commence their programme as originally planned.

**Completion of Specialty Training:** Amendments to the Annual Review of Competence Programme (ARCP) process remain in place with the continuation of COVID specific ARCP outcomes alongside derogations of Training curriculum requirements. These have enabled the vast majority of trainees to progress in their training programme or from Core to Higher training, however the focus now is ensuring arrangements are in place going forward to support trainees and ensure outstanding competence and training requirements are met. Whilst derogations have enabled progression in the short term there is a significant cumulative risk and it is crucial this is mitigated by avoiding future redeployment of those most impacted up to this point. Of those trainees at critical progression points, i.e. approaching their Certificate of Completion of Training (CCT), we anticipate 10% are at high risk and 20% at intermediate risk of non-progression.

**General Practice Specialty Training:** Following initial suspended sittings of the MRCGP examination as well as GP trainees having to shield due to the COVID pandemic, the number requiring extensions to their training has increased. Additionally, a number of recruits had to defer their start dates to 2021 because of COVID related issues. These developments will delay the achievement of some GP CCTs for mostly only a few months, and hence an equivalent number of applicants for qualified GP vacancies in Wales in the next few years. A potentially much greater impact of the pandemic on progression has however been mitigated by supporting the RCGP to create a new exam, the Recorded Consultation Assessment (RCA) instead of the cancelled Clinical Skills Assessment (CSA), enabling the vast majority of GP specialty trainees to qualify as GPs no later than they otherwise would have.

Table 2 –Workforce planning 2022/23- Criteria with supporting data

Specialty	Longstanding departments	Significant projected for next 5 – 10 years	Significant	Curriculum	Impact of time king n training output and consultant WTE	Royal College recommendations
Intensive Care			✓			
Emergency	✓	✓	✓		✓	
Anaesthetics	✓	✓	✓	✓	✓	✓
Clinical Oncology	✓	✓	✓			✓
Medical Oncology	✓	✓	✓			
Palliative Medicine		✓	✓	✓	✓	
Community and Sexual		✓	✓			
Oral and	✓	✓	✓			
Clinical Genetics		✓	✓			
Clinical	✓	✓				
Clinical		✓	✓			
Pharmacology & Medical	✓	✓	✓			
Histopathology	✓	✓	✓			✓
Clinical Radiology		✓	✓			✓
Child & Adolescent	✓	✓	✓			
Old Age Psychiatry	✓	✓	✓			
General Adult	✓	✓	✓			
Forensic Psychiatry						
Learning	✓	✓	✓			
Paediatrics		✓			✓	✓
Public Health			✓			
Rheumatology	✓	✓	✓	✓		
Gastroenterology – Hepatology	✓			✓		
Renal Medicine						
Diabetes and Endocrinology						

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07/26/2021 16:32:44

## **Unscheduled Care**

### **Emergency Medicine, Anaesthetics and Intensive Care Medicine:**

The supply and demand analysis for Emergency Medicine, Anaesthetics and Intensive Care highlights a need to increase training post numbers just to maintain current levels but also to increase output to futureproof services against projected consultant retirements. Each of these three specialties have seen expansion agreed through recent workforce plans however in the case of Intensive Care Medicine and Anaesthetics further expansion is required.

Emergency medicine will require further expansion in future years due to a rapid increase in the proportion of trainees and consultant workforce choosing to work part-time. The main feeder programme for emergency medicine higher training is the Acute Care Common Stem (ACCS) pathway. Although recruitment directly into higher training in Emergency Medicine is feasible, this has traditionally not been a successful route in Wales. The focus therefore needs to be on ensuring that the ACCS programme can deliver what is needed. There is currently significant attrition from the programme meaning that the alignment between ACCS and the higher programme is not ideal and needs to be addressed to ensure sustainability. A review of the ACCS programme is currently underway to address these issues. Recommendations to expand ACCS follow below.

Alongside increased post numbers in these key areas, expansion is also required in core programmes directly aligned to these specialties. i.e. Core Anaesthetics, ACCS and internal Medicine to ensure a constant pool of applicants for future Higher Programme vacancies. This is covered in more detail in the Foundation, Core and Higher alignment section.

### **Cancer Care Clinical and Medical Oncology**

Cancer services remain a priority for Welsh Government as highlighted in the Cancer Delivery Plan for Wales (2016 – 2020) with incidences of new cases rising by approximately 1.5% a year and set to rise by at least 2% a year for the next 15 years<sup>4</sup>. Both Clinical and Medical oncology are projected to see a significant workforce shortfall in future years due to an increase in demand and projected consultant retirements.

### **Palliative Medicine**

With a recognised increased lifespan of patients with advanced disease and comorbidities requiring longer periods of specialist palliative care and a need to support the provision of palliative care services in hospital, care home, and community with particular focus on community provision out of hours, the demand for end of life care has increased significantly. Projected consultant vacancies in Palliative Medicine over the next 5 years will not be met by the current projected supply of trainees on the training programme.

<sup>4</sup> Welsh Cancer Intelligence & Surveillance Unit (2015) Cancer in Wales: 2001-2013. <http://www.wcisuwales.nhs.uk/sitesplus/documents/1111/WCISU%20Official%20Stats%20Report%20Final%20English.pdf>

## **Small specialty review**

### **Community and Sexual Reproductive Health Medicine**

Community Sexual and Reproductive Health (CRSH) is a relatively new training programme and a small specialty with 2 training posts in Wales commencing at ST1. The Faculty for Sexual Reproductive Health (FSRH) is concerned that the CSRH consultant workforce is in a succession crisis as it is estimated that one third of the current medical workforce (in Wales and the rest of the UK) could retire in the next 5 years. There is considerable overlap between Genito Urinary Medicine (GUM) and CSRH, but also a different emphasis on areas of expertise. GUM consultants work closely with CSRH colleagues to provide complex sexually transmitted diseases and HIV care as well as basic contraception services. CSRH specialists have greater expertise in complex contraception and gynaecology, but also possess some of the basic skills of a GUM physician. Whilst CSRH is a popular specialty with high competition rates across the UK, GUM has experienced sustained recruitment challenges with vacant posts despite multiple recruitment rounds. As a result of long-term vacancies on the GUM programme in Wales and for the reasons outlined above, a temporary shift of funding from GUM to enable CSRH post expansion has been agreed for August 2021.

### **Oral and Maxillofacial Surgery**

Across Wales there are ongoing recruitment challenges to Consultant Posts in Oral and Maxillofacial Surgery (OMFS). There have been reported consultant and SAS grade vacancies in almost every UHB in Wales over the past 5 years. This is despite successfully recruiting Specialty Trainees at almost every recruitment round and excellent retention post CCT, showing that the output from the training pipeline is currently insufficient to meet the needs of the service in Wales. With an ageing population and an associated significant rise in skin cancers & other malignancies of the head and neck, the demand for OMFS services will continue to rise.

### **Clinical Genetics**

The recommendations from the Genomics for Precision Medicine Strategy launched by Welsh Government in July 2017 reflect the increasingly important role of genomics in future healthcare, something that was also highlighted in the Topol Review published in 2019<sup>5</sup>. Both reports recognise the need for more genomically-trained clinicians, including consultants in clinical genetics. As a result of the Genomics for Precision Medicine Strategy funding was made available for two new full-time consultant posts within the All Wales Medical Genomics Services (AWMGS). Unfortunately, the service was unable to recruit to these posts as no Wales genetics trainees had completed their training at that point and there was no interest from outside of Wales. The lack of applicants from outside Wales is not unusual; in the last 20 years, only one of the eleven substantive consultants recruited to South Wales was not on the Wales genetics training programme. AWMGS are therefore very dependent on the Wales training programme to supply and maintain the permanent workforce. Other genetics services across the UK are in a similar situation and there are a significant number of unfilled posts nationally.

<sup>5</sup> [The Topol Review — NHS Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/topol-review)

## Clinical Neurophysiology

Clinical Neurophysiology is a small specialty with a small number of consultants spread across Wales, one of whom is likely to retire in the next 5 years. There are long term consultant vacancies reported across most Health Boards. The training programme comprises one training post which is currently vacant following an inter-deanery transfer. Historically recruitment into the specialty is challenging with posts remaining vacant on the programme following multiple recruitment rounds. Both previous trainees completing training in Wales subsequently took up consultant posts in England. Across the UK there is a significant demand for Clinical neurophysiology consultants. Previous reviews by Welsh Government have suggested that much of the work delivered by the Consultant workforce could be performed by non-medically

trained Physiologists. Swansea Bay UHB and Cardiff and Vale UHB Joint Executives, the Chief Scientific Adviser in Welsh Government agreed to sponsor an all Wales Neurophysiology project in 2019 under the [National Healthcare Science 'Looking Forward' Framework](#), bringing together Neurophysiology colleagues from across Wales to identify key issues that Neurophysiology face as a service. With concerns regarding the current training capacity, recruitment and retention impacting on the sustainability of this training programme in Wales we await the outcome of this review prior to making further recommendations.

## Clinical Pharmacology and Therapeutics

The Clinical Pharmacology and Therapeutics (CPT) programme comprises 2 posts with 1 trainee having recently commenced in February 2021. Recruitment into this programme has been a challenge with multiple years of unsuccessful recruitment attempts. It is a higher training programme (recruitment at ST3 level) and the fact that trainees have very little exposure to CPT during their foundation and core training is thought to be part of the reason for poor recruitment into the specialty. With recent consultant expansion in CPT across North Wales, along with an increase in the training capacity we will be exploring the movement of the current vacant training post from South Wales to North Wales. Within the proposed expansion of Internal Medicine, a post will be created in CPT to provide exposure to the specialty earlier in a trainee's career, which can influence career choices if the training experience is good.

## Diagnostic Specialties

### Medical Microbiology & Infectious Diseases

Demand for Medical Microbiology and infectious Diseases continues to increase, a need further highlighted by the Coronavirus pandemic. There is a recognised national shortage of trained medical microbiology/infectious diseases staff and these shortages are also present for nursing and scientific staff in this specialty area. Across the current establishment of consultants in this area in Wales approximately 30% of posts are currently vacant and projected retirements over the next 5 years will exacerbate this.

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07/26/2021 16:32:44

## **Histopathology**

Workload in Histopathology increases year on year and complexity of reporting has dramatically increased in recent years especially around cancer reporting and the developing requirements and technology for genetic and molecular testing. The evolving field of genomics will significantly increase histopathology workforce requirements. The most recent Royal College of Pathology Census report highlighted that in Wales, 36% of consultant staff are aged 55 years or over, a disproportionate percentage compared to the other UK nations. There is a need for an increase in the number of histopathology training posts in Wales to support the current and future workforce needs. There is however a major challenge is retaining these trainees due to a significant pay differential between England and Wales and limited training capacity to support expansion. Exit interviews with 2 trainees who have been awarded CCTs in May 2021 confirm high satisfaction with the training programme but both flagged the issue of pay differential as impacting on retention of some of their trainee colleagues. Work is underway to explore the issues around training capacity and potential solutions.

The training sites in South Wales are at the limit of training capacity, however there is scope to expand by small numbers in North Wales.

## **Paediatric and Perinatal Pathology**

Paediatric and Perinatal Pathology is a relatively new specialty with two training posts in Wales, which are now vacant. The only trainee to complete training on this programme has recently finished and taken up a post in Bristol due to a lack of suitable consultant vacancies in Wales. With only one Consultant trainer on the programme, recruitment into the programme is currently frozen as the current trainer feels unable to train alone.

## **Clinical Radiology**

The 5-year Clinical Radiology training programme has seen a significant expansion in recent years resulting from recommendations in previous workforce plans. The expanded numbers of radiology trainees will result in an increased output of CCT holders from 2023 on. The expansion was driven by the stated needs from UHBs in Wales and it is essential UHBs begin to plan for this output and commit to appointing them as consultants. The most recent Royal College of Radiologists census report highlighted continued issues with the radiology workforce in Wales with 25% of the consultant workforce predicted to retire by 2024. To ensure the training programme continues to sustain an intake of 20 per year in South, Mid and West Wales and up to 2 per year in North Wales, further expansion is required for 2022 in line with the Imaging Academy Workforce recommendations.

## **Interventional Neuro Radiology**

Interventional Neuroradiology (INR) is a subspecialty within the Clinical Radiology training Programme. Across Wales there is an unmet need in INR most significantly in the south. The INR service in South Wales does not currently support a full mechanical thrombectomy service to meet the needs of patients presenting with large vessel stroke. A GMC regulated credential in mechanical thrombectomy is likely to be approved in 2021. This is intended to enable existing CCT holders with relevant endovascular catheter skills e.g. cardiologists & neurosurgeons, to undertake training to support mechanical thrombectomy services in Wales. There is however a significant

concern that the training of this credential may not currently be deliverable in Wales. HEIW continues discussions with the stroke lead for Wales and radiology colleagues to explore how this might be supported. Even if deliverable, this approach is unlikely to address the service gap and patient needs long term and there is a requirement to also support radiology trainees to access the relevant INR training as part of their training programme. In the absence of current training capacity, this training will initially have to be provided outside Wales. Arrangements have been put in place to pilot this approach in a specialist centre in London commencing February 2022.

## **Mental Health**

The supply and demand analysis for Higher Psychiatry training and associated services highlights a need to increase training post numbers to address current shortfalls in consultant numbers, projected consultant retirements and future service demand.

Child and Adolescent, Old Age, General Adult Psychiatry and Learning Disabilities all report significant workforce challenges now and in the future. Forensic Psychiatry, however, has a stable NHS consultant workforce with young consultants and with good recruitment and retention in the specialty. Whilst expansion is needed within the Higher General Adult Psychiatry training programme, this is not currently recommended as recruitment to the current establishment remains challenging with ongoing vacancies; therefore, the priority for this specialty is to recruit to the current establishment before expanding further. Expansion in Child and Adolescent and Old Age Psychiatry is also much needed and the probability of filling any vacancies within these specialties is much higher. Recruitment into Higher Psychiatry Specialty training remains a challenge following successive years of low fill rates in the Core Psychiatry programme (the feeder stream); a range of incentives have seen an increase in recruitment to core psychiatry over the last few years, and we are reviewing the impact of this on recruitment to higher psychiatry training.

## **Foundation, Core and Higher alignment**

When reviewing training workforce plans and recommendations, it is essential that an overall view considers the training pipeline from Foundation to Core and then to Higher training where applicable. Any increase or decrease in post numbers will impact alignment between training grades and subsequent recruitment and retention into the specialty.

### **Foundation to Core alignment**

In 2019 a Business Case was shared with Welsh Government outlining a need to expand training posts at Foundation level to address training pipeline challenges we have now and in the future with expanded Medical School output and increases across Specialty Training Programmes as detailed in this and previous Education and Workforce plans. The paper recommended a phased expansion programme commencing in August 2020 with increases to Foundation Year 1 and Year 2 posts required over a 5-year period as detailed in Table 3.

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07/26/2021 16:32:44

**Table 3 – Proposed Foundation Expansion Programme**

	Number of F1 posts	Number of F2 posts
<i>August 2020</i>	351 (+12)	339
<i>August 2021</i>	381 (+30)	351 (+12)
<i>August 2022</i>	411 (+30)	381 (+30)
<i>August 2023</i>	450 (+39)	411 (+30)
<i>August 2024</i>	450	450 (+39)

### Core to Higher Alignment

The Medical Workforce recommendations incorporated within this paper for the August 2022 intake include expansions within Higher training programmes to ensure the output aligns to the future consultant workforce needed. However, candidates for these higher programmes will need to have completed Core training or equivalent to be eligible at application. As a result, a review considering the alignment of our core to higher programme has been undertaken to ascertain what impact expanding posts at the higher level may have if no change is made to the feeder streams.

### Internal Medicine

Within this paper recommendations have been included to increase the number of higher medicine programmes (Clinical and Medical Oncology, Clinical Genetics, Rheumatology and Palliative Medicine). Recruitment into Internal Medicine has previously been a challenge however following curriculum changes and a move to a three-year programme instead of two years has enabled a redistribution of posts across the three years. This however has reduced the number of trainees progressing through the Internal Medicine Programme which in turn will reduce the output of the programme and trainees eligible to apply for and progress into Higher Medical Training. The ratio is currently 1:1 in terms of numbers completing Internal Medicine training and posts advertised for Higher Training however as expansion continues across the Higher programmes this ratio will reduce in future years.

### Core Psychiatry

Within this paper, recommendations have been included to increase the number of training posts in higher psychiatry programmes (Child and Adolescent and Old Age Psychiatry). In addition to this there are long term vacancies across the higher programme with insufficient suitable applicants at present. Applicants to Higher Psychiatry Training must have completed Core Training or demonstrate equivalence. After years with significant recruitment challenges the Core Psychiatry Training Programme has been able to demonstrate fill rates of 100% over the last few years which will provide a throughput of more eligible applicants for higher training. However, the rates currently completing Core Training remain too low to address the significant vacancy levels across all higher Psychiatry training areas therefore an expansion to this programme is recommended to meet future current and future workforce demand across this specialty area. There is a risk that the significant expansion of core psychiatry posts across England may impact on fill rates of these

core posts in Wales, but it is considered important to try and align core and higher and maximise the intake at core level

### **Acute Care Common Stem and Core Anaesthetics**

The Acute Care Common Stem (ACCS) programme is made up of 2 years rotating across Emergency Medicine, Intensive Care Medicine, Anaesthetics and Acute Medicine before a final 2 years in the 'parent' specialty. This programme is the feeder programme for Higher Emergency Medicine training and provides run through training opportunities for Emergency Medicine trainees thereby removing a need to apply for the Higher Emergency Medicine Programme. In order to ensure appropriate alignment between ACCS and the Higher Emergency Medicine Programme, address attrition rates within the programme and expand CCT holders to meet service demand there remains a requirement to increase the numbers of trainees following the ACCS Emergency Medicine pathway. Whilst recruitment to Emergency Medicine training can also occur at ST3/ST4 this is a less attractive option to trainees and has been a much less successful approach in Wales.

Trainees who have undertaken the ACCS Anaesthetics programme are much more likely to dual accredit and train in Intensive Care Medicine (ICM) and Anaesthetics.

For those trainees entering ICM who have not completed an ACCS programme they immediately need to take time out of programme to obtain the necessary skills in Emergency Medicine and Acute Medicine prior to commencing ICM training. This creates temporary gaps on the ICM programme and pathway. To meet ICM future demand we are recommending an increase in the number of posts on the ACCS Anaesthetics Programme. Existing Core Anaesthetics posts will be converted to ACCS Anaesthetics posts however to enable the completion of the programme additional posts in Emergency Medicine and Acute Medicine will be required.

In August 2022 the new Anaesthetics training pathway will be introduced which will see Core training increasing by one year (from 2 to 3 years) and Higher training reducing by the same amount (from 5 to 4 years). To maintain the required output of the Higher programme to meeting projected consultant demand and ensure alignment between Core and Higher training going forward a small increase in posts on the Core Anaesthetics programme will be required.

### **Additional workforce priorities** **Public Health Medicine**

The COVID-19 pandemic response has highlighted long-standing challenges within Public Health Medicine highlighting the work of health protection and epidemiology alongside broader work of the specialty in terms of determinants of health inequalities. The need for public health medicine to address the post-pandemic impact on health, wellbeing and inequalities will keep the demands on the specialty elevated for very many years and will necessitate expansion in the workforce.

### **Rheumatology**

Across the UK it is estimated that 40% of Rheumatology posts are unfilled with a high turnover of jobs in some areas, including parts of Wales with longstanding vacancies. The demand for rheumatology services are increasing and consultant expansion is progressing in other parts of the UK to meet this demand alongside initiatives to improve waiting times and the requirement for early and intensive treatment of

inflammatory arthritis following the development of new drugs which transform patient outcomes. Several centres in Wales have explicitly outlined the need to expand their consultant workforce and there are long standing vacancies in other centres in Wales. The service need has been accentuated as trainees have been required to dual train with general medicine for the last few years and more are opting to support general medicine services as consultants thus reducing the proportion of their time to support rheumatology service delivery.

## **Gastroenterology – Hepatology**

There is currently no provision for Wales Gastroenterology trainees to undertake advanced Hepatology training leading to sub-specialty accreditation in Hepatology. Over the last few years Welsh trainees have had to apply for these posts in England/Scotland and relocate; over half of those moving returned to Wales to become Consultant Hepatologists. Liver disease is the commonest cause of premature death in men in the UK and has resulted in a major rise in outpatient and inpatient episodes. During the past 5 years, 50% of advertised gastroenterology and hepatology consultant posts particularly in district general hospitals in the UK, have been unfilled because of an undersupply of CCT holders. A significant expansion in Hepatology Consultants is required, according to workforce data and the need to improve outcomes for patients with liver disease. From September 2022 with the introduction of the new training curriculum, Gastroenterology trainees will do 2 years of core training in Gastroenterology and Hepatology and trainees will have a choice of spending the final 2 years in luminal gastroenterology or hepatology. Gastroenterology trainees currently would have to become sub-specialty accredited in Hepatology to become Consultant Hepatologists. The sub-specialty accreditation is achieved by spending 9 months in a level 2 hepatology training unit and 3 months at a transplant centre in London to address training requirements.

## **Paediatrics**

The most recent Workforce Census Overview from the Royal College of Paediatrics and Child Health (RCPCH) estimates that the demand for Paediatric Consultants in the UK is 21% higher than the workforce in place in 2017. The report notes that demand for paediatrics is increasing stating that paediatric emergency admissions have grown in Wales by 17.2% between 2013/14 and 2016/17. There has also been an increase in the numbers of children presenting to primary care and secondary care as well as increases in paediatric A&E cases. The Paediatrics Consultant workforce has a fairly even age profile in Wales, however 2017 RCPCH Census data highlighted that 49% of consultants in Wales are aged 50 or over. Within the training programme, there is a move towards less than full time training (LTFT) with rates in paediatrics having increased across the UK. With almost 75% of UK paediatric trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further and early data suggest this may also translate into an increase in part time working at the consultant grade. The increase in the numbers of trainees opting to train LTFT, coupled with the feminisation of the workforce and increased frequency of maternity leave is leading to an increase in rota gaps particularly in the higher part of the programme (ST4+). Paediatrics is predominantly a run through training programme with most recruitment occurring at ST1 level. Trainees often commence the programme working at 100% WTE at ST1 level, with at least 30% reducing to 60-80% whole time equivalent by ST4 and therefore the intake at ST1 needs to reflect this change in working pattern.

## General Practice

In early 2019, Welsh Government supported HEIW to increase its GP training input target from 136 to 160 with the option to recruit up to 200 if suitable applicants were available. GP training capacity has been increased significantly to support this expansion. This target window was provided in the knowledge that future variability both in numbers of applicants passing selection assessments and also placement capacity between these limits would be likely to vary somewhat from year to year depending on training capacity, applicant numbers and numbers requiring extensions to training which will inevitably increase as a consequence of both the increased intake and COVID related factors.

In 2019, 187 Doctors were successful recruited to GP training in Wales. In 2020, this number increased to 200. HEIW is scoping methods to help understand current qualified GP workforce levels in Wales and to help develop ways to predict the future required workforce. These initiatives will help inform future refinements to the target window for recruitment to GP Specialty Training in Wales. **In the interim, we recommend that the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible, is maintained.**

## Workforce Recommendations for 2022/23

Following a comprehensive review of all information and data made available to HEIW the table below details the recommendations for 2022/23.

Unscheduled Care	
Emergency Medicine	No increases are recommended for the Higher Emergency Medicine programme for 2022 (see Unscheduled Care section for further details). To review again for 2023.
Higher Anaesthetics	Increase of 3 Higher Anaesthetics posts.
Intensive Care Medicine	Increase of 4 higher Training Programme posts
Cancer Care	
Clinical Oncology	Increase by 4 additional Higher Training posts implementing year 2 of the proposal to expand by 4 posts per year for 5 years.
Medical Oncology	Increase by 3 additional Higher Training posts implementing year 2 of the proposal to expand by 3 posts per year for 5 years.
Palliative Medicine	To increase Palliative Medicine training by 2 posts for August 2022 and a further 2 posts for August 2023.
Small Specialty Review	
	To temporarily convert one of the GUM posts to CSRH using existing funding to enable an additional appointment into CSRH for 2021 if possible but if not 2022.

Community Sexual & Reproductive Health (CSRH)	To recommend an increase of 2 CSRH posts for August 2022
	To explore options for increasing exposure to both CSRH and GUM on the Foundation Programme and for GUM within Internal Medicine.
Oral and Maxillofacial Surgery (OMFS)	To increase the OMFS training programme by 2 posts in August 2022.
Clinical Genetics	To increase the Clinical Genetics Training programme by 2 posts in August 2022. <i>Note - agreement and temporary funding was identified to enable one post to commence in August 2021.</i>
Clinical Neurophysiology	To await the recommendations of the Neurophysiology workforce review. This is considered a fragile and vulnerable training specialty.
Clinical Pharmacology and Therapeutics (CPT)	To retain the 2 posts in CPT and review for 2023. To explore moving one post to North Wales.
	To increase exposure to CPT during Internal Medicine training to increase recruitment in the specialty.
<b>Diagnostic Specialties</b>	
Medical Microbiology/ Infectious Diseases	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 3 of a plan to increase posts every year for 5 years.
Clinical Radiology	To support the recommended expansion as required to appoint 22 trainees for the 2022 intake with 20 in the South and 2 in north Wales.
	To create an INR post which will rotate as required to specialist centres in England to enable Welsh trainees to obtain this much needed training.
Histopathology	To increase Histopathology training in North Wales by 1 post for August 2022.
	To undertake an urgent review exploring solutions to the training capacity challenges within Histopathology and Paediatrics and Perinatal Pathology to make recommendations to Chief Executives in June 2022.
<b>Mental Health</b>	
Child and Adolescent Psychiatry	North Wales – to increase by 2 posts for 2022. <i>Note - agreement and temporary funding was identified to enable one of these posts to commence in August 2021 as part of a phased introduction.</i>
	South Wales – to increase by 2 posts for 2022 and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Old age psychiatry	To increase by 2 training posts for 2022, 2 for 2023 and a further 2 for 2024. With a review once the HEIW review on Mental Health workforce has reported its findings.

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<i>General Psychiatry</i>	<i>Adult</i>	To make no changes to the current level of posts on the General Adult Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
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<i>Forensic Psychiatry</i>		To make no changes to the current level of posts on the Forensic Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
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<i>Learning Disabilities</i>		To convert the shared LD/CAMHS post in North Wales to LD thereby increasing the programme by 1 post. To review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
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### **Foundation, Core and Higher Programme Alignment**

<i>Foundation</i>		To increase the number of Foundation Year 1 posts by 30 and Foundation Year 2 posts by 30 for August 2022 as detailed in the Foundation Expansion Business Case.
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<i>ACCS Emergency Medicine</i>		The ACCS Programme is expanded by a further 4 posts for 2022 and a further 2 posts in 2023. This will complete the development of the Bangor Programme and enable a new Programme in Cardiff to be created to maximise current training capacity.
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<i>ACCS Anaesthetics</i>		5 new posts are to be created in Emergency Medicine and Acute Medicine to enable the creation of a ACCS Anaesthetics programmes to support the alignment with Intensive Care Training
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<i>Anaesthetics</i>		Increase of 5 Core Training Programme posts to ensure alignment between Core and Higher programmes and to meet training curriculum and LTFT requirements going forward.
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<i>Internal Medicine</i>		To increase Internal Medicine training by 12 posts for August 2022
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<i>Core Psychiatry</i>		To increase Core Psychiatry Training by 8 posts for August 2022.
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### **Additional workforce priority areas**

<i>Public Health Medicine</i>		Recruitment into existing training posts is to be maximised and to support this funding for 2 posts is required for 2022 and for 3 posts in 2023.
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		Work should be undertaken to maximise the current interest in the specialty from Junior Doctors. This includes the provision of Foundation Training Placements in Public Health Medicine within the Foundation expansion programme
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<i>Rheumatology</i>		To increase Rheumatology training by 2 posts for August 2022 and a further 2 posts for August 2023.
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<i>Gastroenterology – Hepatology Specialist post</i>		To create 1 Hepatology Sub-specialty post for August 2022 with 3 months of this time spent in a specialist centre outside of Wales.
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<i>Paediatrics</i>		Increase of 4 ST3 posts to enable the expanded numbers of trainees created in 2020 and 2021 to progress through the training programme and to front-load the programme to maximise %WTE from ST4 onwards.
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<i>General Practice</i>		Maintain the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible
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## Medical Workforce challenges

This workforce review has highlighted several key themes which require further work and consideration over the next 12 months.

**Training Capacity:** Anaesthetics novice opportunities are currently limiting our ability to expand the ACCS Emergency Medicine pathway to the rate required to produce sufficient applicants for the Higher Emergency Medicine programme to meet future consultant workforce demands. Likewise, within Histopathology there is a clear workforce need to expand training numbers within this specialty however training capacity, particularly in the South, limits Wales' options to deliver this.

**Fragile specialties:** Paediatrics and Perinatal Pathology has seen recruitment frozen this year due to insufficient trainers on the programme to deliver sustainable training. The Occupational Medicine programme is also on hold due to limited sustainable training options. The Clinical Neurophysiology is now also vacant with concerns regarding sustainability across this programme where trainers are fragmented across Wales. These small fragile programmes require a detailed review to ascertain the most appropriate action to inform future workforce and delivery plans for Wales.

## 8. Dental

Oral health care in Wales is delivered predominantly in primary care settings with independent contractors in General Dental Practice, however dental services operate across all healthcare sectors. The dental team provide routine, urgent and out of hours emergency dental services. Dental specialist care is also available in primary and secondary care settings. Most dental speciality training is undertaken at Cardiff Dental School and District General Hospitals situated in Local Health Boards.

In order to meet current and future oral health needs, evidence suggests that there needs to be increased access to dental teams, specifically those professionals that can deal with the needs of an ageing and more vulnerable population. The emphasis on dental care is likely to shift from multiple treatments to the prevention of disease and the dental team is well placed to address this. The introduction of dental contract reform will allow greater participation from Dental Care Professionals (DCPs) that would allow the capacity of the whole system including those working across the community sector to increase.

Greater numbers of consultant/specialist dental staff need to be trained, along with additional skilled DCPs to meet identified needs. In general, Wales does not have a problem recruiting undergraduate dental professionals, however there is a lack of dental expertise as there is a failure to retain many of the young professionals that are trained. Policies need to be developed to attract and encourage dental professionals to train, live and work in Wales on a long-term basis to sustain the workforce supply.

Workforce planning – Dental Specialty Training (DST) – work has commenced to bring DST into the planning cycle for the HEIW annual Education Training and Commissioning Plan. This will ensure posts are commissioned and training is provided in areas of need based upon evidence.

Workforce planning – Dentists with Enhanced Skills (DES) – a key aim of A Healthier Wales is to provide patients with rapid and increased access to specialised services close to their home, thus reducing unnecessary referrals to secondary care. HEIW are

planning to develop an All-Wales Dentists with Enhanced Skills Framework that will provide quality assurance for those who wish to undertake the next level of training to deliver specialised services in general dental practices. Health Boards will be able to commission the services of those trained to meet local need.

Workforce planning – Dental Care Professionals (DCPs) - to date there is little contemporaneous information on the DCP workforce to evidence workforce, training and education needs. This is a priority area for dental and HEIW as this workforce underpins much of the system reforms in primary dental care. We will work with Workforce Analytics colleagues in HEIW to address this.

We will engage with a range of key stakeholders to ask specific scoping questions regarding the development needs of DCPs in regard to meeting the expectations of A Healthier Wales, and the Looking Forward publication which will be produced by the CDO in the next few months to support the whole system change that dentistry will adopt later in 2021 and into 2022.

We want to be able to accurately place the right emphasis on delivering the skills and competencies the workforce needs in order that we can meet the needs of our service users today and tomorrow. This will build on capacity and capability within our existing dental workforce. Workforce planning suggests that 80% of tomorrow's workforce is in post today.

We will work with colleagues in the All Wales Faculty for DCPs to identify career pathways and training routes for DCPs, engaging with the Made in Wales campaign. This would further support a positive route for attracting and retaining staff into a role as a dental nurse and help to support a career structure for DCPs.

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## Priority Workforce Areas

### Critical Care

In July 2018 the Minister for Health and Social Services announced an additional £15million for Critical Care in Wales and a task and finish group was established that made recommendations to Welsh Government in July 2019 on the workforce. It is recognised that the coronavirus pandemic, which commenced in March 2020, impacted on the health boards implementation plans for critical care, as emergency planning for the pandemic saw an immediate expansion of critical care capacity across all health boards. Welsh Government has established a revised group to consider workforce issues in this area and HEIW is a key stakeholder in this group, including as a representative on the UK group looking at education and training for critical care nursing.

HEIW has reviewed Health Board Annual Plans in regard to workforce planning for the critical care workforce and to inform specific recommendations within the Education and Training Plan including in relation to medical training. HEIW will prioritise requests for funding for extended practice training for critical care.

### Diagnostics

There have been a number of strategic documents published in the past 5 years that outline the issues and the need for change in diagnostic services. The recent coronavirus pandemic has also highlighted pressures on these services which has led to an increase in demand due, in part to backlogs as a result of Covid, and as a result of issues such as changes in practice and potential further increase in demand due to Long Covid.

The two Statements of Intent for Imaging and Pathology note a number of workforce challenges within diagnostic services and recommended the need for changes to the workforce including development of extended roles and the need for skill mix change. Despite the impact of the pandemic, work has started to develop strategic workforce plans and during 2021/22, HEIW will be working with the NHS Wales Collaborative to develop workforce plans for the Imaging and Cellular Pathology workforces in Wales.

HEIW has reviewed Health Board Annual Plans in regard to workforce planning for these areas and to inform any recommendations within the Education and Training Plan. For imaging this has been in relation to Diagnostic Radiographers and ongoing increase to the training of Radiologists and in Cellular Pathology this has been in relation to healthcare science and medical training. Consideration will also be given to requests for extended skills training in advance of the development of the national strategic workforce plan and to the need for Radiology Assistant Practitioners or alternative Level 4 training routes.

The National Endoscopy Programme for Wales was introduced as part of the Welsh Government initiative to ensure that services were able to meet the increasing demands for this service as part of the support for the single cancer care pathway. The demand for services is currently significantly higher than the available core services, the development of a sustainable solution is of paramount importance.

HEIW will work with the National Endoscopy Programme to develop approaches to support Health Boards to review their endoscopy workforce and ensure sufficient capacity is planned with commissioning of the endoscopy training programme to include all bands of staff, developing sustainable and transformational roles to accommodate the demand, to maximise the output of the endoscopy service in Wales.

## **Infection Prevention and Control**

HEIW have been working with the service, Social Care Wales and Welsh Government to support improvements in the compliance of infection control practices across the system. HEIW worked with partners to produce Infection Prevention and Control (IP&C) educational standards which are providing the foundation for the development of new programmes of training and development. This includes a review of the current mandatory training in NHS Wales and a new programme targeted specifically at operational clinical leaders, including nursing leads within care homes.

HEIW is progressing work on the development of an IP&C workforce plan for the specialist IPO&C workforce which will be completed during 2021/22.

## **Proposals for A Primary and Community Education and Training Framework**

Working with partners, HEIW is leading a programme of work to establish an all Wales framework for primary and community care education, training and workforce transformation, that supports a network of Locality Training Hubs that will sit alongside Health Boards.

The HEIW vision will enable local training hubs to support the delivery of a multi-disciplinary team model of working through a consistent all Wales approach and influence service and workforce development in the following way, by:

1. Creating more training practices for training the future multidisciplinary primary care workforce
2. Increasing the impact of health professionals in primary care
3. Having more health care professionals with supervision roles
4. Ensuring that multi-disciplinary training and interprofessional learning become regarded as markers of training quality.

The aim is to establish an All-Wales Framework for education, training and workforce transformation for a wide range of occupational groups. HEIW proposes a network of 'Locality' Training Hubs that will sit alongside and have close links with Health Boards. The Locality Hubs would be supported and guided by a multi-professional group within HEIW.

More work is required, in terms of consultation and project planning, prior to Welsh Government scrutinising HEIW's proposals.

## **Optometry/Eye Care**

Eye care is delivered across all sectors by a wide range of healthcare professionals in primary and secondary care in both scheduled and unscheduled services. Given the aging population, the development of new treatments and the cancellation of outpatients appointments during the Covid epidemic, demands on all eye care services are increasing. Ophthalmology currently has the second-largest waiting list of all specialities. The 'Future approach to Optometry Services in Wales' document from Welsh Government outlines the direction for the future delivery of eye care

services over the next decade. Negotiations for a new optometry contract are in line with recent changes to dental and GP contracts, with emphasis on clinical service development and patient-centred decision making. The new contract will be phased in from 2022.

The optometry regulator, the General Optical Council (GOC) are making major reforms to the education and training of optometrists across UK nations. The first cohort of students on the new programme will commence in 2023/24. GOC key reforms include 48 weeks of placements integrated throughout any programme and a registrable degree. Additionally, degrees are likely to include independent prescribing and take 4 years. Changes will also be introduced such that new postgraduate CPD which will include reflection and be targeted at scope of practice.

## Commissioning of training and education

Extended eye care services in primary care optometry practice requires personnel with appropriate training and qualifications to manage patients. NICE guidance provides clear evidence-based monitoring and management options for eye care professionals e.g. in glaucoma. Additionally, having more optometrists capable of independent prescribing enables greater numbers of patients to be treated in community without onward referral, reducing demand on secondary care and General Practice. Continuation of commissioning will continue to ensure that there is at least one optometrist in every cluster in Wales with higher qualifications and Independent Prescribing registration by 2023 to support a reduction in demand for ophthalmology. HEIW began commissioning 3 types of higher qualifications and placements in 2019 with the aim of having at least one optometrist qualified in every cluster in each health board by the end of 2022. In 2019 only one health board (Hywel Dda) had 100% coverage for one qualification. The situation by the end of this year is shown in the table below.

During 2020/21, Independent prescribing optometry services (IPOS) have been in operation in 3 health boards. These services have ensured that patients can have access to independent prescribing optometrists so that they can be managed in

% qualified for all clusters in each HB

Health Board	Independent Prescribing	Medical Retina	Glaucoma Certificate	Higher
Aneurin Bevan UHB	100%	100%	50%	
Betsi Cad UHB	64%	107%	29%	
Cardiff & Vale UHB	144%	178%	44%	
Cwm Taf Morg UHB	113%	175%	88%	
Hywel Dda UHB	142%	229%	114%	
Powys THB	113%	125%	50%	
Swansea Bay UHB	167%	100%	50%	

primary care without referral. As an example of how these services have proved

effective, during Covid in CAVUHB using 4 optometry practices resulted in 375 IPOS appointments between 1st April 2020 – 31st May 2020 with 95% of appointments resulting in no onward referral to the hospital (UHW). HEIW is in discussion with BCU Optometry Advisers to facilitate further placements to support the increase in Independent Prescribing and Glaucoma Higher Certificates.

The challenges have been qualifications requiring placements; these stopped during Covid. This has meant there is a lag for Higher Certificate in Glaucoma progress. There has also been a reluctance in some health boards for optometrists to attend glaucoma clinics as there is a lack of glaucoma consultants. This is an ongoing challenge, but some health boards have taken on extra placements to ensure continuity.

HEIW supports the allied health professions and nursing workforce by funding postgraduate qualifications. Publication of the Royal College of Ophthalmologists Ophthalmic Common Clinical Competency Framework (OCCF) in 2019, creates a common educational pathway for secondary care for allied health professions and nursing teams to upskill. It includes a set of clinical competencies suitable for supporting the delivery of eye care to specific groups of patients in hospital eye care services. It assesses those competencies to defined standards in several key areas of ophthalmology. The OCCF may be a useful tool to help secondary care service provision by making best use of the nursing and AHP workforce to support ophthalmology.

To optimise the nursing and orthoptists workforce to provide extended eye care services, targeted education and training is necessary. HEIW has set up a working group with representatives from each health board in Wales with the aim of delivering education and training that supports and delivers optimal patient services for all the eye care workforce. Agored Level 3 training has been developed which HEIW has supported to ensure that Health Care Support Workers and other professionals can take on roles within hospital eye units and be trained in basic ophthalmology skills. HEIW will work with health board representatives to support and build the eye care workforce from Agored Level 3 up to advanced practice.

## **Development of a workforce plan and strategy**

Optometry is a growing profession. The numbers of optometrists registered with the GOC stating that they work in a practice in Wales has grown from 602 in 2012 to 743 in 2020 (GOC, personal communication) There are currently approximately 1,000 optometrists with supplementary list numbers registered in Wales, representing all practicing optometrists, employed, locum and cross border optometrists. The discrepancy in the numbers highlights the problems associated with a changing workforce picture. Currently, to register on a Wales Supplementary list or Contractor list, each performer (optometrist) must apply to NHS Wales Shared Services Partnership via a paper application form. An optometrist performer must apply to a specific health board. Dispensing opticians and contact lens opticians are not required to be on any list. Once approved, each performer (optometrist) is issued with a list number. The list details are checked annually although if the performer is still active throughout the year, it is presumed that no details have changed. The list number is assigned to the health board to which the performer (optometrist) applied for, although the performer is able to use the same list number to work in any health board area.

To implement a workforce strategy, robust data of our existing workforce 'shape' needs to be collected. HEIW has set out to collect and collate the workforce data for optometry and the ophthalmic workforce in all areas of Wales, including a standard supply model outlining the supply, shape and skill mix of our workforce. Our current

data does not allow this, therefore, HEIW has implemented a workforce survey supported by NHS SSP, Welsh Government and the profession. The results of this survey will be used to start to define the current and potential future shape of our workforce. A first proper, informed workforce plan can then start to be developed alongside recommendations for future workforce data gathering. The results from the workforce survey will be presented in September 2021.

HEIW will continue to build on the work initiated to extend the role of optometrists through additional postgraduate education, to shift the focus of common eye conditions into primary care optometry practices. We will integrate the training, education and support of optometrists and contact lens opticians in Wales into HEIW and we have extended the Welsh Clinical Leadership Training Fellowship programme to incorporate optometrists as the next phase of developing this into a multi-professional programme.

Evaluating a new mentor and support service for newly qualified optometrists will enable us to determine further plans and link into Continuing Professional Development (CPD) and scope of practice. We will build on success in providing multi-professional education and continuing professional development in line with HEIW's aspirations with a focus on quality assurance and determining the value of CPD in changing practice.

## **Mental Health**

HEIW is undertaking a review of the current workforce model and is working with the Mental Health Network, Social Care Wales and Welsh Government to develop recommendations for future roles. Development of roles will focus on a sustainable long-term workforce.

The education mental health practitioner is a newly developed role within England and early indications are that this would be an opportunity to commission places in Wales specific to the CAMHS workforce with a focus on early intervention and prevention in line with Welsh Government "together for mental health, delivery plan 2019-2022". Similar roles will be explored for the entire mental health workforce with a view to commissioning appropriate training and education programmes.

We are working with the perinatal and early years CAMHS T&F group to develop an infant mental health training programme, open and accessible to a range of professions at multiple levels.

HEIW is commissioning 30 places for the CAMHS level 7 this year and is reviewing and developing in partnership with our education providers expanding a portfolio of relevant modules linked to ensuring increased skills and knowledge of children and young people (including identified areas of perinatal mental health).

## **Clinical Psychology**

Demand is increasing across the service due to increased demand for mental health services, this has been exacerbated by the pandemic. The mental health workforce plan identifies a need to grow the workforce which delivers talking therapies and sufficient clinical psychology workforce is needed to ensure we have adequate numbers to support and supervise the introduction of new roles and extended team.

Workforce data also shows that there is an ageing workforce with the risk of a third retiring within the next 5 years.

There have been large rises in psychology trainees in England which has been widely publicised which has led to greater pressure for Wales to follow suit. The number of trainees has been rising year on year in Wales but only by very small margins, due to placement capacity. September 2020 saw 29 trainees commence as agreed in the training plan, but we were fortunate to be able to provide an extra 2 places which have been deferred to September 2021.

The second phase of the strategic review of health professional education will include the procurement of the Clinical Psychology Doctoral programme which is currently commissioned from Bangor University and a Cardiff and Vale/Cardiff University collaboration. Numbers for these programmes are relatively small however IMTP's each year identify that more numbers of trainees need to be commissioned. This training programme is the most expensive one to fund as trainees are employed on a band 6 salary and HEIW also covers faculty costs. If numbers continue to grow sufficiently and the investment in this workforce is forthcoming, then we may be in a position to introduce a third provider to cover the west Wales hard to reach areas.

**HEIW recommends that clinical psychology doctorate trainee numbers will increase to 36.**

### **Clinical Associate Psychologists (CAPs)**

In the training plan for 2021 we introduced CAPs as an emerging role, that will help to increase access to psychological therapies. These roles have been successfully introduced in England over the past few years. This role is an exciting opportunity to expand the psychological workforce. These roles are open to psychology graduates who undergo one year of training at master's level to become part of the applied psychology workforce at pre-registration level. This is an employed model of training which is predominantly work based. There is a supply chain as there are a copious amount of these graduates exiting from HEI's annually. CAP's are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The plan for 2021-22 is to commence the procurement process to be in a position to commission these roles by 2023 hence the need to increase the clinical psychology workforce who will supervise their training. This training programme has been incorporated into phase 2 of the strategic review and we aim to go out to tender for a contract to deliver this training in Wales alongside the tender for Clinical psychology provision.

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## Rehabilitation/AHP Workforce (Advanced AHP)

There are 13 Allied Health Professionals (AHPs) which make a diverse contribution across the whole health and care system. AHPs are core professions providing rehabilitation and other therapeutic interventions across all health and care settings, for all age groups and have played a significant role in meeting the rehabilitation needs of people directly or indirectly affected by COVID-19. Previous years' commissioning numbers reflected the key role that AHPs play in the plans to expand community/primary care services. Whilst this transition has not yet taken place across Wales, there is a continued need for transformation in this direction. This need is reinforced by the impact of the COVID-19 pandemic, greater strategic leadership for AHPs in the Strategic Programme for Primary Care and initiation of the AHP Programme to support the delivery of the AHP Framework: 'Looking Forward Together'.

There has been a climate of growing recruitment challenges for AHPs, with evidence of unfilled vacancies, particularly in rural areas. 2021 saw the introduction of streamlining for AHP graduates to overcome this challenge and to reduce the number of graduates trained in Wales under the bursary scheme who are lost to other the wider UK job market.

In terms of education provision for AHPs in Wales, the majority has been based in the Cardiff area and delivered by sole providers, i.e. only one training programme in Wales delivered by one University. With the Strategic Review of Pre-Registration education contracts in 2021, for some AHP professions there will be new courses initiated in 2022. In order to maintain financial viability of all courses and continue to provide an excellent student experience, minimum commissioning numbers have been included in the contracts. This will add resilience to the commissioning model, enable students to have local access to healthcare education and support more regions of Wales to develop a more local workforce.

HEIW will build on recent innovations in practice through the delivery of the Allied Health Professional (AHP) Framework for Wales – Looking Forward Together over the next two years. Through improvements in workforce design and planning, education, training, innovative service models and leadership development we aim to support the development of the AHP workforce to transform how we meet the needs of people in Wales. The AHP programme of work aims to marry the key themes from the AHP Framework, A Healthier Wales and the Workforce Strategy for Health & Social Care, to support Health & Social care recovery and reset following COVID-19 by making the most of the current spotlight on the key role AHPs play. This programme offers the opportunity for AHPs to showcase their offer to improve population resilience and enable their ability to self-care. There is a commitment to whole systems shift from hospital-centric models to out of hospital/community and primary care provision, from reactive management to early intervention and prevention. The programme embraces the need to think more broadly around how people can have their care needs met closer to home. The programme aims to build on HEIW priorities to ensure AHPs embrace digital technologies in practice, build accessible rewarding career pathways for the registered and unregistered workforce and enhance the leadership infrastructure for AHPs.

Close working with both multidisciplinary and multi-sector partners will aim to improve innovation in the provision of practice placement education to increase the range and quality of education outcomes and student experience. These partnerships will also be instrumental in shaping the AHP offer within in primary and community care, and associated education and training required to support this shift in practice.

We will also review the learning from the streamlining agreement that has been put in place for AHP graduates to ensure that the process meets the needs of services and graduates, facilitating a smooth transition from education into employment across the health and care system in Wales.

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<b>Meeting Date</b>	<b>14/06/2021</b>	<b>Agenda Item</b>	<b>2</b>
<b>Report Title</b>	<b>Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case (SOC)</b>		
<b>Report Author</b>	Professor Margaret Allan Christian Favager		
<b>Report Sponsor</b>	Professor Pushpinder Mangat		
<b>Presented by</b>	Professor Pushpinder Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>To introduce the Strategic outline case which will guide the implantation of the New IETP mandated by the General Pharmaceutical Council to the Health Education and Improvement Wales(HEIW) Board.</p> <p>To seek HEIW Boards endorsement of the Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case and its submission to Welsh Government.</p>		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• This SOC has been developed by the Pharmacy Deanery and has been scrutinised by <ul style="list-style-type: none"> <li>○ The HEIW Pharmacy IETP Steering Group</li> <li>○ The HEIW Executive Team</li> <li>○ The Education Commissioning and Quality Committee</li> <li>○ Full Board Briefing</li> </ul> </li> <li>• The SOC describes <ul style="list-style-type: none"> <li>○ The path to Independent Prescribing Status for all newly registered Pharmacists by 2026</li> <li>○ The need for new undergraduate clinical placements</li> <li>○ The need for transforming the current multisector preregistration year into a different Foundation Year</li> <li>○ The need for a new postgraduate programme</li> <li>○ The steps required in a phased approach to achieve the above</li> </ul> </li> </ul>		
<b>Specific Action Required</b> (please ✓ one only)	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>			

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	That the HEIW Board endorses the Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case and its submission to Welsh Government.
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## **Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case (SOC)**

### **1. INTRODUCTION/ BACKGROUND**

The pharmacy regulator, General Pharmaceutical Council (GPhC), are making major reforms to the undergraduate and early postgraduate education and training of pharmacists across the UK. Implementation of the changes will start in August 2021.

As our population grows, and more people live with long-term conditions, the demands and expectations on our pharmacy services are changing and increasing. In recognition of this need, the implementation of the reformed initial education and training (IETP) standards for pharmacists will produce pharmacists with enhanced clinical skills and independent prescribing (IP) status, more quickly than at present.

This means that pharmacists will be able to offer patients assessments, diagnoses, advice, referral as well as enhanced medication care from the point of registration as part of a wider multi-disciplinary team.

The current programme will transform into the new framework over a number of years with the first new cohort registering in August 2026.

There are 4 distinct but overlapping areas to address

- Undergraduate placements
- Transformation of Pre-registration year into a Foundation year
- Transform post registration support to those who are registering before 2026 to attain the same qualifications and standards as those registering after 2026
- Devise a new post registration framework to support new registrants after 2026

The Programme Team have used their best endeavours to apply reasonable estimates, assumptions, and extrapolations in analysing the data. While this is considered sufficient for a high-level strategic cases, the figures presented should be seen as the starting point for ongoing analysis, rather than definitive in themselves.

The Programme Team has set out in this SOC to identify challenges and opportunities, without predetermining the best or most appropriate solutions

#### **Projects:**

The programme will be managed through seven projects. The projects will ensure all objectives of the five-year programme implementation are delivered safely and effectively.

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## Programme objectives are to:

Ensure the safe transition of learning outcomes across the learning pathway, pre and post-registration

Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025

Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026

Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion

To ensure all pharmacists in Wales identified (or self identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026

Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.

All prescribers in Wales are utilising a standard Competency Framework in their practice

Secure appropriate funding to deliver changes to training pathway

## 2. PROPOSAL

That this SOC, which describes the case for implementing this mandated change via a safe and effective change management programme process is endorsed as the initial working document which HEIW and Welsh Government use to develop this programme.

## 3. GOVERNANCE AND RISK ISSUES

The Programme Team have used their best endeavours to apply reasonable estimates, assumptions, and extrapolations in analysing the data. While this is considered sufficient for a high-level strategic case, the figures presented should be seen as the starting point for ongoing analysis, rather than definitive in themselves.

There will be a requirement for ongoing scrutiny via HEIW internal mechanisms and internal Gateway reviews to modify and update plans as required.

There may be unintended consequences of introducing these changes such as a poor intake during some of these years as students may defer while waiting for the final programme to be implemented.

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## 4. FINANCIAL IMPLICATIONS

The IETP programme will be funded through utilisation of existing funding pathways and new investment.

### Existing Funding:

The funding of the new multi-sector Foundation year (previously known as pre-registration year) is established via a business case in 2019. Some additional funding may be required over the future years dependant on numbers and required changes to meet the new standards.

Post-registration Foundation training will be restructured to ensure emerging registrants achieve the new learning outcomes. Existing funds in the Education Commissioning plan for the Clinical Diploma will be repurposed to support this programme.

Additional funds for the existing established workforce to acquire the identified new skills will be managed via the advanced and extended budget within the commissioning plan.

### Business Cases:

There is a requirement in the SOC to prepare several business cases for the identified new investment within the programme. These cases will be presented as per the anticipated timelines.

Description	Type	Date	Funding needed by
Foundation Team Resource Business Case	Business Case	Apr-21	Immediate
**Repurposing of existing budget**	Finance	May-21	Immediate
Post-Registration Foundation Business Case	Business Case	May-21	Jul-21 to procure by Dec-21
Quality Management (Foundation Year) go-live	BAU	Aug-21	N/A
Competency Framework Paper	Recommendations	Oct-21	N/A
Competency Framework Business Case (if required)	Business Case	Dec-21	TBC
Foundation Team resource review	Recommendations	Jan-22	N/A
Experiential Learning Paper	Recommendations	Jan-22	N/A
Experiential Learning Pilot Business Case (if required)	Business Case	Feb-22	Jun-22 to commence Aug-22
Experiential Learning full Business Case	Business Case	Nov-22	Apr-23 to commence Aug-23
Novice IP Paper	Recommendations	May-23	
Post-Registration Foundation Tranche 1 go-live	BAU	Sep-22	
Novice IP Business Case (if required)	Business Case	Nov-23	Jun-24

**\*\*This business case is brought to the attention of the Board separately in another paper**

**New Investment:**

Investment in the four-year MPharm undergraduate course for additional clinical placements.

Quality Management of the educational pathway has yet to be agreed. Once the framework has been established additional investment maybe required.

**5. RECOMMENDATION**

That the HEIW Board endorses the Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case and its submission to Welsh Government.

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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 implementation of these standards will have a positive effect on Patient Care and Safety			
<b>Financial Implications</b>			
There will be a period of double running of old costs versus new costs			
<b>Legal Implications (including equality and diversity assessment)</b>			
These standards are mandated by the regulator and as such are supported by statute			
<b>Staffing Implications</b>			
There will be increased staffing requirements in HEIW to ensure delivery of this programme and its governance			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Consistent with "A Pharmacy vision for A Healthier Wales"			
<b>Report History</b>			
<b>Appendices</b>	<b>Appendix 1:</b> Implementation of Initial Education and Training Standards for Pharmacists (IETP) - Strategic Outline Case		



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## Implementation of Initial Education and Training Standards for Pharmacists (IETP) Strategic Outline Case

Version No:	1.3
Issue Date:	08/07/21

### Version History

Version	Date Issued	Brief Summary of Change	Owners Name
1.0	18/05/21	Draft Submitted to IETP Implementation Board	Margaret Allan
1.1	07/06/21	Changes made based on IETP board and executive feedback	Margaret Allan
1.2	11/06/21	Additional Information added to section 4: <b>4.5</b> (i) IP modules (ii) Novice IP  <b>4.6</b> (i) Foundation (ii) Experiential Learning (iii) Novice IP	Margaret Allan
1.3	08/07/21	Additional information added to Section <b>1.4.2</b> based on Questions from Tina Donnelly -HEIW Board Member.	Margaret Allan

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07/26/2021 16:32:44

## Contents – Strategic Outline Case

	Section		Page
	<b>Glossary of Abbreviations &amp; Acronyms</b>		<b>3</b>
	<b>Preface</b>		<b>4</b>
	<b>Executive Summary</b>		<b>4</b>
<b>1</b>	<b>Strategic Case</b>		<b>5</b>
	1.1	Regulatory framework	5
	1.2	Political framework	6
	1.3	HEIW strategic plans	7
	1.4	1.4 Educational framework	8
		1.4.1 Pathway to registration	8
		1.4.1 (i) Undergraduate Courses in Wales	8
		1.4.1 (ii) Wales pre-registration year	9
		1.4.2 Existing Pharmacist Workforce	10
		1.4.2 (i) Current pharmacists	10
		1.4.2 (ii) Newly Registered pharmacists	10
	1.5	Potential Scope	10
	1.6	1.6 Benefits & Risk	11
		1.6.1 Benefits	12
		1.6.2 Risks	13
		1.6.3 Constraints	14
		1.6.4 Dependencies	14
<b>2</b>	<b>Economic Case</b>		<b>15</b>
	2.1	Introduction	15
	2.2	Critical Success Factors	15
	2.3	Scope	15
	2.4	Long-list Options for IETP Implementation	15
	2.5	Long-list Options against Programme objectives	16
	2.6	Conclusion of Long-List	16
	2.7	Short-listed options	18
	2.8	Estimating Costs	18
	2.9	Preferred Option	18
<b>3</b>	<b>Commercial Case</b>		<b>19</b>
<b>4</b>	<b>Financial Case</b>		<b>20</b>
	4.1	Learning Outcomes	20
	4.2	Experiential Learning	20
	4.3	4.3 Multi Sector Foundation	20
		4.3 (i) Capacity	20
		4.3 (ii) Independent Prescriber Learning	21
	4.4	Post Registration Foundation	21
	4.5	4.5 Existing Workforce	21
		4.5 (i) IP Modules	21

		4.5 (ii)	Novice IP	21
	4.6	4.6	Quality Management	22
		4.6 (i)	Foundation	22
		4.6 (ii)	Experiential Learning	22
		4.6 (iii)	Novice IP	22
	4.7		Competency Framework	22
	4.8		Staff & Resources within HEIW (outside of Projects)	23
	4.9		Summary of estimated programme costs	24
	4.10		Provisional milestones for finance and executive team engagement	25
5	<b>Management Case</b>			<b>26</b>
	5.1		Introduction	26
	5.2		Programme Scope	26
	5.3	5.3	Projects within the Programme	27
		5.3.1	Project Objectives	27
	5.4		IETP Implementation Programme & Project Roles & Responsibilities	28
	5.5	5.5	Programme and Project Management (The Methodology)	30
		5.5.1	Governance Framework	30
	5.6	5.6	Programme Review and Assurance	32
		5.6.1	Internal Governance Arrangements	32
		5.6.2	Gateway Reviews	32
	5.7		Procurement and Contract Management	33
	5.8		Programme Plan	33
	5.9	5.9	Risk Management	33
		5.9.1	Issues	35
	5.10		Post Implementation and Evaluation Arrangements	35
	<b>Appendices</b>			<b>36</b>

## Glossary of Abbreviations & Acronyms

<b>GPhC</b>	General Pharmaceutical Council
<b>IETP</b>	Initial Education and Training standards for Pharmacists
<b>SOC</b>	Strategic Outline Case
<b>PDaHW</b>	Pharmacy Delivering a Healthier Wales
<b>BC</b>	Business Case
<b>SOP</b>	School of Pharmacy
<b>NES</b>	NHS Education for Scotland
<b>BAU</b>	Business as Usual
<b>FTE</b>	Full Time Equivalent
<b>QM</b>	Quality Management

## IP Independent Prescriber

### Preface

The summary Project Scope for the new Initial Education and Training standards for pharmacists (IETP) is:

“To safely and effectively fully implement the new 2021 General Pharmaceutical Council (GPhC) initial education training standards for pharmacists by 2026”

This Strategic Outline Case (SOC) presents the necessary consideration required to manage the safe implementation of this programme of work.

Implementation of various investment actions is proposed to be supported by individual Business Cases (BC) and delivered under an overarching management programme.

Stakeholders are invited to Take Note of this SOC.

### Executive Summary

The pharmacy regulator, General Pharmaceutical Council (GPhC), are making major reforms to the undergraduate and early postgraduate education and training of pharmacists across the UK.

Implementation of the changes will start in August 2021. As our population grows, and more people live with long-term conditions, the demands and expectations on our pharmacy services are changing and increasing. In recognition of this need, the implementation of the reformed initial education and training (IETP) standards for pharmacists will produce pharmacists with enhanced clinical skills and independent prescribing (IP) status, more quickly than at present. This means that pharmacists will be able to offer patients enhanced medication care from the point of registration as part of a wider multi-disciplinary team.

This SOC describes the HEIW case for implementing this mandated change via a safe and effective change management programme process.

The Programme Team have used their best endeavours to apply reasonable estimates, assumptions, and extrapolations in analysing the data. While this is considered sufficient for a high-level strategic case, the figures presented should be seen as the starting point for ongoing analysis, rather than definitive in themselves.

The Programme Team has set out in this SOC to identify challenges and opportunities, without predetermining the best or most appropriate solutions

The case for change is laid out in the HEIW document: **Pharmacist Education and Training is changing from 2021** (Appendix 1)

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# 1. Strategic Case

## 1.1 Regulatory framework

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and pharmacies in Great Britain.

The GPhC role is to:

- protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- seek assurance that pharmacy professionals and pharmacies continue to meet our standards, including by inspecting pharmacies.
- act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

### GPhC Initial education and training for pharmacists (IETP)

The standards for the initial education and training of pharmacists set out the knowledge, skills, understanding and professional behaviours a student and/or trainee pharmacist must demonstrate to pass their initial education and training and to join the professional register.

The standards also set out the requirements for organisations providing initial education and training. The standards ensure that newly registered pharmacists are competent to practise safely and effectively.

### New standards for the initial education and training of pharmacists (2021)

GPhC published new standards for the initial education and training of pharmacists in January 2021. These standards will be gradually implemented from 2021 onwards and must be fully implemented by 2026.

The implementation of these standards will transform the education and training of pharmacists, so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including through prescribing medicines.

### Standards for the initial education and training of pharmacists (January 2021) (Appendix 2)

### Standards for the initial education and training of pharmacists Welsh - January 2021 (Appendix 3)

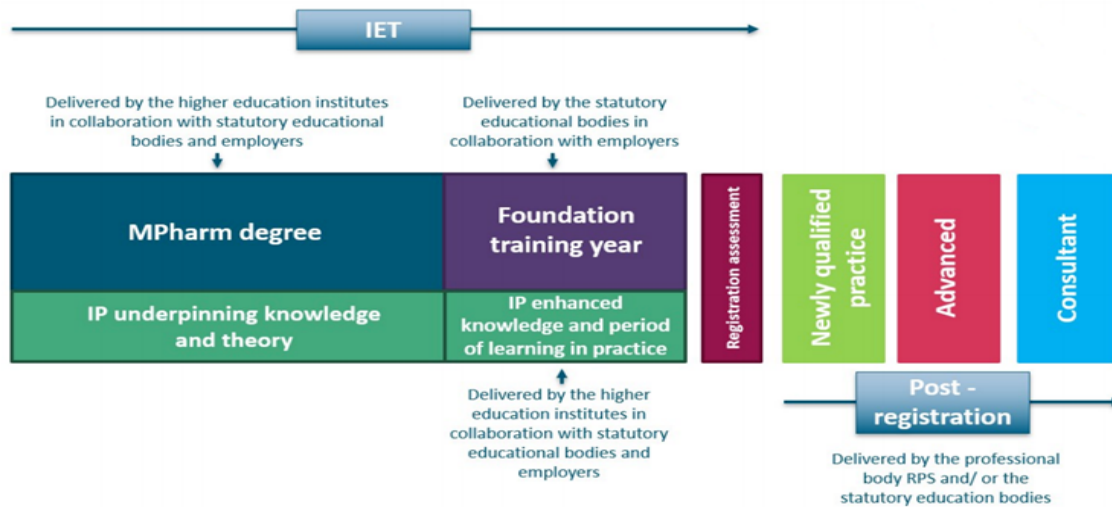


Figure 1: Pathway for Progression

## 1.2 Political framework

A Healthier Wales and the Wales Strategic Programme for Primary Care sets out the Welsh Government vision for the transformation of NHS services to provide patient care closer to home.

**A Healthier Wales (gov.wales)** (Appendix 4)

**Strategic Programme for Primary Care.pdf (wales.nhs.uk)** (Appendix 5)

Pharmacy: Delivering a Healthier Wales (PDaHW) is the response to A Healthier Wales and sets out the vision for the future of pharmacy services designed around patient needs.

The PDaHW strategic objectives are that care will be delivered in local communities with pharmacy teams integrated with other services to:

- Improve the health and wellbeing of the population
- Together, pharmacy teams will improve patient knowledge and use of their medicines, through co-production
- Pharmacists will focus on optimising therapeutic outcomes using tools that include prescribing
- Pharmacy services will support and drive innovation and equitable access to new medicines and related
- Technologies, providing seamless care for the citizens of Wales.

Welsh Government has established a PDaHW Delivery Board. The Board will coordinate and support the implementation of the goals of PDaHW, which have been identified as the critical building blocks underpinning the longer-term vision. The Board is chaired by Darren Hughes, Director of the Welsh NHS Confederation.

The development of the pharmacy workforce has been identified a key enabler which underpins the strategic objectives and goals of PDaHW.

### **Pharmacy: Delivering a Healthier Wales (English) (Appendix 6)**

### **Fferylliaeth: Cyflawni Cymru iachach (Cymraeg) (Appendix 7)**

The changing landscape of healthcare and population demographics requires the NHS to consider how best to utilise the valuable staff resource to meet increasing demand. Patients are living longer in our communities with multiple illnesses which often result in increasing numbers of prescribed medicines. The pharmacy workforce, as the experts in medicines, have an increasing role to work together with patients and healthcare colleagues to improve outcomes, reduce harm and increase value from their medicine use. HEIW has recognised the need to have a vision for the changing shape of Pharmacy training, which can deliver the ambition of the Welsh strategic direction. This has been described in our principles and goals for 2025 towards 2030. Our vision demonstrates a whole pharmacy workforce development which is necessary to deliver the vision of PDaHW.

This SOC describes the significant changes which are happening within the development of pharmacists but HEIW plans will still focus on the development of the whole workforce.

HEIW started our journey of pharmacist educational change in 2019 by securing a significant investment from Welsh Government for our UK-leading Welsh Pre-registration Pharmacist training programme which provides multi-sector training across the patient care pathway, NHS single lead employment and consistent quality management. By ensuring all training of our future pharmacists is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of a Healthier Wales

## **1.3 HEIW Strategic Plans**

This SOC supports the ambition of A Healthier Wales: Our Workforce Strategy for Health and Social Care:

*To have a motivated, engaged and valued Health and Social Care workforce with the capacity, competence and confidence to meet the needs of the people of Wales. \**

### **Workforce strategy for health and social care (Appendix 8)**

This SOC aligns across the HEIW annual plan 2021/22 and specifically to the strategic aims below:

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

- Strategic Objective: 2.5.1: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP)

## 1.4 Educational framework

To safely implement the mandated change to the IETP standards for pharmacists, HEIW needs to understand the strategic picture and impacts of the changes to students entering pharmacist education through to the existing workforce.

### 1.4.1 Pathway to Registration

The current pathway to registration is a four-year MPharm degree followed by the student entering a one-year pre-registration programme. The GPhC accredits the four-year degree and co-ordinates and runs the pharmacist 52-week pre-registration scheme \*Figure 2



Figure 2: Progression to becoming a registered pharmacist

#### (i) Undergraduate Courses in Wales

There are currently two Schools of Pharmacy in Wales.

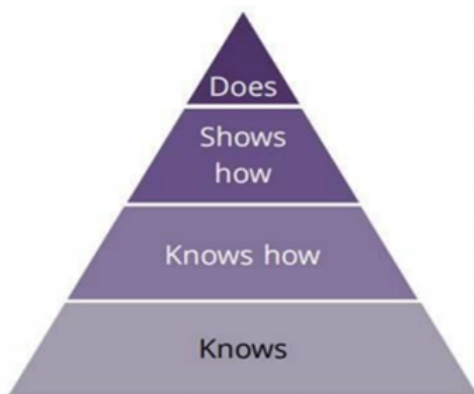
Cardiff University School of Pharmacy and Pharmaceutical Science (SoP) is a long established and highly respected School. The school has a reputation for high quality education and attracts many of the best students from and to Wales. Currently Cardiff SoP recruits circa 140 to 160 students in any one year. Generally, the school is oversubscribed with applicants which is contrary to the current trend within SoPs across the UK where applications are decreasing.

Swansea School of Pharmacy is due to take its first cohort of students in September 2021. It is expected that the initial intake will be circa 50 students per year with the vision to increase numbers as the school becomes established.

The four-year MPharm degree is currently funded as a science degree. The undergraduate course therefore does not attract clinical placement funding. This limits the quantity of clinical placements across the four years.

Currently the learning outcomes and standards for the four-year MPharm and the one-year pre-registration programme are not seamlessly linked. The new IETP standards are set across the whole five continuum to registration\* Figure 3

This therefore requires a co-ordination of the MPharm course and the one-year pre-registration programme. In Wales HEIW as the provider of the fifth year will be required to have close collaboration with the HEIs to ensure the seamless delivery of the new learning outcomes.



The new learning outcomes requires the student to demonstrate their competence at “does” level of the Millers triangle \* Figure 3

The does level is described as:

*“when a student pharmacist demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably”*

To achieve this the level of learning the student will need to be exposed to an increased and increasing complexity of quality clinical placements across the whole five years.

Figure 3: Millers triangle

## (ii) Wales Pre-Registration Year

We started our journey of pharmacist educational change in 2019 by securing a significant investment from Welsh Government for our UK-leading Welsh Pre-registration Pharmacist training programme which provides multi-sector training across the patient care pathway, NHS single lead employment and consistent quality management. By ensuring all training of our future pharmacists is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of a Healthier Wales.

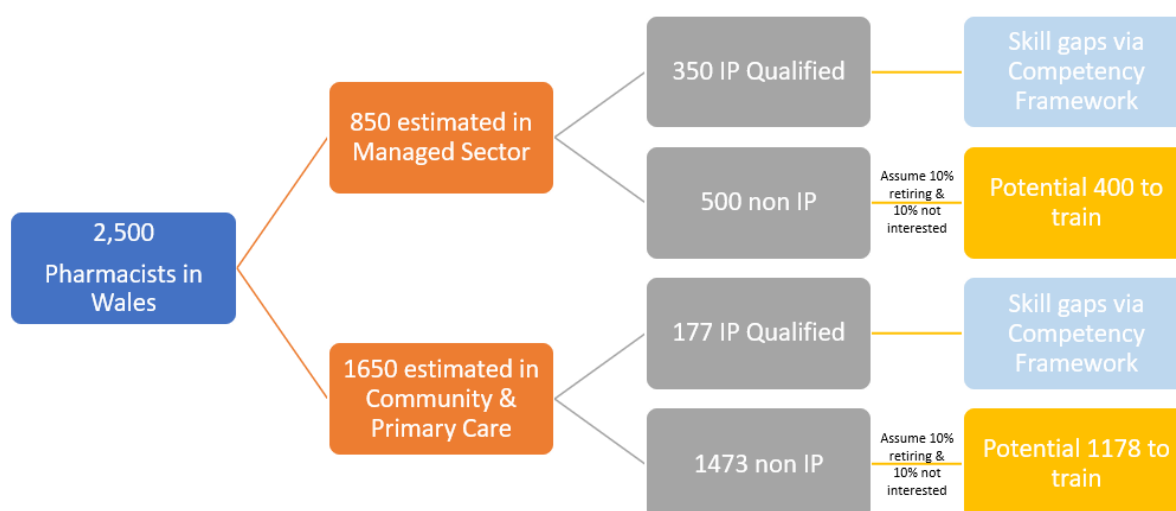
This visionary and innovative change to the HEIW pre-registration pharmacist year in 2019 has now laid the building blocks for implementing the new GPhC standards.

In 2021, the pre-registration year will be known as the Foundation year for pharmacists and the GPhC expects the programmes of learning to be mapped to the new learning outcomes from August 2021. It will not be possible to achieve the level of the learning outcomes within the 2021 programme, as significant changes to the experiential learning in the four-year MPharm programme will need to be implemented as a phased programme of change.

## 1.4.2 Existing Pharmacist Workforce

### (i) Current Pharmacists

It is critical as the new IETP standards are implemented for the five-year programme; we consider the needs of the existing workforce.



Many of our existing workforce will not have all of the skills and competence to provide the patient services for the future vision of PDaHW. In particular, many of the established workforce will not have been trained as independent prescribers.

There is a particular issue for our community pharmacy workforce. There are currently 177 prescribing community pharmacists across Wales. This is only a small proportion of the total number of 1650 community & primary care pharmacists.

This programme of work will need to consider how we increase the numbers of pharmacist's independent prescribers over the next five years in this workforce.

### (ii) Newly Registered Pharmacists

During the transition period 2021 to 2026, HEIW will need to meet the learning gaps for newly registered pharmacist who have not experienced the full five-year changes to the IETP standards. A post-registration foundation programme curriculum, which aligns to the identified skills and competence gaps of this group of pharmacists will need to be considered for the years 2022 to 2026.

## 1.5 Scope

The overall scope of the IETP Implementation Programme is to safely and effectively fully implement the new 2021 General Pharmaceutical Council (GPhC) initial education training standards for pharmacists by August 2026.

The aims and objectives of the Programme are to:

- Meet HEIW and NHS Wales strategic objectives
- Comply with mandated regulatory requirements
- Embed education and training as core principles in practice
- Ensure the safe transition of learning outcomes across the learning pathway, through MPharm and pre and post-registration
- Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025
- Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026
- Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion
- To ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026
- Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.
- All prescribers in Wales are utilising a standard Competency Framework in their practice by TBC
- Secure appropriate funding to deliver changes to training pathway

Areas that are excluded from this Programme are:

- Changes to Pharmacy Technician training
- All training programmes outside of Pharmacy in Wales

## 1.6 Benefits & Risk

The mandatory changes to the IETP standards are expected to benefit the wider social economy and society.

Wherever pharmaceutical care is provided, patients will be assured that the pharmacy team will be able to help patients to achieve the best from their medications and maximise their quality of life. Pharmacists will work closely with patients to minimise harm from medicines and increase the benefits which will improve patient outcomes.

All pharmacists will be able to prescribe medicines, which means that they will be able to make any necessary changes to patient medication and only to refer back to doctors

when necessary. Patients will be able to receive their care in the place of their choosing and wherever possible closer to home. Pharmacy will be part of the multi-disciplinary team managing the patient's care and referring patients appropriately to the right health care professionals at the right time.

The pandemic has demonstrated the importance of healthcare professionals working together in multi-disciplinary teams and of resources being used flexibly in the interests of patient care. The changes in pharmacy education will enable pharmacists to play an increasing role in the full range of healthcare settings, in particular primary and community care.

The greater focus on professional judgement, management of risk and diagnostic skills will enable pharmacists to increasingly use their expertise in medicines in ways that will support work such as de-prescribing and prudent healthcare, as well as helping to deliver A Healthier Wales.

In addition, the pharmacist workforce will feel professionally empowered to utilise the skills and competence they have been trained for which will provide enhanced job satisfaction and motivation.

### 1.6.1 Benefits

The Preferred Way Forward should address all the business needs in order to deliver a range of benefits including:

- Cash releasing benefits (CRB): those that can be monetised and include improved economy (i.e. reduction in costs);
- Non-cash releasing benefits (non CRB): those that can be monetised and include improved efficiency (i.e. staff time released to focus on more value-added tasks);
- Quantifiable benefits (QB): those that can be measured but not monetised (i.e. patient experience); and
- Qualitative benefits (Qual): those that cannot be measured or monetised

The table below provides an overview of the main outcomes and benefits arising from achieving the programme objectives.

Benefit	Description	Beneficiary	Type Of Benefit
Strategic alignment	Implementation of IETP standards in Wales	NHS Wales Welsh Government	Quantifiable
Regulatory alignment	Implementation of IETP standards in Wales	NHS Wales GPhC	Quantifiable

Improved Patient Experience	Increase the number of Pharmacists able to adapt to the changing patient care landscape by incorporating clinical training across the whole integrated care	NHS Wales Patient	Quantifiable
Reduction in harm Improved patient outcomes	Support the safe and effective prescribing of medication in domiciliary and managed care setting	NHS Wales Patient	Quantifiable
Improved Patient Experience Improved Patient Outcomes	Incorporate social prescribing where appropriate to meet patient needs	NHS Wales Patient	Quantifiable
Increased job opportunities contributing to Welsh economy	Attract high-calibre trainees into Wales which incentivises learners to stay and work in Wales	Economy	Quantifiable
Improved patient experience	Pharmacists providing enhanced consistent patient care across all sectors of practice from day one	NHS Wales Patient	Quantifiable
Reduced waiting times for medication reviews	All pharmacists can provide medication reviews and prescribe	NHS Wales Patient	Quantifiable

### 1.6.2 Risks

Risk is the possibility of a negative event occurring that adversely impacts on the success of the future service model.

Identifying, mitigating and managing risk is crucial to successful programme delivery. The key risks are likely to be those that mean the programme will not deliver its intended outcomes and benefits within the anticipated timescales and spend.

#### Reputational Risk

Failure by HEIW to safely and effectively manage the implementation of the mandated changes would negatively impact on the reputation of HEIW across Wales and the UK. The impacts would be:

- HEIW would not meet the vision and purpose of the organisation to “Transform the Workforce for a Healthier Wales” integrating and growing expertise in planning, developing, shaping and supporting the NHS Wales workforce-

ensuring we have the right staff, with the right skill, to deliver world-class health and care to the people of Wales.

- HEIW would not achieve the deliverables within HEIW annual plan strategic object 2.5: Support the modernisation of the pharmacy workforce, plan for and implement the Initial education and Training Standards for Pharmacy
- Wales would be disadvantaged across the UK as other devolved nations implemented the mandated changes
- HEIW would not deliver the goals of the Pharmacy: Delivering a Healthier Wales

## Programme Risks

Risk category	Risk
Workforce	Risk to business continuity due to resource within HEIW
Workforce	Risk of capacity of stakeholders to manage the change
Demand	Risk that demand and capacity requirements for training have been under or over-stated
Workforce	Risk of insufficient workforce available to provide high quality training
Workforce	Risk of challenges recruiting designated supervisors and Designated Prescribing Practitioners
Funding and finance	Risk of insufficient funding available to deliver programme
Funding and finance	Risk that programme costs have been understated
Implementation	Risk of HEIW not fulfilling Strategic Objectives and functions
Implementation	Risk of training in Wales sitting outside of HEIW quality management
Implementation	Risk of not complying with regulator in Foundation Year

All identified risks will be robustly managed and mitigated through the programme management plan. See section 5.9

### 1.6.3 Constraints

Constraints relate to the parameters that the programme is working within and any restrictions or factors that might impact on the delivery of the programme. These typically include limits on resources and compliance.

The main constraints that should be considered in developing a solution for the IETP Implementation Programme include:

- Accessibility and availability of training providers
- Available resources within HEIW to manage a 5-year programme of change
- Appropriate financial modelling and resources
- Welsh Government approval
- Timescales for completion of the work.
- Availability of physical spaces to train in Wales
- Removal of the GPhC practice requirements for entry into independent prescribing courses

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### 1.6.4 Dependencies

Dependencies include items that must be in place to enable the project or project phases to run successfully. Typically, these include links to other projects and funding requirements that are likely to be managed elsewhere.

The success of the future service model relies on the following main dependencies:

- Availability of funding
- “Buy in” from all stakeholders at a strategic level
- Availability of training placements and appropriate supervisors
- Sufficient allocation of resources within HEIW

## 2 Economic Case

### 2.1 Introduction

The purpose of the Economic Case is to identify and appraise the options for the delivery of programme and to recommend the option that is most likely to offer best value for money.

### 2.2 Critical Success Factors

Critical success factors (CSFs) are the essential attributes for successfully delivering the programme and are used along with spending objectives to evaluate the options. The CSFs for the programme are crucial, not merely desirable, and not set at a level that could exclude important options at an early stage of identification and appraisal.

- Meeting HEIW and NHS Wales strategic objectives
- Substantial discussion and agreement on the implementation proposals
- Implementation will be highly dependent on securing significant additional funding to increase the clinical learning in practice across all sectors of practice including primary and community care
- Embedding education and training as core principles in practice
- Workforce transformation: supporting and readying employers to make best use of the increased skill set of newly qualified pharmacists to deliver enhanced patient services
- Introduction of a new foundation training year to provide registered, independent prescribing pharmacists at the end of the 5-year period
- Support and deliver increased inter-professional learning and multi-disciplinary team integration
- Increase clinical training capacity across the whole integrated care pathway

- Securing the additional funding necessary to deliver increased training placements for undergraduate students across all care sectors and Wales.
- Close partnership working between universities, HEIW and training sites to ensure consistency of
- Quality, funding and geographical spread for all clinical placements.

## 2.3 Scope

The options related to the project 'scope' are concerned with establishing the service coverage and key service requirements to be included within the programme over a 5-year period. The potential scope analysis outlined provided a basis for developing these options. The evaluation results are provided in the table below.

## 2.4 Long-list Options for IETP Implementation

The following options were considered for the implementation of IETP:

Business As Usual (for comparison): HEIW ensures IETP standards are implemented into their existing Business As Usual processes only

Option 1: HEIW ensures BAU activities are IETP compliant, introducing new programmes to support newly registered pharmacists, establish a steering group to oversee learning outcomes and work closely with HEIs to help support the increase in Experiential Learning placements

Option 2: As option 2 but HEIW provides governance, quality assurance and funding for Experiential Learning, increases the support options for post-registration and practicing pharmacists and developing a competency framework to support pharmacists through their career

Option 3: As option 3 but HEIW take full responsibility for the creation and delivery of all training materials and programmes in-house

## 2.5 Long-list Options against Programme objectives

IETP Implementation Programme Objectives	BAU	Option 1	Option 2	Option 3
Meet HEIW and NHS Wales strategic objectives				
Comply with mandated regulatory requirements				
Embed education and training as core principles in practice				
Ensure the safe transition of learning outcomes across the learning pathway, through MPharm and pre and post-registration				
Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025				
Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026				
Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion				
Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026				
Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.				
All prescribers in Wales are utilising a standard Competency Framework in their practice by TBC				
Secure appropriate funding to deliver changes to training pathway				

## 2.6 Conclusion of Long-List

The long-list non-financial appraisal against the programme objectives concludes that options 2 and 3 should be carried forward to financial appraisal. All these options meet the programme objectives.

Dimension	Option	Description	Conclusion
BAU (comparison)		<ul style="list-style-type: none"> <li>HEIW provide oversight and governance of changes to Foundation Pharmacy Training in Wales only, iterating the existing HEIW curriculum and training programme as required to ensure compliance with new IETP standards</li> <li>HEIs continue to manage and fund Experiential Learning directly</li> <li>Employers remain solely responsibility for the implementation of IETP and education and upskill of their employees</li> <li>No change to HEIW Business As Usual support currently provided to employers and existing Pharmacist</li> <li>Quality Management covers only Foundation Year training</li> <li>No Competency Framework post-registration</li> </ul>	Discount

Intermediate Option	1	<ul style="list-style-type: none"> <li>• HEIW provide oversight and governance of changes to Foundation Pharmacy Training in Wales, iterating the existing HEIW curriculum and training programme as required to ensure compliance with new IETP standards</li> <li>• HEIW establish steering group to oversee the transition of learning outcomes across the pathway</li> <li>• HEIW enable funding mechanism for Experiential Learning</li> <li>• No change to Business As Usual support provided to employers and existing Pharmacist</li> <li>• HEIW commission Post Reg Foundation Programme</li> <li>• Quality Management covers only Foundation Year training</li> <li>• Iterate Business As Usual support provided to employers and existing Pharmacists to achieve IP for all identified workforce</li> <li>• HEIW develop Competency Framework</li> </ul>	Carry Forward (Do Minimum)
Intermediate Option	2	<ul style="list-style-type: none"> <li>• HEIW provide oversight and governance of changes to Foundation Pharmacy Training in Wales, iterating the existing HEIW curriculum and training programme as required to ensure compliance with new IETP standards</li> <li>• HEIW establish steering group to oversee the transition of learning outcomes across the pathway</li> <li>• HEIW enable and provide fund mechanism for Experiential Learning</li> <li>• Quality Management of all clinical placements in Wales</li> <li>• HEIW commission additional IP modules within Foundation to support transition</li> <li>• HEIW commission Post Registration Foundation education</li> <li>• HEIW Commission Novice IP support programme</li> <li>• Iterate Business As Usual support provided to employers and existing Pharmacists to achieve IP for all identified workforce</li> <li>• HEIW develop Competency Framework</li> </ul>	Carry Forward (Preferred Way Forward)
Do Maximum <i>English Catherine 07/26/2021 16:32:44</i>	3	<ul style="list-style-type: none"> <li>• As Option 3 but all education resources, training programmes and delivery are provided by HEIW team</li> <li>• Recruit sufficient resources into HEIW to manage delivery of Post Registration Foundation, Novice IP and existing work training</li> </ul>	Discount

## 2.7 Short-listed options

Option 3 was discounted as this would require extensive internal HEIW recruitment. This could impact on delivery timescales and reduced flexibility to manage the required change over the forthcoming years. In addition, it is considered that ongoing partnership with HEIs is a benefit to a seamless approach to workforce development during undergraduate, foundation and post registration career pathways maximising the educational skills inherent within universities.

At this time Option 2 is preferred as it is the only option that fully supports the transition of learning outcomes across the entire learning pathway, ensuring consistency of quality training placements whilst meeting both strategic and regulatory objectives.

## 2.8 Estimating Costs

At this time estimated cost are outlined in the Finance Case

## 2.9 Preferred Option

At this time Option 3 is preferred as it is the only options that fully support the transition of learning outcomes across the entire learning pathway, ensured consistency of quality training placements whilst meeting both strategic and regulatory objectives

# 3 Commercial Case

There is a mandatory requirement by the GPhC to implement the changes to the IETP standards by 2026.

It is expected that new investment will be required to implement these changes. Individual Project-specific business cases will highlight the commercial case for any request for investment via the HEIW business case processes.

At this time procurement will be necessary to fulfil the requirements of the Post Registration Foundation Project. This procurement will be outlined in full in the Post Registration Foundation Business Case.

It is anticipated that further procurement could be necessary with Multi-Sector Foundation, Existing Workforce and Competency Framework Projects. Full details of any procurement requirements will be presented in their subsequent business cases if required.

All Procurement, and subsequent Contract Management required will be carried out through a compliant pre-approved framework provided by NHS Wales Shared Services Partnership - Procurement Services.

**Impact on existing contracts:**

HEIW currently has existing commissioning contracts with HEIs across Wales to provide educational post-registration programme.

*Clinical Pharmacy Diploma: Cardiff University*

This contract with Cardiff university will cease in 2023 with a final intake of students in 2022. HEIW will procure a new post-registration foundation programme during 2021, which delivers the new IETP learning outcomes.

The funding model for this training programme will also be revised from 2023 to align with the funding model for the new programme.

*Non Medical Prescribing: Bangor, Glyndwr, Swansea, Cardiff and University of South Wales*

A review of the current HEI providers will be undertaken to identify IP programmes that meet the needs of the Wales pharmacist workforce across all sectors of practice. The review will consider capacity to offer the required numbers, suitable content and hours of learning.

## 4 Financial Case

This section highlights the identified 7 Projects and where new investment is anticipated. An estimate of the anticipated costs and existing funding by Project are highlighted below.

### 4.1 Learning Outcomes

There are no specific funding requirements for this Project.

### 4.2 Experiential Learning

The anticipated costs for the investment in experiential learning for the four-year MPharm degree are based on discussion with NHS Education Scotland (NES). NES

started to introduce funded enhanced experiential learning across the two schools of pharmacy in Scotland in 2018. At the time the Scottish Government provided £3m per year to NES to support increased experiential learning across the whole five-year programme. NES are now revisiting the funding model required to meet the new IETP standards, due to the introduction of independent prescribing into the five-year programme. NES are anticipating that a further increase in volume of experiential learning to meet the new standards will require an increase in funding.

Current estimates to provide experiential learning in Wales are dependent on, but not limited to, the following factors:

- Date of implementation
- Unit costs of providing learning
- Amount of experiential learning required to support the IETP training pathway
- Number of students needing experiential learning
- Provisions for quality management
- Provisions for additional resources needed within HEIW

**Current estimates are between £2.5m - £5.5m per annum**

### 4.3 Multi Sector Foundation

#### (i) Capacity

There is significant short fall in resource within the Foundation team in HEIW to deliver BAU and implement any changes to meet the new IETP standards placing pharmacy training in Wales at significant risk of failure. In addition, the staffing shortfall will prevent resources being made available for IETP projects and ongoing IETP Programme reforms.

**Salary costs – 4 x Band 8A @ £60,356 (Gross) = £241,427 per annum**

These new roles will be funded for 2 years within the existing Foundation budget. Future funding will be agreed following a full review of Project resources which will be undertaken in early 2022.

#### (ii) Independent Prescriber Learning

It is anticipated there will be a need within the Foundation Year to procure external resources to support the requirements of Independent Prescriber learning. At this time this is not expected to be required until August 2023 at the earliest.

**Current estimates of 120 trainees requiring IP module @ £1,500 per module = £180,000 per annum**

It is anticipated that funding for 2023 will be covered within the existing Foundation Year budget. From August 2024 onwards it is possible additional investment may be

required. A full review of requirements will take place in October 2023 with any additional funding requirements highlighted in December 2023.

#### 4.4 Post Registration Foundation

Provide 4 Cohorts of two -year training programme for registered pharmacists exiting the Foundation Year in Wales, starting September 2022 continuing to September 2025.

Additional FTE required: 0.6 FTE Band 8A Programme Lead & 1 FTE Band 4 Administrator

##### **Current estimate of £2.8m per annum**

This will be funded via the Education Commissioning cycle and therefore does not require any new investment.

#### 4.5 Existing Workforce

##### **(i) IP Modules**

Independent Prescriber training for existing pharmacists does not currently require additional resource at this time. Funding for these modules is secured through the HEIW Education Commissioning plan. Any increases in placements required will be addressed through the annual Education Commissioning cycle.

##### **(ii) Novice IP**

At this time is anticipated that Novice IP support will be required from September 2024 (for those exiting our first tranche of post-registration foundation training). Requirements for Novice IP support will be considered early 2023 with recommendations and business case (if needed) submitted to the HEIW Implementation Programme Board in June 2023.

For purposes of estimation it is assumed that all pharmacists exiting the Post Registration Foundation Training will require this support for 12 months. Costs are to be half the full-year Post-Registration Trainings of £2.8m.

##### **Current estimate of £1.4m per annum**

#### 4.6 Quality Management

##### **(i) Foundation Year**

Quality Management within the Foundation Year will commence in August 2021 utilising existing resources within the Foundation Team. As noted in 4.3, there is considerable shortfall of resources within that team that will negatively impact implementation.

## (ii) Experiential Learning

It is anticipated that Quality Management for Experiential Learning will start in August 2023. Requirements for quality management and/or assurance will be defined within the Experiential Learning Business Case in May 2022. The scope of these requirements will influence the resources needed to provide quality management and may require additional staffing. If so, this will be outlined in a staff business case in May 2022.

**No current estimate available**

## (iii) Novice IP

It is anticipated that Quality Management for Novice IPs may be required from September 2024. Requirements for quality management and/or assurance will be defined within the Novice IP Business Case in June 2023. The scope of these requirements could impact the resources needed to provide quality management and may require additional staffing. If so, this will be outlined in a staff business case in June 2023.

**No current estimate available**

## 4.7 Competency Framework

No current requirements for resource. Feasibility, resourcing and funding options (if needed) will be presented to the Implementation Programme Board in December 2021 with a formal proposal and/or Business Case to be submitted May 2022.

**No current estimate available**

## 4.8 Staff & Resources within HEIW

It is proposed that programme and project management support will be required to deliver the IETP Implementation Programme over the next 5 years. This should consist of:

Programme Manager @ Band 8a – reporting to the SRO  
Responsible for the successful delivery of the whole of the proposed change, co-ordination of the programme's projects and management of their inter-dependencies and lead on complex project delivery

Project Manager @ Band 7 – reporting to the Programme Manager  
Responsible for project(s) deliverables on a day-to-day basis and lead on smaller projects

Project Support Officer @ Band 5 – reporting to the Programme Manager

Providing full administrative support to Programme and Project Managers, responsible for maintenance of project documentation, meeting administration and reporting.

**Salary costs estimate of £145,000 per Annum**

Any additional resources needed specifically to support delivery of the IETP Implementation Programme will be dependent on the requirements for Programme, Project and Change Management within HEIW.

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#### 4.9 Summary of estimated programme costs

At the time of writing this Financial Case several of the component Project plans are not substantially developed enough to allow accurate financial planning. Those areas of highest concern are highlighted in red.

Projects drawing on existing investment are highlighted in Green. Amber are Projects that will utilise existing funding and any required increases would be agreed during their annual commissioning cycle.

Project	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27	Total
Learning Outcomes	£0	£0	£0	£0	£0	£0	£0	£0
Experiential Learning	£0	£0	£2,330,676	£2,653,740	£2,780,658	£2,808,465	£2,836,271	£13,409,810
Multi Sector Foundation (IP Modules)	£0	£0	£180,000	£0	£0	£0	£0	£180,000
Multi Sector Foundation (IP Modules) - New investment	£0	£0	£0	£181,800	£183,618	£185,454	£187,309	£738,181
Multi Sector Foundation Resource	£154,701	£236,693	£241,427	£102,606	£0	£0	£0	£735,427
Multi Sector Foundation Resource - New investment	£0	£0	£0	£138,821	£246,256	£251,181	£256,204	£892,461
Post Registration Foundation (PRFT) Diploma (E&T Plan)	£2,056,540	£2,126,073	£1,352,007	£207,088	£0	£0	£0	£5,741,708
Post Registration Foundation (PRFT) (E&T Plan)	£0	£578,932	£2,029,190	£2,875,481	£2,916,867	£1,457,580	£0	£9,858,050
Existing Workforce (IP Modules) (E&T Plan)	£0	£642,850	£982,500	£1,232,500	£1,238,825	£0	£0	£4,096,675
Existing Workforce (Novice IP)	£0	£0	£0	£1,437,741	£1,452,118	£1,466,639	£1,466,639	£5,823,137
Quality Management	£0	TBC	TBC	TBC	TBC	TBC	TBC	£0
Competency Framework	£0	TBC	TBC	TBC	TBC	TBC	TBC	£0
Staffing & Resources (Project Manager)	£51,722	£52,756	£53,812	£54,888	£55,986	£57,105	£58,247	£384,516
Staffing & Resources - New investment (Prog Man/PSO)	£92,286	£94,132	£96,014	£97,935	£99,893	£101,891	£103,929	£686,080
<b>Total</b>	<b>£2,355,249</b>	<b>£3,731,436</b>	<b>£7,265,626</b>	<b>£8,982,599</b>	<b>£8,974,220</b>	<b>£6,328,315</b>	<b>£4,908,600</b>	<b>£42,546,045</b>

Summary	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27	Total
Existing	£2,262,963	£2,415,522	£53,812	£54,888	£55,986	£57,105	£58,247	£4,958,523
E&T to be approved	£0	£1,221,782	£4,785,124	£4,417,675	£4,155,692	£1,457,580	£0	£16,037,853
New Investment	£92,286	£94,132	£2,426,690	£4,510,036	£4,762,543	£4,813,630	£4,850,352	£21,549,669

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#### 4.10 Provisional milestones for finance and executive team engagement

Description	Type	Date	Funding needed by
Foundation Team Resource Business Case	Business Case	Apr-21	Immediate
Repurposing of existing budget	Finance	May-21	Immediate
Post-Registration Foundation Business Case	Business Case	May-21	Jul-21 to procure by Dec-21
Quality Management (Foundation Year) go-live	BAU	Aug-21	N/A
Competency Framework Paper	Recommendations	Oct-21	N/A
Competency Framework Business Case (if required)	Business Case	Dec-21	TBC
Foundation Team resource review	Recommendations	Jan-22	N/A
Experiential Learning Paper	Recommendations	Jan-22	N/A
Experiential Learning Pilot Business Case (if required)	Business Case	Feb-22	Jun-22 to commence Aug-22
Experiential Learning full Business Case	Business Case	Nov-22	Apr-23 to commence Aug-23
Novice IP Paper	Recommendations	May-23	
Post-Registration Foundation Tranche 1 go-live	BAU	Sep-22	
Novice IP Business Case (if required)	Business Case	Nov-23	Jun-24

## 5 Management Case

### 5.1 Introduction

This Management Case provides a summary of the arrangements that will be put in place to ensure the successful delivery of the IETP Implementation Programme and its associated projects. To achieve an effective implementation the Programme must manage, co-ordinate and oversee the delivery of all activities and key deliverables over the next 5 years.

The IETP Implementation Programme has a robust governance structure, well defined processes and has identified projects for the delivery of the Programme.

The IETP Implementation Programme requires funding for administration support in order to facilitate the oversight, governance and delivery of the programme.

### 5.2 Programme Scope

The purpose of the IETP Implementation Programme is to plan, design, build and implement reforms within Pharmacy education in Wales and to:

- Ensure the safe transition of learning outcomes across the learning pathway, pre and post-registration
- Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025
- Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026
- Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion
- To ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026
- Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.
- All prescribers in Wales are utilising a standard Competency Framework in their practice by TBC
- Secure appropriate funding to deliver changes to training pathway

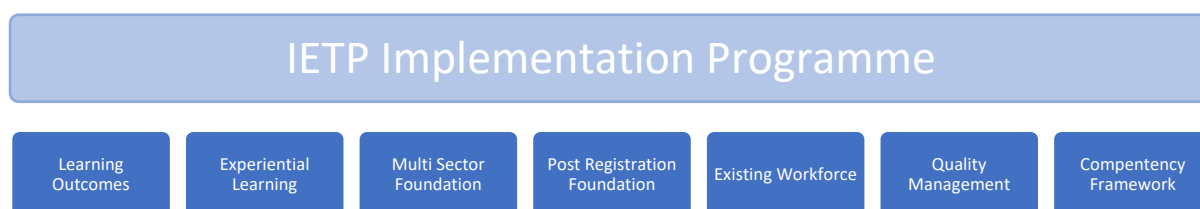
The scope of this Programme is limited to Pharmacist education and training in Wales.

### 5.3 Projects Within the Programme

A “Programme” can be defined as a temporary and flexible organisation created to coordinate and oversee the delivery of a set of related Projects and activities in order to deliver related outcomes and benefits.

A “Project” can be defined as a temporary organisation that exists for a shorter duration, which will deliver one or more outputs in accordance with the Programme objectives. In this case, seven Projects form the IETP Implementation Programme.

The IETP Implementation Programme consists for seven Projects each with specific objectives. Successful outputs from each Project are necessary to meet the requirements of IETP.



#### 5.3.1 Project Objectives

##### Learning Outcomes

- Ensure the safe transition of learning outcomes across the learning pathway, both pre and post-registration
- Ensure that all relevant stakeholder groups are aligned and understand the progress and impact of changes across the learning pathway

##### Experiential Learning

- With external stakeholders, describe a framework and transition model to increase experiential learning across the 4 years of MPharm and secure appropriate funding and processes to support its delivery

##### Multi Sector Foundation

- Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme
- Deliver IP qualified Pharmacists at registration in August 2026 and thereafter

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## Post Registration Foundation

- Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion
- Secure appropriate funding to support delivery within the workforce

## Existing Workforce

- Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026

## Quality Management

- Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales

## Competency Framework

- Ensure all registered prescribers in Wales are utilising a standard Competency Framework in their practice

### 5.4 IETP Implementation Programme & Project Roles & Responsibilities

The key individual roles and responsibilities required to support the delivery of the IETP Implementation Programme are set out below.

Role	Name	Responsibility
<b>Programme</b>		
Executive Sponsor	Pushpinder Mangat	Accountable for the success of the Programme and is responsible for enabling the organisation to exploit the new environment resulting from the Programme, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value. The SRO owns the vision for the Programme and provides clear leadership and direction and secures the investment required to set up and run the Programme. The SRO is called upon at times of escalation.
Senior Responsible Owner	Margaret Allan	Responsible for providing the interface between Programme ownership and delivery and is accountable for defining the Programme objectives and ensuring they are met within the agreed time, cost and quality constraints. Act as the link point for stakeholders at a strategic level.
Programme Manager	Christian Favager	Responsible for leading and managing the programme through to the delivery of new capabilities, realisation of benefits and programme closure. Responsible for providing the interface between Programme and delivery of Projects.

Programme Support Officer	TBC	required to support the Programme Manager, supporting aspects of facilitating project delivery: maintaining project documentation, scheduling meeting times and locations, taking meeting minutes and capturing action points
<b>Project</b>		
Project Sponsor	Margaret Allan	Responsible for the overall accountability for the project ensuring that the project delivers the agreed upon business benefits and outcomes
Project Manager	Christian Favager	Responsible for providing leadership to the delivery. Responsible for managing the Project through to the delivery of outputs. Responsible for providing the Programme Board with updates on Project progress.
Project Support Officer	TBC	required to support the Project Manager, supporting aspects of facilitating project delivery: maintaining project documentation, scheduling meeting times and locations, taking meeting minutes and capturing action points
Project Owner (Learning Outcomes)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Experiential Learning)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Multi Sector Foundation)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Post Registration Foundation)	Kathryn Hodgson	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Existing Workforce)	Debra Roberts	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Quality Management)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Competency Framework)	Debra Roberts	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual

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07/26/2021 16:32:44

## 5.5 Programme and Project Management (The Methodology)

The Programme will be managed in accordance with 'Managing Successful Programmes', Prince2 and Agile methodologies, suitably adapted for local circumstances in order to meet the needs of this Programme.

The assigned Programme and Project Manager is a qualified Prince2, AgilePM and M\_O\_R practitioner and a full time professional within HEIW.

It is proposed a Project Support Officer within suitable qualifications is recruited to support the Programme Manager with immediate effect.

The IETP Implementation Programme is predicated on the following principles:

- Decisions on the strategic direction and future needs of pharmacy education and patient care are only made after careful consideration
- The views and interests of patients, staff and all stakeholders are fully considered
- Appropriate behaviour with respect to the codes of corporate governance and policy are maintained
- Guidance and good management practice are followed
- Open and regular reporting of Projects progress and performance.

In addition, the IETP Implementation Programme will obtain specialist and professional advice as required during the life cycle of the Programme.

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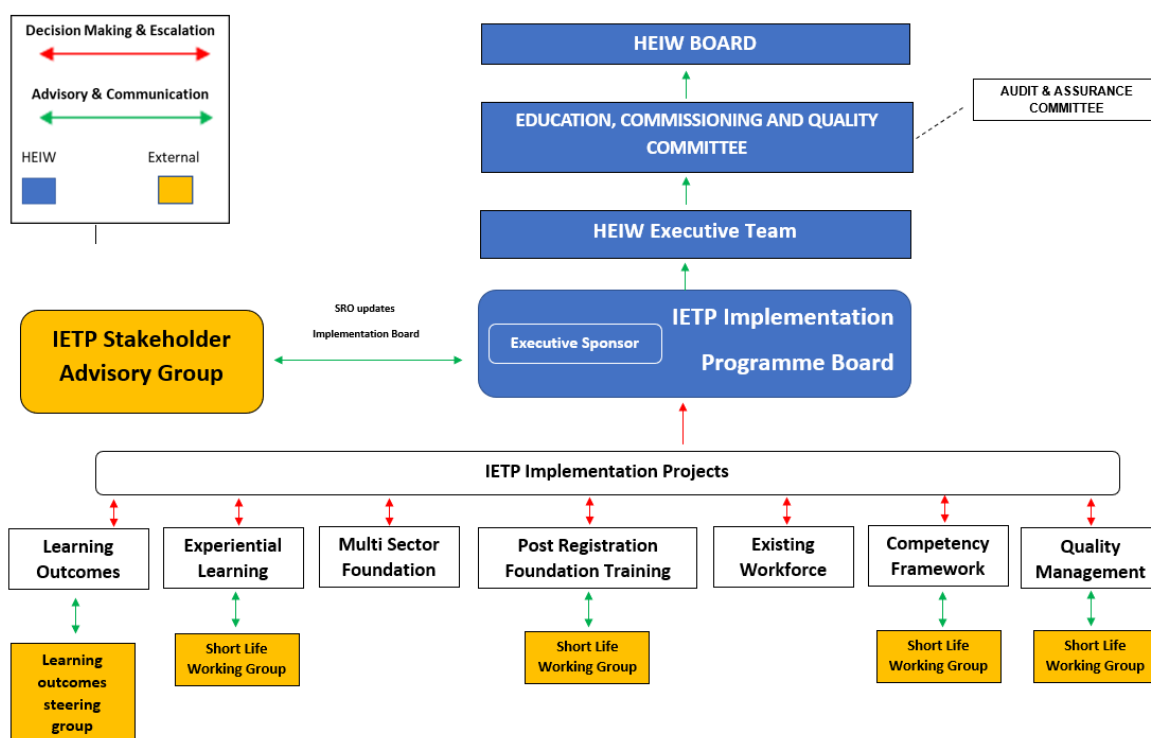
### 5.5.1 Governance Framework

Key to the success of the Programme are the programme governance and management inputs required for the co-ordination of projects and their outputs. This will include reporting progress against plans, approvals and escalations of risks and issues. The governance and management processes have been designed to allow for approvals to occur at the most appropriate level and ensure that appropriate oversight is present at all stages.

The Governance Arrangements are organised over five levels, namely:

- Level 1 – The HEIW Board
- Level 2 – The HEIW Executive Team
- Level 2 – The IETP Implementation Programme Board
- Level 3 – Project Boards (if applicable)
- Level 4 – Project Teams

The Programme structure as set out below ensures clear accountability and also deploys mechanisms to facilitate decision making, escalation, communication and alignment.



Projects will have Workstream Groups (or Short-Life Working Groups) where required and this will be reviewed regularly to ensure they are achieving their aims and objectives, and extended if necessary, to ensure that appropriate stakeholders are always included to successfully facilitate delivery.

The Programme Manager will sit on all Programme, Project and Workstream groups for continuity.

As the IETP Implementation Programme is delivered over the next five years any additional business cases required for new funding will be submitted for approval sequentially via the following route:

- IETP Implementation Programme Board
- HEIW Executive Team
- HEIW Board
- Welsh Government

At each approval stage, review and advice may also be sought from other stakeholders. This is to ensure that Project outputs are directly aligned to the Programme objectives and outcomes.

## 5.6 Programme Review and Assurance

To ensure that robust Programme Governance is achieved, clear governance arrangements are established, and a range of reviews and audits will take place. These fall into the following categories:

- Internal governance arrangements
- Gateway Reviews

### 5.6.1 Internal Governance Arrangements

An internal governance framework to oversee the IETP Implementation Programme was established in March 2021. Governance through the introduction of the IETP Implementation Programme Board commenced in April 2021.

An external stakeholder advisory group was established in March 2021 with documented links and regular communications made available to key stakeholders throughout NHS Wales service providers.

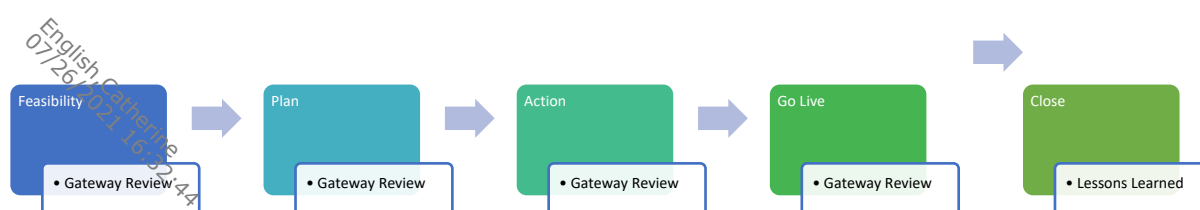
Additional advisory and short-life working groups will be created within each Project, with each Project Owner reporting progress to the Programme Manager on a weekly basis.

A Checkpoint Report will be issued by the Programme Manager on a monthly basis to the IETP Programme Implementation Board providing programme and project status updates, performance against milestones and risk review. Any exceptions, or risks, issues or decisions then requiring escalation to the HEIW Executive Board will be done so via a Highlight Report when necessary



### 5.6.2 Gateway Reviews

Project Reviews are carried out during each stage of delivery before transitioning into the next stage. Typically, a project will undergo all four of these Reviews during its lifecycle – two before commitment to invest (if investment is required), and two looking at implementation and confirmation of the operational benefits. On Close the Programme Manager and Project Team will produced Lessons Learned to provide future project teams with information that can increase effectiveness and efficiency and to build on the experience that has been earned by each completed project



## 5.7 Procurement and Contract Management

Any Procurement, and subsequent Contract Management required will be carried out through a compliant pre-approved framework provided by NHS Wales Shared Services Partnership - Procurement Services.

## 5.8 Programme Plan

At the time of writing this Management Case several of the component Project plans are not substantially developed. As such the Programme Plan will iterate over time and be presented for review during Checkpoint Reviews with the Implementation Programme Board.

The Programme plan below outlines periods of Feasibility and Planning (yellow), Action, Go Live and transition in Business As Usual (Green).

Project	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27
Learning Outcomes						COMPLETE > BAU	
Experiential Learning					COMPLETE > BAU		
Multi-Sector Foundation					COMPLETE >BAU		
Competency Framework				COMPLETE > BAU			
Staffing & Resources		COMPLETE > BAU					
<b>Post-Registration Foundation</b>							
PRF Training #1 - 2022/24				CLOSE			
PRF Training #2 - 2023/25					CLOSE		
PRF Training #3 - 2024/26						CLOSE	
PRF Training #4 - 2025/27							CLOSE
<b>Existing Workforce</b>							
Existing Workforce (IP)					COMPLETE > BAU		
Novice IP #1 - 2024/25					CLOSE		
Novice IP #2 - 2025/26						CLOSE	
Novice IP #3 - 2026/27							
<b>Quality Management</b>							
Multi-Sector		COMPLETE > BAU					
EL Placements					COMPLETE > BAU		

## 5.9 Risk Management

The IETP Implementation Programme will utilise its governance structure and arrangements to ensure the effective management of risk. The governance structures allow for risks to be escalated from Project and Workstream groups, through to the Implementation Programme Board and/or HEIW Executive Team, as appropriate.

Each Project will hold its own risk register and this will be updated dynamically but also formally reviewed on a monthly basis by the Programme Manager.

The risk register will highlight new risks, the movement in existing risks and issues and where appropriate and will recommend the closure of resolved risks or issues.

A comprehensive Programme and Project risk register will be provided within the Checkpoint Report by the Programme Manager for all Implementation Programme Board meetings.

This Report will highlight new risks across the Programme including the Projects and workstreams, the movement in existing risks and issues and recommends the closure of resolved risks or issues.

The IETP Implementation Programme Board, upon receiving a Project risk register (via the Programme Manager), will consider if the mitigating actions are sufficient and if the identified risks are receiving the right level of treatment.

The IETP Implementation Programme Board will consider the escalation of Programme Risks onto the HEIW Corporate Risk Register, as appropriate.

All Risk will be managed in accordance to the HEIW Risk Policy.

Likelihood	Probable	5	10	15	20	25	Escalation to Implementation Programme Board
	Likely	4	8	12	16	20	
	Possible	3	6	9	12	15	
	Unlikely	2	4	6	8	10	
	Rare	1	2	3	4	5	
		Negligible	Minor	Moderate	Major	Critical	Impact

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

As mentioned above, Project risk registers will be reviewed monthly by the relevant Project Team and by the IETP Implementation Programme Board on a monthly basis. New risks identified as "Red" on a Project risk Register will be escalated immediately to the Senior Responsible Owner and Implementation Programme Board in accordance with the HEIW Risk Policy









### 5.9.1 Issues

Issues are Risks that have materialised. Similar to risk, each Project will hold an Issues Register and follow the same escalation path discussed above.

## 5.10 Post Implementation and Evaluation Arrangements

Each Project will utilise external evaluation where required to ensure learning and training objectives are been achieved. This evaluation will be costed within the Project Business Case if required.

It is also intended to seek external evaluation for the IETP Implementation Programme as a whole. The proposals for this evaluation will be presented to the Implementation Programme Board when available

Appendices	
1	<p>Pharmacist Education and Training is changing from 2021</p>  <p>Pharmacy Education is changi</p>
2	<p>Standards for the initial education and training of pharmacists (January 2021)</p>  <p>standards-for-the-i nitial-education-anc</p>
3	<p>Standards for the initial education and training of pharmacists Welsh - January 2021</p>  <p>standards-for-the-i nitial-education-anc</p>
4	<p>A Healthier Wales (gov.wales)</p>  <p>a-healthier-wales-a ction-plan.pdf</p>
5	<p>Strategic Programme for Primary Care.pdf (wales.nhs.uk)</p>  <p>Strategic Programme for Prim</p>
6	<p>Pharmacy: Delivering a Healthier Wales (English)</p>  <p>Pharmacy Vision English.pdf</p>
7	<p>Fferylliaeth: Cyflawni Cymru Iachach</p>  <p>Pharmacy Vision Cymraeg.pdf</p>
8	<p>Workforce strategy for health and social care</p>  <p>Workforce Strategy for Health and Socia</p>

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

<b>Meeting Date</b>	<b>July 2021</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Repurposing of existing funds within Pharmacy preregistration/foundation business case for 2021/22</b>		
<b>Report Author</b>	Professor Margaret Allan Christian Favager		
<b>Report Sponsor</b>	Professor Pushpinder Mangat		
<b>Presented by</b>	Professor Pushpinder Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>After receiving Health Education &amp; Improvement Wales (HEIW) Executive Team approval and noting at the Education Commissioning and Quality Committee (ECQC) this paper seeks to inform the HEIW Board of the approach to Welsh Government to request repurposing of the funds within the 2019 Pharmacy preregistration business case to ensure sustainability of the pre-registration foundation programme within the new Initial Education and Training Programme (IETP) for Pharmacists.</p> <p>The funds will be repurposed to:</p> <ul style="list-style-type: none"> <li>• Deliver the significant changes to the initial education and training of pharmacists, whilst maintaining business as usual</li> <li>• Adjust training numbers to a new level of 130</li> <li>• Increase the number of multisector posts to 100% by 2022 (brought forward by 12 months)</li> </ul>		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• This was the first business case that is referred to in the Pharmacy IETP Strategic Outline Case that required immediate Welsh Government approval</li> <li>• Trainee numbers are being impacted due to the need to accelerate the rate of introducing multisector placements as part of the new IETP and the need to support increased training grants</li> <li>• Host organisations have highlighted concerns with capacity to support training of increased numbers</li> <li>• Pilot sites have demonstrated that the current training grant does not provide sufficient funding to deliver the multi-sector programme at the quicker rate</li> <li>• HEIW currently rely on the goodwill of host organisations</li> <li>• HEIW staff resource is insufficient to manage the significant changes to the foundation programme whilst ensuring safe delivery of the business as usual within the new IETP.</li> </ul>		

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	<ul style="list-style-type: none"> <li>Welsh Government has agreed with this repurposing of funds as described above</li> </ul>			
<b>Specific Action Required</b> <i>(please ✓ one)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Recommendations</b>	Members are asked: <ul style="list-style-type: none"> <li>That the HEIW Board note this report and the change of Foundation training numbers from 160 to 130.</li> </ul>			

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# **Repurpose of existing funds within pre-reg foundation business case 2019 for 2021/22**

## **1. INTRODUCTION**

This paper describes the request to repurpose previously agreed Welsh Government pre-reg foundation funding in 2019 to ensure the sustainability of the new pre-reg foundation programme for the next three years. This proposal does not require new investment.

The repurposing of previously agreed funds will ensure Wales can establish stable trainee numbers and standards for our new business as usual, whilst managing the significant changes to the initial education and training standards outlined in the Health Education & Improvement Wales (HEIW) Strategic Outline Case (SOC).

## **2. BACKGROUND**

### **2.1 Overview of funding**

The business case approved by WG in 2019 secured funding for pre-reg foundation pharmacist programme training in Wales up to 2023/24 based on increasing the placements each year. A training grant provision and HEIW staff resource was built into the business case but the costs for these budget lines did not have existing costings for comparable educational programmes within Wales or the UK. The multi-sector pre-reg programme was innovative and unique across the UK.

The unexpected impact of Covid and the accelerated introduction of IETP in January 2021 has placed significant pressures on the training organisations and HEIW staff, which was not foreseen in 2019. Maintaining increasing trainee numbers and increasing multi-sector posts to 100% in 2022 was unlikely to be achieved without additional funding for training organisations and HEIW staff. Following discussions with WG and CPG (Chief Pharmacist Group), maintaining the current status quo is viewed as the maximum training numbers we can offer. This means that for 2022/23 we are seeking 132 training posts dependant on training capacity, but this can only be effectively achieved through additional funding for training organisations and HEIW staff.

The plan would then be to maintain placements for the next 2 years at around 130 posts to allow a period of stabilisation and evaluation. This would be in line with the national trend of less pharmacists entering training across the UK.

HEIW has performed a full review with host organisations regarding the infrastructure required to safely manage the new BAU and the significant changes necessary under IETP. In parallel, HEIW has conducted a full review of the HEIW infrastructure required to ensure the quality standards for the foundation programme can be maintained and the changes in the IETP SOC implemented.

To provide the necessary stability to the foundation programme the finances have been modelled over a three-year period.

It has been established there are sufficient funds within the budget originally agreed with Welsh Government in the 2019 business case to facilitate these changes. This paper describes a repurposing of budget lines within the original business case to accommodate the necessary changes. Welsh Government's Chief Pharmaceutical Officer had previously agreed in principle to the repurposing of the finances and following a further meeting between HEIW and WG, this has been confirmed in writing.

## **2.2 Cost of multi-sector training**

During the set up and implementation of pilot programmes in 2020/21, HEIW identified that the training grant of £6,000 per trainee in the original business case was insufficient to deliver a rotational multi-sector programme and the complexities that this model of training involves. In discussion with the pilot training sites, it was established that a reasonable cost per trainee was between £10,500 and £11,000. The training grant of £6,000 in the original business case could not be based on any bench marking evidence as the innovative model of multi-sector training had not been implemented anywhere else in the UK.

## **2.3 HEIW Staff resource**

As part of the implementation programme for the new model of training, a full review was conducted of the HEIW staff resource that was identified in the original business case.

The review in October 2020 highlighted that the HEIW team was significantly under resourced to:

- ensure the continued delivery of BAU activities and support the increase in numbers of trainees placed within our multi-sector training programme.
- Meet the requirements of additional quality management of the programme to meet the GPhC requirement.
- HEIW support was essential to enabling the safe and effective provision of multi-sector training placements.

Existing part time staff were increased to full time in January 2021 as an interim to manage some of the workload.

However, the impact of the changes outlined within the HEIW SOC has once again increased the workload due a need to implement 100% multisector posts for 2022, whilst increasing the number of multisector posts in 2021 and enacting the required regulatory changes to the foundation programme.

## **3. PROPOSAL**

The proposal is that HEIW repurpose existing funds already secured within the 2019 Business case to

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- Enhance funding to host organisations and secure training placements for the foreseeable future.
- Secure two year secondments posts (with review in the first 12 months) for:
  - 3 x FTE Band 8a Pharmacist Regional Leads
  - 1 x FTE Band 8a Clinical Education Lead\*

### **3.1 Host Organisation Funding**

#### **3.1.1 Trainee grant**

£9,000 training grant per post (aligned to current GP training grants) to bring consistency across programmes

#### **3.1.2 Additional funding for TPD roles**

To acknowledge the additional infrastructure and resource required to deliver the multi-sector programme, over and above the designated supervisors, we are proposing funding to protect time within host organisations to focus on quality assurance of programme delivery and trainee support. After reviewing medical and dental programmes within HEIW it is proposed that the pre-reg foundation pharmacist programme introduce a training programme director funding model to host organisations based on the number of trainees they host.

The proposed funding will secure protected time from a band 8a pharmacist with accountability to HEIW to fulfil the following roles:

- Programme delivery and trainee support
- Ensure trainees placed in suitable environment
- Actively support the Designated Supervisors
- Escalation of concerns to HEIW
- Ensure curriculum is being achieved
- Management of resources to deliver programme (sickness etc)
- Timetabling learning
- Support recruitment into MS Programme
- Allocation of trainees into placement
- Quality Management reporting
- Careers advice for trainees
- Supporting Supervisors on end of rotation reviews
- Ensuring Supervisors are achieving QM standards

#### **Funding model for TPD**

The table below shows the cost of TPD based on band 8a pharmacist.

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07/26/2021 16:32:44

Posts (Trainees)	Per Week	£115.36 per 1/2 day
1 (3)	No payment	No payment
2 (6)	1/2 day	£6,000
3 (9)	3/4 day	£9,000
4 (12)	1 day	£12,000
5 (15)	1 1/4 day	£15,000
6 (18)	1 1/2 days	£18,000
7 (21)	1 3/4 days	£21,000
8 (24)	2 days	£24,000

This funding would be applicable across all three sectors.

### 3.2 Secure two-year HEIW secondments/fixed term posts:

Analysis of HEIW workload to maintain BAU and manage the IETP changes within the SOC have shown the need to recruit 3 x FTE Band 8a Pharmacist Regional Leads and 1 x FTE Band 8a Clinical Education Lead.

These posts will be recruited via two-year secondments or fixed term contracts with a review within twelve months to ensure the resource meets the future needs of the foundation programme and individuals are delivering the requirements of the posts.

### 3.3 Source of funding

These proposals will be managed within the budget agreed in the 2019 business case. There is no requirement to request new investment from Welsh Government. A request to Welsh Government was made to approve a repurposing of previously allocated budgets.

Finance confirmed sufficient funds available for the next three years (21/22, 22/23, 23/24) whilst allowing enough flexibility for potential increase in training numbers over the same period to a maximum of 132 without requiring any additional funds.

## 4. GOVERNANCE AND RISK ISSUES

There was a risk to the delivery of the new Wales pharmacist foundation programme if this proposal was not taken forward, with a consequent reputational risk to HEIW.

- Relationships with training providers would have been adversely affected.
- Training places were likely to reduce.
- Delay in the implementation of the timelines for the IETP SOC would have occurred.
- There would have been a risk in maintenance of the multi sector model with consequent risk to ongoing strong application rates to Wales foundation programme.

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## 5. FINANCIAL IMPLICATIONS

The ability to effectively manage our existing budget is critical to ensure successful programme delivery, maintaining training standards and implementation of the IETP SOC.

The proposal was that the current 6K training grant per trainee increased to 12K which is broken down to a 9K training grant and a 3K TPD payment.

There were discrepancies for 2021/22 due to mix of different programmes being run (i.e. single sector and multi-sector)

For 2021/22 there will be payments to single sector programmes of £250 to attend supervisor training on the new interim learning outcomes and these programmes do not qualify for any training grant.

For 2021/22 GP practices and community pharmacies delivering multi-sector training will be paid for the trainees that they are supporting in 2021/22.

For 2021/22 Health Boards will be paid for their 2022/23 multi-sector numbers to support setting up their infrastructures to increase numbers for 2022/23 intake.

From 2022/23 all sectors will be paid the training grant and TPD payments for the number of trainees they are supporting.

Four FTE Two-year secondments/fixed term posts to be recruited to HEIW immediately to ensure that the foundation programme new BAU and the implementation of IETP can be managed safely and to the required standards. The two-year posts will be reviewed during the first twelve months to ensure the requirements of the programme are being met.

**See Appendix 1 for finance model.** The financials indicate that the repurposing of funds to provide enhanced training grants and increased HEIW staff still leaves a surplus of funds within the agreed budget to increase numbers should capacity be released within training sites.

## 6. RECOMMENDATION

That HEIW Board note this report and the change of Foundation training numbers from 160 to 130.

English Catherine  
07/26/2021 16:32:44

Governance and Assurance			
Link to IMTP strategic aims (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>			
This work will support in assuring the quality of pre-reg Foundation pharmacist training.			
<b>Financial Implications</b>			
See above. Repurposing of funding required.			
<b>Legal Implications (including equality and diversity assessment)</b>			
Nil			
<b>Staffing Implications</b>			
See request for additional HEIW staff within the proposal			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Nil			
<b>Report History</b>			
<b>Appendices</b>			

English Catherine  
07/26/2021 16:32:44

## Appendix 1

Pre -Registration Foundation Multi Sector Model 2022-23															
			2021/22			2022/23			2023/24			2024/25			2025/26
	August 2020 Cohort	August 2021 Cohort	Total	August 2021 Cohort	August 2022 Cohort	Total	August 2022 Cohort	August 2023 Cohort	Total	August 2023 Cohort	August 2024 Cohort	Total	August 2023 Cohort	August 2024 Cohort	Total
Total No of Trainees	131	124		124	111		111	126		126	132		132	132	
Training Grants & TPD Payments	£ 34,168	£ 653,167	£ 687,335	£ 326,583	£ 888,000	£ 1,214,583	£ 444,000	£ 1,008,000	£ 1,452,000	£ 504,000	£ 1,056,000	£ 1,560,000	£ 528,000	£ 1,056,000	£ 1,584,000
DS Training Payment - One off Payment		£ 17,500	£ 17,500		£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Trainee Salaries	£ 1,355,064	£ 2,565,312	£ 3,920,376	£ 1,295,552	£ 2,319,456	£ 3,615,008	£ 1,171,272	£ 2,659,104	£ 3,830,376	£ 1,342,656	£ 2,813,184	£ 4,155,840	£ 1,420,848	£ 2,841,696	£ 4,262,544
Trainee Salaries - Provision for Extensions 10 % @average 3 months	£ 100,854		£ 100,854	£ 85,338	£ -	£ 85,338	£ 86,295	£ -	£ 86,295	£ 86,295	£ -	£ 86,295	£ 86,295	£ -	£ 86,295
Travel Provision	£ 8,733	£ 8,267	£ 17,000	£ 8,267	£ 14,800	£ 23,067	£ 7,400	£ 8,400	£ 15,800	£ 8,400	£ 17,600	£ 26,000	£ 8,800	£ 17,600	£ 26,400
Total Trainee Costs	£ 1,498,819	£ 3,244,245	£ 4,743,065	£ 1,715,740	£ 3,222,256	£ 4,937,996	£ 1,708,967	£ 3,675,504	£ 5,384,471	£ 1,941,351	£ 3,886,784	£ 5,828,135	£ 2,043,943	£ 3,915,296	£ 5,959,239
4 X FTE Regional Leads (8A mid point)		£ 154,701	£ 154,701		£ 236,693	£ 236,693		£ 241,427	£ 241,427	£ 102,606		£ 102,606			£ -
Staff Costs		£ 154,701	£ 154,701	£ -	£ 236,693	£ 236,693	£ -	£ 241,427	£ 241,427	£ 102,606	£ -	£ 102,606	£ -	£ -	£ -
TOTAL Costs			£ 4,897,766			£ 5,174,689			£ 5,625,898			£ 5,930,741			£ 5,959,239
Cost per Trainee (Grant and TPD)			£ 5,684			£ 10,942			£ 11,524			£ 11,818			£ 12,000
Cost per Trainee (Salary & Travel )			£ 32,566			£ 33,544			£ 31,210			£ 32,334			£ 33,146
Total Cost per Trainee			£ 38,251			£ 44,486			£ 42,734			£ 44,153			£ 45,146
WG Proposed Allocation based on 170 Trainees (2021/22)			£ 6,060,754	WG Proposed Allocation based on 132 Trainees (2022-26)		£ 5,631,729			£ 5,866,487			£ 5,916,471			£ 5,959,239
Surplus/(Deficit)			£ 1,162,988			£ 457,040			£ 240,589			(£ 14,270)			£ -

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**NHS**  
WALES

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

<b>Meeting Date</b>	<b>29th July 2021</b>	<b>Agenda Item</b>	<b>3.4</b>
<b>Report Title</b>	<b>Approval of HEIW Biodiversity and Decarbonisation Strategy 2021-24</b>		
<b>Report Author</b>	Chris Payne, Assistant Director of Planning, Performance and Corporate Services		
<b>Report Sponsor</b>	Nicola Johnson, Director of Planning, Performance and Corporate Services		
<b>Presented by</b>	Nicola Johnson, Director of Planning, Performance and Corporate Services		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>This paper seeks approval from the HEIW Board of the HEIW Biodiversity and Decarbonisation Strategy 2021-24 following engagement with staff in May 2021 and approval of the Executive Team in June 2021.</p> <p>Following approval, the strategy will be published internally and externally, and detailed plans for each Area of Action will be developed.</p>		
<b>Key Issues</b>	<p>Welsh Government has set out its legal commitment to achieve net-zero emissions by 2050 and declared its ambition for a carbon-neutral public sector in Wales by 2030. With just a decade to reduce or offset carbon emissions, NHS Wales has published its All Wales Decarbonisation Strategic Delivery Plan 2020-2030 and this will impact on all of NHS Wales.</p> <p>Our strategy encompasses our approach to the 2 main agendas;</p> <ol style="list-style-type: none"> <li>1) Decarbonisation – in line with the All Wales NHS Decarbonisation Strategic Delivery Plan, 2020-2030– reporting via NHS Wales to the proposed Welsh Government-run Decarbonisation Board</li> <li>2) Biodiversity – in line with the Environment (Wales) Act 2016 Section 6 duty – reporting directly to Welsh Government every three years.</li> </ol>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b>
			✓

<i>(please ✓ one only)</i>				
<b>Recommendations</b>	Members are asked to <ul style="list-style-type: none"> <li>• <b>Approve</b> the HEIW Biodiversity and Decarbonisation Strategy 2021-24.</li> </ul>			

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## **Approval of HEIW Biodiversity and Decarbonisation Strategy 2021-24**

### **1. INTRODUCTION**

This paper presents the HEIW Board with the HEIW Biodiversity and Decarbonisation Strategy for approval, enabling HEIW to undertake a proportionate approach to supporting the decarbonisation agenda advocated by Welsh Government and NHS Wales.

### **2. BACKGROUND**

HEIW has implemented a staff stakeholder group for Biodiversity and Climate Change which was established in June 2020 and formally launched in October 2020. A key area of focused work has been to support the development of this strategy aligned to the requirements of Strategic Objective 5.5 of the Annual Plan 2021-2022.

The agendas encompassed in this strategy are:

1. Decarbonisation – in line with the All Wales NHS Decarbonisation Strategic Delivery Plan, 2020-2030– reporting via NHS Wales to the proposed Welsh Government-run Decarbonisation Board
2. Biodiversity – in line with the Environment (Wales) Act 2016 Section 6 duty – reporting directly to Welsh Government every three years.

Welsh Government has set out its legal commitment to achieve net-zero emissions by 2050 and declared its ambition for a carbon-neutral public sector in Wales by 2030. With just a decade to reduce or offset carbon emissions, NHS Wales has published its All Wales Decarbonisation Strategic Delivery Plan 2020-2030 and this will impact on all of NHS Wales, requiring us to consider existing ways of working across all areas of our business and make appropriate changes, as well as build zero or low carbon outputs into the planning for all new activities.

At the same time, there is increased focus on the damage climate change is doing and will continue to do to our ecosystems and biodiversity if this is left unchecked. The Areas of Action have also been mapped to the objectives outlined in the Nature Recovery Action Plan for Wales 2015 (NRAP) and updated in 2020. The NRAP incorporates the National Biodiversity Strategy for Wales, produced by the Wales Biodiversity Strategy Board.

The two agendas are inextricably linked, as reduced emissions will give wildlife and the natural world an opportunity to thrive. Added to this, and directly aligned with our own agenda for NHS staff and as a public sector organisation, is the benefit to the health of the people of Wales, in line with the Well-being of Future Generations Act 2015.

While it is necessary for HEIW to meet separate requirements for these agendas, with reporting for each via different routes, the HEIW Biodiversity and Decarbonisation Strategy encompasses both agendas to take advantage of the links where possible.

### **3. PROPOSAL**

A Strategy has been developed which includes Areas of Action and objectives are included to ensure HEIW is able to deliver change in the areas that will generate the most significant impact, to provide focus in managing resources, and to enable appropriate and efficient reporting across the two agendas.

The four proposed Areas of Action are:

*Engaging and supporting our staff*

- Ensuring our staff understand the requirements of the two agendas, the implications of not acting and the benefits of engaging fully with the strategy and future plans.
- Calling staff to action and supporting them in the journey as we undertake it together as an organisation.
- Ensuring the governance is in place and we are providing the right information and support to enable staff to get involved as quickly and as easily as possible.

*Sustainable procurement*

- Ensuring our procurement of goods and services is from suppliers and of products that are sustainably managed or produced, both through NHS Procurement and where we are doing this directly.

*Developing Ty Dysgu and supporting our local communities*

- Developing our grounds, although small, to be effective in maintaining and building the resilience of biodiversity and to positive effect for the health and well-being of our staff, visitors and others around us.
- Building relationships in our local communities and making a positive difference to the environment for everyone who works or lives there.

*Environmental sustainability*

- Reducing carbon emissions where we can in undertaking existing work and in planning for future activities, to play our part in achieving the targets in the NHS Wales Decarbonisation Plan.

Following approval of the strategy, the next steps aligned to our Strategic Objective include:

- Developing and implementing a 3-year action plan in line with the biodiversity and decarbonisation strategy
- Developing and implementing organisational targets in line with the NHS Wales goal of becoming carbon neutral by 2030.
- Enabling staff to have the opportunity to engage to increase knowledge, understanding and requirements to support the delivery of the strategy.

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

### **4.1 Governance**

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In finalising the strategy, a month-long engagement process was undertaken internally with staff and the Local Partnership Forum. The strategy was amended as required following this period.

Following the completion of the engagement period, the final strategy was approved for recommendation to the Board by the Executive team in June 2021.

## 4.2 Risks

This is a fast-moving landscape, with much work having been started and now being further developed at Governmental, public sector, NHS Wales, all Wales, and individual organisational levels. A Green Health Wales conference was held on 29<sup>th</sup> June 2021 as a Call to Action. The responsibilities of HEIW as an NHS Wales organisation are clear in the All Wales Decarbonisation Strategic Delivery Plan 2020-2030. The Delivery Plan sets out overall emissions reduction targets for 2025 and 2030 and nearly 50 initiatives within six main activity areas, which are: carbon management; buildings; transport; procurement; estate planning and land use; and approach to healthcare. The first five of these are reflected in our strategy appropriate to the size and type of our organisation.

However, the role of HEIW in education and training on green issues (and building this into all healthcare education and training) is likely to require further discussion over the coming year.

In addition, the structures for implementing the strategy are being reviewed to ensure that there is the right balance between delivery assurance and continuing broad informal staff engagement and activity.

## 5. FINANCIAL IMPLICATIONS

There are no direct financial implications of the strategy. Further consideration of any additional investment required or savings benefits will be undertaken as part of the development of the Action Plan.

## 6. RECOMMENDATION

The HEIW Board is asked to:

- **Approve** the HEIW Biodiversity and Decarbonisation Strategy 2021-24.

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07/26/2021 16:32:44

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and well-being 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 quality, safety and patient experience implications.			
<b>Financial Implications</b>			
There are no financial implications as a specific result of this strategic document. Further consideration will be required following development of the respective Action Plan.			
<b>Legal Implications (including equality and diversity assessment)</b>			
As a public body, HEIW, is required to comply with the Environment (Wales) Act 2016, including the S6 duty (enhanced biodiversity and the resilience of ecosystems).			
Welsh Government has set out its legal commitment to achieve net-zero emissions by 2050 and declared its ambition for a carbon-neutral public sector in Wales by 2030.			
<b>Staffing Implications</b>			
There are no specific staffing implications as a result of this paper.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
HEIW's action towards addressing climate change and enhancing biodiversity has a close link with the work of HEIW on well-being. As such, initiatives approved will relate directly to the 7 well-being goals in the Act and directly to a 'more resilient Wales' well-being goal. The 5 ways of working will be reflected in establishing an ongoing commitment to developing and implementing 'Areas of Action' to combat climate change and enhance biodiversity.			
<b>Report History</b>			
<b>Appendices</b>			
1. Final Draft Biodiversity & Decarbonisation Strategy			

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07/26/2021 16:32:44

# HEIW Biodiversity and Decarbonisation Strategy 2021-2024

## Introduction and guidance for staff

This is the approved HEIW Biodiversity and Decarbonisation Strategy 2021-24.

This strategy has been developed by the Biodiversity and Climate Change Staff Stakeholder Group, with voluntary membership from across the organisation (see Appendix 1) and has been approved by the Executive Team. The strategy takes into account feedback received from staff engagement in May 2021.

This document sets out the strategy for future action and initiatives, to ensure we are able to focus on the 'Areas of Action' that we believe will generate the greatest impact and through which HEIW will be able to deliver effective change and improvement. These will be used to develop a detailed action plan in early 2021-22.

As staff in HEIW, NHS Wales and the public sector in Wales, we are expected to respond to requirements for two distinct agendas across our existing work and in planning future activities:

- 1) Biodiversity – in line with the Environment (Wales) Act 2016 Section 6 duty – reporting directly to Welsh Government every three years (next report due in 2022)
- 2) Decarbonisation – in line with the All Wales NHS Decarbonisation Strategic Delivery Plan 2020-2030 (published 24 March 2021) – reporting likely via NHS Wales (NWSSP) to Welsh Government (Decarbonisation Board) but, at the time of writing (May 2021), yet to be confirmed

HEIW must meet separate requirements for these agendas, but the HEIW Biodiversity and Decarbonisation Strategy encompasses both, to take advantage of obvious and natural links where possible.

As individuals, we may well also be considering our personal contribution and making lifestyle changes to support the wider effort. We hope that this strategy will also help us to take positive steps to change beyond our working lives.

Whatever your situation, as a member of our staff, HEIW is calling you to action.

For further information, to forward comments or ideas, or to get involved with the Staff Stakeholder Group, please refer to the Biodiversity and Climate Change intranet pages:

[Biodiversity and Climate Change \(sharepoint.com\)](#)

Or contact [Justine.Cooper@wales.nhs.uk](mailto:Justine.Cooper@wales.nhs.uk)

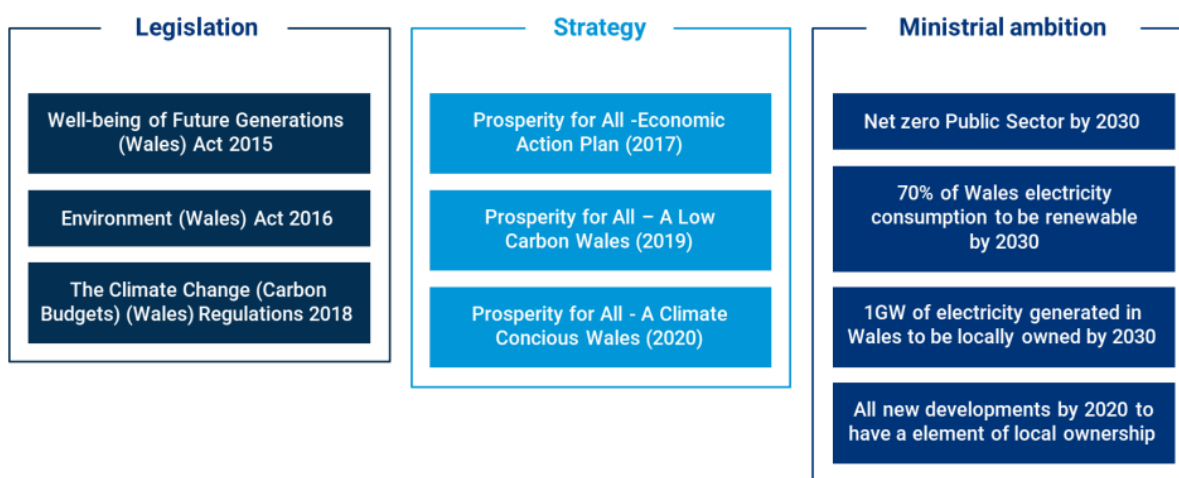
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## Context

The recognition of the impact of climate change on our planet and our health has been building slowly for some time, but the focus on the urgency to address it is relatively recent.

## National Direction

In April 2019, Welsh Government, with the backing of the Senedd, declared a [Climate Emergency for Wales](#). To implement decarbonisation, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In March 2019 the First Minister for Wales launched Prosperity for All: A Low Carbon Wales. This sets out Welsh Government's plan for decarbonisation in Wales. It also further states the ambition for the public sector to be net zero by 2030, and the specific policy to reduce emissions in the health sector.



The [NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030](#) was published on 24th March 2021 and will guide the work of all NHS organisations to reduce carbon emissions across key areas, including buildings, transport, procurement and approaches to healthcare (which includes an initiative associated with agile working). Our expectations for how this will impact HEIW had already been accounted for in the 2021-24 Plan on a Page for Strategic Objective 5.5, but the published delivery plan will be reviewed in detail now that it is finalised.

Climate change alters temperature and weather patterns, and so it is also impacting on plant and animal life and causing a decline in biodiversity. The Environment (Wales) Act 2016 incorporates the Section 6 duty to maintain and enhance biodiversity and promote the resilience of ecosystems. It is supported by the National Biodiversity Strategy and Action Plan for Wales, produced by the Wales Biodiversity Strategy Board and set out in the [Nature Recovery Action Plan \(NRAP\) for Wales 2015](#).

In 2020, the [NRAP](#) was refreshed:

*“to take into account the growing evidence around the scale of the loss of biodiversity and the changing policy context in Wales. This includes the legislative framework and the Natural Resources Policy, the expected impacts of our exit from the EU, the escalating ecological crisis and the need to respond urgently to that alongside the response to the climate emergency.*

*The Coronavirus pandemic of 2020 has placed fresh emphasis on the need to clarify the urgent priorities for biodiversity and a green recovery.”*

The objectives set out in 2015 (see Appendix 2), to which we have mapped our strategy, remain unchanged, but several immediate priorities have been identified for further action. One of these, 'Aligning the responses to the climate emergency with the biodiversity crisis' recognises the importance of the link between climate change and biodiversity. Our strategy reflects this and addresses our intentions for both maintaining and enhancing biodiversity and tackling the effects of climate change via decarbonisation.

### **HEIW Approach**

As a public body, Health Education and Improvement Wales (HEIW) is subject to the requirements of the Environment (Wales) Act 2016 and the Section 6 duty. HEIW is also governed by the Well-being of Future Generations (Wales) Act 2015 and its 7 goals and, in this case, particularly developing 'a resilient Wales'.

We are actively working towards the Welsh Government (WG) ambition for a net zero carbon public sector in Wales by 2030 and will collaborate with NHS Wales colleagues to support the NHS Wales Decarbonisation Strategic Delivery Plan. The WG ambition will be a clear focus for all NHS and all public sector organisations over the coming decade and beyond.

In 2021, HEIW has committed to delivering a programme of changes to reduce its carbon emissions, offset necessary emissions and to maintain and enhance the resilience of biodiversity through the normal business of its functions. Strategic Objective 5.5, 'Implement organisational changes to meet the requirements regarding biodiversity and climate change' sits under the organisation's Strategic Aim 5, 'To be an exemplar employer and a great place to work'.

HEIW's Biodiversity and Decarbonisation Strategy sets out the organisation's high-level aspirations and intentions to meet requirements, to call its staff, stakeholders, partners and suppliers to action, and to make positive changes now to achieve longer-term goals for Wales.

HEIW submitted its first environment report to WG in December 2019. The next report will be published in 2022 and every three years thereafter.

Additional supporting considerations that set the context for this work include:

- The significant impact of COVID-19 on business practices and [green recovery plans](#)
- WG's plan to go [beyond recycling](#) and make the circular economy in Wales a reality where we keep resources in use and avoid waste
- WG's long-term ambition for 30% of the workforce in Wales to be [working remotely](#).

It is hoped that our engagement with and support for staff will encourage and enable all of us to make personal as well as professional choices, should we wish to do so.

This strategy has been formulated in line with HEIW's strategic aims, as well as Wales' well-being goals. It takes into account feedback received from staff at events in February 2020, October 2021 and January 2021, as well as engagement on the strategy specifically in May 2021, as part of our commitment to involve staff and embed thinking across the organisation.

### **Notes**

This strategy is to be read in conjunction with HEIW's Annual Plan IMTP 2021-22 (and subsequent annual plans covering the same period).

## What HEIW has done so far

### Engagement and direction setting

In February 2020, we facilitated an activity at the HEIW Staff Conference which helped to provoke thinking about this important area of work. Soon after, we established an internal stakeholder group with representatives from across the organisation who had an interest in the work of the group (Appendix 1).

Over a period of six months, the group reviewed the legislation and requirements and developed what we have termed our priority 'Areas of Action', with a key goal and objectives for each. We have developed a communications and engagement plan, from which a number of actions have already been achieved, including the official launch of the group and the organisation's Biodiversity and Climate Change intranet pages in October 2020, presentations at staff conferences and events in 2020 and early 2021, and regular blogs from group members. The Biodiversity and Decarbonisation Strategy 2021-2024 was drafted ready for staff engagement in early 2021.

The stakeholder group continues to engage with all staff via staff events and the intranet, ensuring that staff are aware of the work being undertaken and future plans, as well as creating opportunities for all staff to contribute to the discussion and become more involved if they would like to do so. At the time of writing, the most recent staff event took place on 25<sup>th</sup> January 2021, where staff were asked to post their ideas for how HEIW could help them to deliver a reduction in carbon emissions.

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#### ***Top themes from the HEIW staff event on 25<sup>th</sup> January 2021:***

*Continued home/remote and flexible working and reduced travel associated with work, aligned to an agile working policy*

*More and faster charging points for electric vehicles in the carpark*

*More recycling options in Ty Dysgu, including allowing staff to bring more of their recycling from home to be recycled via work*

*More plants in the grounds of Ty Dysgu and in the office*

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The stakeholder group will consider these as part of its wider work to develop a detailed action plan in line with this strategy.

### Being proactive

Since its inception in October 2018, HEIW has continued to make improvements to its custom-fitted offices in Ty Dysgu.

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*Since October 2018, HEIW has:*

*Installed [LED lighting and motion sensors](#) indoors and out*

*Implemented a [recycling scheme](#) to deal with our most commonly used recyclables, including food, plastics, batteries, and toner cartridges*

*[Monitored waste and how much is recycled](#) via reports from our disposal partners*

*Started using [100% green energy](#), via work with our partners, NWSSP*

*[Increased the allowance via the Cycle to Work scheme](#) to £2500 to support staff to make more sustainable transport choices*

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The COVID-19 pandemic has forced us to consider and adopt new ways of working that, over the period of a year and ongoing, have become embedded in our practices and in the delivery of our services. These have had an immediate and positive impact on reducing our carbon emissions. For HEIW, these are in the areas where we believe we can continue to make a difference by keeping emissions low, such as reduced travel, by staff and others with whom we work or to whom we provide services, a reduction in our use of consumables and in printing, and delivery of more services virtually. We have already begun to consider the benefits of these new ways of working and we are committed to adopting these on a permanent basis where they meet business needs at the same time as reducing carbon emissions and helping to maintain and enhance biodiversity.

Our Biodiversity and Decarbonisation Strategy for 2021-24 is now in place and we are developing detailed plans for each of our 'Areas of Action' (see pages 7-10) in early 2021-22. These will enable HEIW to take the next steps to challenge our organisation to think and behave differently in order to prepare for a more sustainable future for us all.

### **What we are going to do in 2021-24**

Through our four 'Areas of Action' (see pages 7-10), HEIW will support:

1. the [Section 6 duty on biodiversity in the Environment \(Wales\) Act 2016](#);
2. the Nature Recovery Action Plan (NRAP) 2015 objectives (Appendix 2); and
3. the [NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030](#) initiatives and targets.

We have determined these Areas of Action as priorities for:

- ensuring our success in supporting the NRAP objectives; and
- implementing a programme of incremental targets to reduce our carbon emissions in line with the NHS Decarbonisation Plan (as we move towards a net zero carbon position across the public sector in Wales).

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07/26/2021 16:32:44

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***HEIW Areas of Action:***

- 1. Engaging and supporting our staff*
  - 2. Sustainable procurement*
  - 3. Developing Ty Dysgu and supporting our local communities*
  - 4. Environmental sustainability*
- 

The Areas of Action are set out in more detail in the following pages. They form the framework for a more detailed set of actions to support the NRAP objectives and the NHS Wales decarbonisation initiatives and targets and to achieve our ambitions.

Our detailed action plans will be developed in 2021. We will report internally against our action plans. We will report externally to Welsh Government against the NRAP objectives and the NHS Wales decarbonisation initiatives and targets.

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# Our Areas of Action

## Area of Action 1: Engaging and supporting our staff

### What we mean by this:

This is our first area of action because it is critical to the delivery of this strategy. Our staff will generate ideas, lead and drive through initiatives, and support and make changes. For us all to be able to achieve what is required, we need to share and provide access to expert and reliable information, guidance and support. We need to be engaging on the topic and model the kind of behaviour we would like to see at all levels of the organisation.

### Our goal: To raise awareness and engage internally and externally on an ongoing basis

### Our objectives:

1. Engage with staff on development of this strategy and on future plans and initiatives
2. Engage with and support staff to implement and adopt new and transformative initiatives
3. Embed biodiversity and decarbonisation in the delivery of our strategic plans
4. Collaborate across internal and external networks to develop initiatives that bring wider benefits
5. Celebrate our successes internally and externally

### Our intentions:

- We will embed an emphasis into the development of our strategic plans on reducing and offsetting carbon emissions, driven by the Welsh Government aim for a net zero carbon public sector in Wales by 2030, the NHS Decarbonisation Strategic Delivery Plan 2020-2030 and the Well-being of Future Generations Act 2015. We will embed a similar emphasis on maintaining and enhancing biodiversity and promoting the resilience of ecosystems, in line with the Section 6 duty in the Environment (Wales) Act 2016 and the Well-being of Future Generations Act 2015.
- We will work to reduce carbon emissions organisation wide and so, to help our staff help us achieve reductions, a key area of focus for us is to raise awareness and engage internally and externally on an ongoing basis, including the application of an agile working policy.
- We will implement an appropriate framework of governance, and support for delivery, including staff development, signposting to information and tools, and opportunities for staff involvement in projects and initiatives. These will ensure we are able to embed thinking and action within our organisation, and further support individuals to gain knowledge and understanding so that they are able to consider and make changes both at work and in their personal lives, if they choose to do so.
- We will measure engagement internally and externally via intranet, website and social media views, likes and comments related to specific pages, blogs and posts. We will continue to engage with staff and ask for direct feedback at staff conferences and events and via calls to action, as well as running regular polls to take quick readings of current engagement levels. We will monitor interest and engagement in specific activities and initiatives when we develop and implement our detailed action plan, and we will continue to communicate and celebrate our successes with all our stakeholders.

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07/26/2021 16:32:44

## Area of Action 2: Sustainable Procurement

### **What we mean by this:**

We want to be able to ensure that HEIW is only procuring goods and services that are sustainably managed or produced and we want to be able to influence this internally and externally, as far as is possible.

### **Our goal: To undertake sustainable procurement of goods and services**

### **Our objectives:**

1. Ensure the supplies we use internally in Ty Dysgu and externally for work purposes are from sustainable sources
2. Reduce the amount of printing we undertake for work purposes on and off site
3. Improve/expand our existing recycling scheme
4. Ensure procurement of products and services is sustainable by liaising with NHS Procurement and understanding the requirements of the framework
5. Consider opportunities to procure goods that are biodegradable/made from re-used/recycled materials

### **Our intentions:**

- Within the NHS Wales procurement systems, we will ensure that the supplies we use in Ty Dysgu are from sustainable sources and are environmentally friendly, including paper and products being used by our contractors, such as cleaning products and paint.
- We will monitor and, where possible, improve our recycling scheme.
- We will work with NHS Wales Shared Services Partnership (NWSSP) Procurement to understand the requirements in place for suppliers on the NHS Procurement Framework and to consider other opportunities to procure goods that are made from re-used or recycled materials.
- We will set targets for the reduction of printing at Ty Dysgu and will consider options for how we might also ensure supplies of paper that we use external to Ty Dysgu are from sustainable sources.

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## Area of Action 3: Developing Ty Dysgu and supporting our local communities

### **What we mean by this:**

When we talk about developing Ty Dysgu in relation to biodiversity, we mean the grounds and internal offices of the building. This also relates to Area of Action 4 and environmental sustainability in terms of the carbon efficiency of the building.

Supporting our local communities is about building relationships and making a positive difference to the environment for everyone who works or lives there. This links naturally to the health and wellbeing of our own staff and our national remit for the health and wellbeing of the NHS Wales workforce.

### **Our goal: To increase the resilience of our natural environment at Ty Dysgu and through collaboration with our local communities**

### **Our objectives:**

1. Develop the small area on site at Ty Dysgu, considering opportunities to enhance biodiversity
2. Investigate opportunities to get involved in community projects in our local areas
3. Consider effective ongoing use of Ty Dysgu by us and by others

### **Our intentions:**

- We will seek advice from charities and wildlife organisations to help us to determine the best use of the small area we have available. We will consider options for planting and encouraging wildlife, such as birds, bees, butterflies and insects, and we will seek to improve our immediate environment for health and wellbeing purposes, for our staff and for others who visit our premises.
- We will investigate opportunities to get involved in community projects in our local areas by developing links with our communities, both local to Ty Dysgu and to our homes. These might be projects that we lead, or ones that we decide to sponsor, either directly via the HEIW budget, or through fundraising efforts. We will investigate more formal arrangements for staff volunteering to provide support for local projects or events and will seek opportunities to contribute to mitigation of the effects of climate change, such as flooding. We will link projects to our local and national remits for health and wellbeing of our staff and the NHS Wales workforce and look for opportunities to share good practice or collaborate with other NHS Wales organisations.
- Within NHS Wales procurement frameworks, we will ensure contractors are using environmentally friendly products and continue to monitor the use of Ty Dysgu by our staff and by others to determine best use of our facilities.

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07/26/2021 16:32:44

## Area of Action 4: Environmental sustainability

### **What we mean by this:**

This Area of Action is directly related to reducing carbon emissions where we can, in our existing work and in planning for future activities, to play our part in achieving the targets in the NHS Wales Decarbonisation Plan, in line with the Welsh Government ambition for a net zero carbon public sector in Wales by 2030.

### **Our goal: To reduce HEIW's carbon footprint**

### **Our objectives:**

1. Monitor our carbon footprint and take appropriate action that will have the greatest impact on reducing it
2. Promote existing schemes and new initiatives that we develop
3. Set targets in line with Welsh Government/NHS targets and our organisational aspiration and report performance regularly via existing mechanisms
4. Collaborate with networks across NHS Wales, other public sector organisations and in our local communities to share and develop knowledge, understanding and best practice

### **Our intentions:**

- We will respond to the Welsh Government Energy Support (WGES) report 2020, by engaging WGES to undertake detailed feasibility studies for solar panels and improvements to our heating and cooling system. We will consider a range of initiatives to reduce carbon emissions and to support staff to make the necessary changes at work and at home, such as more and faster electric vehicle charging points, in line with the NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030.
- We will ensure we are collaborating with NHS colleagues and others to implement the initiatives and actions outlined in the NHS Wales Decarbonisation Plan, to build our knowledge and understanding, and to consider any appropriate new or proposed means for reducing carbon emissions.
- We will develop targets to help us reduce our carbon emissions incrementally between 2021 and 2030, and beyond. We will develop Key Performance Indicators (KPIs) to measure our progress and report regularly internally and quarterly via organisational performance reporting.

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07/26/2021 16:32:44

## Appendix 1: Biodiversity and Climate Change Staff Stakeholder Group membership

Member	Title	Directorate
Ben Baker (Project Support)	Project Support Officer	Planning, Performance and Corporate Services
Beckie Chandler (currently on maternity leave)	Workforce Strategy and Planning Officer	Workforce and OD
Justine Cooper (Chair)	Planning and Performance Business Partner	Planning, Performance and Corporate Services
Georgia Croft	Receptionist and Administrative Assistant	Executive Support
Sion Ford	Careers and Widening Access Officer	Workforce and OD
Liz Hargest	Education Development Manager	Nursing
Jo Hendry	Digital Support Officer	Digital
Lauren Howells (Administrative Support)	Administrative Assistant, Planning, Performance and Corporate Services	Planning, Performance and Corporate Services
Rachel Mooney	Programme Lead (National Endoscopy Training)	Nursing
Sian Parker Hornsey	RSU Manager (Revalidation and Quality) Revalidation Support Unit	Medical
Claire Smith	Workforce Programme Manager	Workforce and OD
Rebecca Vincent (Communications Support)	Senior Communications Officer	Workforce and OD

English Catherine  
07/26/2021 16:32:44

**Appendix 2: HEIW's Areas of Action mapped against the Nature Recovery Action Plan 2015 (NRAP) objectives**

		HEIW Areas of Action			
NRAP Objectives		Engaging and supporting our staff	Sustainable procurement	Developing Ty Dysgu and supporting our local communities	Environmental sustainability
1	Engage and support participation and understanding to embed biodiversity throughout decision making at all levels				
2	Safeguard species and habitats of principal importance and improve their management				
3	Increase the resilience of our natural environment by restoring degraded habitats and habitat creation				
4	Tackle key pressures on species and habitats				
5	Improve our evidence, understanding and monitoring				
6	Put in place a framework of governance and support for delivery				

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07/26/2021 16:32:44

## References

- [Environment \(Wales\) Act 2016](#)
- *Making Space for Nature*, Public Health Wales, December 2019
- *NHS Wales and the Biodiversity Duty*, [Health & Sustainability Hub, Public Health Wales](#) (with support from Natural Resources Wales)
- [NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030](#), NHS Wales/The Carbon Trust, March 2021
- [The Nature Recovery Plan for Wales 2015, Setting the course for 2020 and beyond: Our Strategy for Nature, 2015 \(NRAP 2015\)](#), Wales Biodiversity Strategy Board [members represent both land and sea managers, Natural Resources Wales, the environmental third sector, local authorities, Wales Biodiversity Partnership and Welsh Government]
- [The Nature Recovery Action Plan for Wales 2020-21 \(NRAP 2020-21\)](#)
- Wales Biodiversity Partnership, [www.biodiversitywales.org.uk](http://www.biodiversitywales.org.uk)
- [Well-being of Future Generations \(Wales\) Act 2015](#)

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07/26/2021 16:32:44



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>29 July 2021</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		
<b>Report Sponsor</b>	Eifion Williams		
<b>Presented by</b>	Eifion Williams		
<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 June 2021 (Month 3).		
<b>Key Issues</b>	HEIW has a statutory duty to break even at year-end and this report should assist the Board, Executives and Budget Holders in understanding the financial position reported for Month 3 of the 2021-22 financial year and the actions needed 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>Recommendations</b>	<p>The Board are asked to:</p> <ul style="list-style-type: none"> <li>to <b>note</b> the financial position reported at month three and the underlying reasons for the key variances to budget.</li> </ul>		

English Catherine  
07/26/2021 16:32:44

# **Report of the Director of Finance**

## **1. INTRODUCTION**

The report sets out the financial position as at the end of June 2021, reported against updated budgets. The delegated budgets have been derived from the 2021/22 Resource Plan which was drawn from the 2021-22 Annual Plan approved by the HEIW Board and the resource allocation letter received from Welsh Government. The reported financial position of HEIW as at Month 3 is £214,693 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 30th of June 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 since month 2. These include the re-apportionment of funding to balance financial plan commitments. The 'Deep Dive' exercises will be continued on a quarterly basis and the Executive team informed of any non-recurrent opportunities that may present.

## **3. PROPOSAL**

The Board is asked to note the financial position reported by HEIW for Month 3 and consider the summarised explanations of the key variations described for each Directorate.

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

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

## **5. FINANCIAL IMPLICATIONS**

### **5.1 Revenue Financial Position as at Month 3**

HEIW is reporting an underspend of £214,693 against profiled budgets as at 30<sup>th</sup> June 2021. The overspend position in Pay budgets is due to the requirement to re-align budgets to balance the financial plan. The financial plan includes anticipated allocations from WG as set out in the Resource Plan totalling £3.174m that have been agreed in principle but not yet received and work is ongoing to secure this resource in year for HEIW.

The underspend in Non-Pay budgets are as a result of reduced face to face training and education activity due to the COVID-19 lockdown restrictions and will also be subject to re-alignment to balance the financial plan. The underspend on Commissioning budgets is as a result of known under recruitment of trainees to

programmes in Pharmacy, Dental Foundation training and the Medical training grades, offset by a small overspend within GP training as a result of protected salaries.

The month 3 position will be reported to Welsh Government on day 5 and through the monitoring return submitted on day 9 in accordance with the required WHC reporting timetable. The Monitoring Return submitted is included as Appendix 2.

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



**As at 30th June 2021**

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
<b>INCOME:</b>					
Welsh Government	(58,830,994)	(58,830,994)	0	0	0
Other Income	(137,690)	(122,771)	14,919	9,324	5,595
<b>Total Income</b>	<b>(58,968,684)</b>	<b>(58,953,765)</b>	<b>14,919</b>	<b>9,324</b>	<b>5,595</b>
<b>Expenditure</b>					
Board & Executive	532,658	508,768	(23,890)	(27,266)	3,376
Finance	261,436	249,909	(11,527)	(8,239)	(3,288)
Planning, Performance and Corporate Services	429,694	405,041	(24,653)	(17,936)	(6,717)
Digital and IT	1,319,698	1,307,343	(12,355)	(1,509)	(10,847)
Medical & Pharmacy	29,110,474	28,930,256	(180,218)	(144,104)	(36,114)
Nursing	26,535,559	26,585,088	49,529	26,287	23,242
Human Resources and Organisation Development	779,165	752,667	(26,498)	(33,060)	6,563
<b>Sub-Total Expenditure</b>	<b>58,968,684</b>	<b>58,739,072</b>	<b>(229,612)</b>	<b>(205,828)</b>	<b>(23,785)</b>
<b>Total</b>			<b>(214,693)</b>	<b>(196,504)</b>	<b>(18,189)</b>

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

Directorate	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
	£	£	£	£	£
Board and Executive		(19,068)	(4,821)		(23,890)
Chief Executive Reserve			0		0
Finance		(8,944)	(2,583)		(11,527)
Planning, Performance and Corporate Services		(8,225)	(16,428)		(24,653)
Digital and IT		(22,707)	10,351		(12,355)
Medical & Pharmacy	14,919	(64,382)	(66,307)	(49,530)	(165,299)
Nursing	0	(541)	(5,415)	55,484	49,529
Human Resources and Organisation Development		(38,448)	11,950		(26,498)
<b>Total</b>	<b>14,919</b>	<b>(162,314)</b>	<b>(73,252)</b>	<b>5,954</b>	<b>(214,693)</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 for travelling expense costs in Non-Pay budgets.

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

## 5.2 Commissioning Funding

It should be noted that Commissioning budgets are based on the existing student cohort 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.

An order for IT equipment totalling £15k was raised in June but has not yet been received. Further proposals for the use of the funding in 2021/22 are being prepared in consultation with the relevant teams across HEIW.

A meeting with the Welsh Government has been arranged for the 19th of July to discuss the HEIW capital programme.

## 5.4 Balance Sheet

The balance sheet as at 30<sup>th</sup> June 2021 is shown below:

	<b>2021/22 Opening Balance £000s</b>	<b>30<sup>th</sup> June 2021 £000s</b>	<b>Movement £000s</b>
<b>Non-Current Assets:</b>			
Fixed Assets	2,179	2,050	(129)
<b>Current Assets:</b>			
Trade and other receivables	1,293	1,662	369
Cash & bank	6,148	7,435	1,287
<b>Total Assets</b>	<b>9,620</b>	<b>11,147</b>	<b>1,527</b>
<b>Liabilities:</b>			
Trade and other payables	(7,337)	(12,481)	(5,144)
Provisions	(7)	(7)	0
<b>Total Liabilities</b>	<b>(7,344)</b>	<b>(12,488)</b>	<b>(5,144)</b>
	<b>2,276</b>	<b>(1,341)</b>	<b>(3,617)</b>
Financed by:			
General Fund	2,276	(1,341)	(3,617)
<b>Total Funding</b>	<b>2,276</b>	<b>(1,341)</b>	<b>(3,617)</b>

- The movement on non-current assets reflects depreciation charged during 2021/22.
- Trade and Other Receivables stand at £1.7m as at 30<sup>th</sup> June 2021. This includes £0.9m invoiced to universities following the agreement of trainee numbers.
- Trade and other payables total £12.5m as at 30<sup>th</sup> June. The main balances include:
  - £6.8m in respect of other NHS Wales organisations. £2.1m is for GP Trainee payments to NWSSP that are not invoiced until the end of the month.
  - £5.3m to non-NHS creditors. These are primarily payments due to Universities but not yet invoiced.
  - £0.5m relates to technical accounting accruals such as the annual leave provision and rent equalisation account.

The cash position at the end of month 3 was £7.4m.

## 5.5 Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires NHS organisations to pay 95% of all non-NHS invoices within 30 days. For the period April to June 2021 HEIW cumulatively paid 99.3% of non-NHS invoices and 97.8% of NHS invoices within 30 days. The analysis is as follows:

### Non-NHS Invoices

Month	By Number			By Value		
	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	291	4	98.6	6,952,151	3,096	99.96
May	522	2	99.6	8,785,299	2,641	99.97
June	327	2	99.4	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>

### NHS Invoices

Month	By Number			By Value		
	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	236	0	100.0	7,197,535	0	100.00
May	90	6	93.8	9,214,895	70,109	99.24
June	79	3	96.3	5,948,534	46,929	99.22
<b>Q1 Total</b>	<b>405</b>	<b>9</b>	<b>97.8</b>	<b>22,360,964</b>	<b>117,038</b>	<b>99.48</b>

English Catherine  
07/26/2021 16:32:44

## 6. RECOMMENDATION

The Board is asked to note:

- the financial position reported for HEIW at month 3
- the summarised explanation of key variations by Directorate
- the Capital allocation
- the Balance Sheet position

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 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 June 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 June 2021.		
<b>Appendices</b>	Further detail is included in Appendix 1 and 2		

English Catherine  
07/26/2021 16:32:44

## REPORT OF THE DIRECTOR OF FINANCE

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

### 1. Board and Executives

- Budgets have now been realigned to balance the financial plan resulting in an underspend of £19,068 as a result of vacancies in the Welsh translation team a vacant receptionist post.
- A small overspend on Non-Pay of £4,821 is due to lower than budgeted travel, catering, room hire and training expenses as a result of the Covid-19 pandemic and lockdown.

### 2. Finance.

- The pay budgets show a small underspend of £8,944 due to vacancies at band 3 and 5, the band 5 vacancy is currently covered by an agency member of staff.
- There is a favourable variance of £2,583 in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs and lower than budgeted bank charges.

### 3. Planning, Performance and Corporate Services

- The Pay budgets are underspent at month 3 by £8,225, 2 wte vacant posts are filled by agency staff and an internal secondment. One vacant post is at interview stage.
- There is an underspend of £16,428 against non-pay budgets as a result of savings in utilities costs and other variable costs associated with Ty Dysgu as a result of the home working model.

### 4. Digital and IT

- There is an underspend against the pay budgets set of £22,707 as a result of spend on agency staff to support 5 vacancies offset in part by agency backfill.
- There is an overspend against non-pay budgets of £10,351 due to an increase in Microsoft EA licence numbers above plan offset in part by

English Catherine  
07/26/2021 16:32:44

reduced travel as a result of the COVID-19 pandemic and rephasing of software licence/network costs.

## 5. Medical and Pharmacy

- There is an adverse variance of £14,919 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 £64,382 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 £66,307 as a result of reduced training expenses, travel and other costs as a result of the pandemic.
- Commissioning budgets are underspent by £49,530 year to date. The underspend is predominantly due to under-recruitment to training grade posts £40,056 £78,135 of underspend in Pharmacy budgets. There is also an underspend in GP Induction and Returners of £16,531. These underspends are offset by an overspend on GP training of £99,462 as a result of further extensions and protected salaries.

## 6. Nursing

- The Pay budgets broke even as at month 3.
- Non-Pay budgets are mainly provided for Commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses..
- It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 21/22. An overspend position is reported at month 3 of £55,484 and is related to higher than budgeted DSA and student salary costs combined with a catch up of travel and subsistence costs as placement activity increases.
- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and an underspend of £5,415 is reported in month 3 predominantly due to reduced travel costs and a credit note in respect of 20/21 expenditure.

## 7. Human Resources and Organisation Development

- There are 7 wte vacancies within the core budgets of the Directorate contributing to the £38,448 underspend in month 3. Two vacancies have now been filled and a further vacancy is out to advert. Two vacancies are being covered by agency staff and a fixed term contract has been put in place to cover another.

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07/26/2021 16:32:44

- A Non-Pay overspend variance of £11,950 as a result of organisational development and leadership spend that it is our assumption will be funded by additional allocation from WG offset by the ongoing impact of Covid-19 restrictions on travel.

English Catherine  
07/26/2021 16:32:44

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	215	0

HEIW

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Jun 21

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

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'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	-7,761	-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	7,761	31,045
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6														0
7												0	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
11														0
12														0
13														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
17														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
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25														0
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	91	106	18	46	36	40	-82	-56	-65	-63	-56	-15	215	0
31														0
32														0
33														0
34														0
35														0
36														0
37														0
38														0
39														0
40	<b>91</b>	<b>106</b>	<b>18</b>	<b>46</b>	<b>36</b>	<b>40</b>	<b>-82</b>	<b>-56</b>	<b>-65</b>	<b>-63</b>	<b>-56</b>	<b>-15</b>	<b>215</b>	<b>0</b>

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07/26/2021 16:32:44

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

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

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

Table B - Monthly Positions

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

Period : Jun 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	19,965	20,087	18,779	20,350	24,270	25,380	23,150	22,110	24,480	23,420	23,000	29,367	58,831	274,358
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	27	41	41	59	43	43	43	43	43	123	506
7	Income Total		20,020	20,135	18,799	20,377	24,311	25,421	23,209	22,153	24,523	23,463	23,043	29,410	58,954	274,864
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	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,541	19,548
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	899	854	975	1,185	1,094	1,508	1,103	1,137	1,543	1,125	1,156	5,056	2,728	17,635
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	17,512	21,519	22,203	20,522	19,405	21,378	20,733	20,274	22,275	51,341	237,162
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	44	129	519
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	19,929	20,029	18,781	20,331	24,275	25,381	23,291	22,209	24,588	23,526	23,099	29,425	58,739	274,864
27	Net surplus/ (deficit)	Actual/F'cast	91	106	18	46	36	40	(82)	(56)	(65)	(63)	(56)	(15)	215	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		215
29. Actual YTD surplus/ (deficit) last month		197
30. Current month actual surplus/ (deficit)		18
		Trend
31. Average monthly surplus/ (deficit) YTD		72
32. YTD /remaining months		24

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		377
34. Year to Date Trend Scenario		860

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07/26/2021 16:32:44

## C. DEL/AME Depreciation &amp; Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL Baseline Provider Depreciation	43	43	43	44	43	43	43	43	43	43	44	44	129	519
36	Strategic Depreciation													0	0
37	Accelerated Depreciation													0	0
38	Impairments													0	0
39	Other (Specify in Narrative)													0	0
40	Total	43	43	43	44	43	43	43	43	43	43	44	44	129	519
AME															
41	Donated Asset Depreciation													0	0
42	Impairments													0	0
43	Other (Specify in Narrative)													0	0
44	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## D. Accountancy Gains

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

## E. Committed Reserves &amp; 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		
46	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
60	Forecast Only													0	0
61	Forecast Only													0	0
62	Forecast Only													0	0
63	Forecast Only													0	0
64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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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 year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	898	917	925	987	1,016	1,011	1,007	1,008	1,008	1,009	1,009	1,260	2,740	12,055
2	Medical & Dental	440	437	442	445	445	445	445	445	445	445	445	619	1,319	5,498
3	Nursing & Midwifery Registered	21	21	30	28	28	28	28	28	28	28	28	28	72	324
4	Prof Scientific & Technical	110	93	141	107	107	120	120	120	120	120	120	117	344	1,395
5	Additional Clinical Services	9	10	10	11	11	11	11	11	11	11	11	12	29	129
6	Allied Health Professionals	12	12	12	12	12	12	12	12	12	12	12	14	36	146
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,490	1,490	1,560	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,540	19,547
Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	1,491	1,490	1,560	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,541	19,548
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1,491	1,490	1,560	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,541	19,548
B - Agency / Locum (premium) Expenditure		0	0	0	0	0	0	0	0	0	0	0	0		
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	35	33	35	35	35	35	30	30	30	30	30	100	390
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	35	35	35	35	30	30	30	30	30	100	390
11	Agency/Locum (premium) % of pay	2.1%	2.3%	2.1%	2.2%	2.2%	2.2%	2.2%	1.8%	1.8%	1.8%	1.8%	1.5%	2.2%	2.0%
C - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
- Analysed by Reason for Using Agency/Locum (premium)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	32	35	33	35	35	35	35	30	30	30	30	30	100	390
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	WLL													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	35	35	35	35	30	30	30	30	30	100	390

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



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

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07/26/2021 16:32:44

A7	Other (Additional costs due to C19) enter as positive value - actual/forecast
172	Provider Pay (Establishment, Temp & Agency)
173	Administrative, Clerical & Board Members
174	Medical & Dental
175	Nursing & Midwifery Registered
176	Prof Scientific & Technical
177	Additional Clinical Services
178	Allied Health Professionals
179	Healthcare Scientists
180	Estates & Ancillary
181	Students
182	Other (only use with WG Agreement & state SoCNE/I line ref)
183	
184	
185	
186	Sub total Other C-19 Provider Pay
187	Primary Care Contractor (excluding drugs)
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income
189	Primary Care - Drugs
190	Secondary Care - Drugs
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line
192	Provider - Non Pay - PPE
193	Healthcare Services Provided by Other NHS Bodies
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS
196	Non Healthcare Services Provided by Other NHS Bodies
197	Continuing Care and Funded Nursing Care
198	Other Private & Voluntary Sector
199	Other Private & Voluntary Sector - Private Hospital Providers
200	Joint Financing and Other (includes Local Authority)
201	Other (only use with WG Agreement & state SoCNE/I line ref)
202	
203	
204	
205	
206	Sub total Other C-19 Non Pay
207	TOTAL OTHER C-19 EXPENDITURE
208	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)
209	Movement From Opening Planned Other C-19 Expenditure
210	Total additional expenditure due to COVID
211	Planned additional expenditure due to COVID (in opening plan)
212	Movement from opening planned additional covid expenditure

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													
214	Non Delivery of Finalised (M1) Savings													0
215	Non finalisation of Planning Assumptions (savings) at M1													0
216	Non Delivery of Finalised (M1) Net Income Generation Schemes - Actual/Forecast													0
217	TOTAL NON DELIVERY OF SAVINGS/NET INCOME GENERATION DUE TO COVID													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													
219	Reduction of non pay costs due to reduced elective activity													0
220	Reduction of outsourcing costs due to reduced planned activity													0
221	WHSSC C-19 Slippage (as advised by WHSSC)													0
222	Other (please specify):													0
223														0
224														0
225														0
226														0
227														0
228	TOTAL EXPENDITURE REDUCTION													0

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													
230														0
231														0
232														0
233														0
234														0
235														0
236														0
237														0
238														0
239	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES													0
240	ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19													0

E - Additional Welsh Government Funding for C19

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

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07/26/2021 16:32:44

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	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	Green	Amber	non recurring	recurring	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
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																					

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07/26/2021 16:32:44

Table C1- Savings Schemes Pay Analysis

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

This Table is currently showing 0 errors

Table C3 - Tracker

	£'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
		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
		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
		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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07/26/2021 16:32:44

## HEIW

Period : Jun 21

**Table D - Income/Expenditure Assumptions  
Annual Forecast**

	<b>LHB/Trust</b>	<b>Contracted Income £'000</b>	<b>Non Contracted Income £'000</b>	<b>Total Income £'000</b>
1	Swansea Bay University		0	0
2	Aneurin Bevan University		0	0
3	Betsi Cadwaladr University		0	0
4	Cardiff & Vale University		0	0
5	Cwm Taf Morgannwg University		0	0
6	Hywel Dda University		0	0
7	Powys			0
8	Public Health Wales		122	122
9	Velindre		30	30
10	NWSSP			0
11	DHCW			0
12	Wales Ambulance Services			0
13	WHSSC			0
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	<b>Total</b>	<b>0</b>	<b>152</b>	<b>152</b>

<b>Contracted Expenditure £'000</b>	<b>Non Contracted Expenditure £'000</b>	<b>Total Expenditure £'000</b>
	13,085	13,085
	10,222	10,222
	15,521	15,521
	21,680	21,680
	11,729	11,729
	7,684	7,684
	605	605
	1,434	1,434
	35,485	35,485
		0
	3,584	3,584
	335	335
		0
		0
		0
		0
<b>0</b>	<b>121,364</b>	<b>121,364</b>

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07/26/2021 16:32:44

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:	2									
2 Total Confirmed Funding	270,093				270,093		269,573	100	100	

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
12 Leadership & Succession - Clinical Executive Leadership programme	60				60	NR	60			Month 1 - Richard Dudley
13 Leadership & Succession - Digital Leadership portal NHS Wales	60				60	NR	60			Month 1 - Richard Dudley
14 Leadership & Succession - NHS Wales Graduate Leadership programme	413				413	NR	413			Month 1 - Richard Dudley
15 Leadership & Succession - Annual Leadership Conference	10				10	NR	10			Month 1 - Richard Dudley
16 Leadership & Succession - A range of Leadership Alumni Events	30				30	NR	30			Month 1 - Richard Dudley
17 Leadership & Succession - Increase in Establishment	176				176	NR	176			Month 1 - Richard Dudley
18 Leadership & Succession - Succession Planning	136				136	NR	136			Month 1 - Richard Dudley
19 WG Business Case - Made in Wales	167				167	NR	167			Month 1 - Richard Dudley
20 WG Business Case - RCN Cadet Scheme	60				60	NR	60			Month 1 - Richard Dudley
21 WG Business Case - GP Small Group Learning (PBSGL) Option 4	48				48	NR	48			Month 1 - Richard Dudley
22 WG Business Case - Behavioural Science Training	134				134	NR	134			Month 1 - Richard Dudley
23 WG Business Case - NEP Training Vision - Governance	229				229	NR	229			Month 1 - Richard Dudley
24 WG Business Case - LD Education Framework	174				174	NR	174			Month 1 - Richard Dudley
25 Pay Changes - Additional Infrastructure Costs	1,067				1,067	NR	1,067			Month 1 - Richard Dudley
26 Development Fund	600				600	NR	600			Month 1 - Richard Dudley
27 All Wales Staffing Act	208				208	NR	208			Month 1 - Richard Dudley
28 Medical - Advanced Practice and IP	384				384	NR	384			Month 1 - Richard Dudley
29 Clinical Excellence award for Tom Lawson (Bronze)	42				42	NR	42			Month 1 - Richard Dudley
30 1 x Band 8a - IP & C Post	58				58	NR	58			Month 1 - Richard Dudley
31 Online support for Critical Care Posts (2 x Bd 7)	105				105	NR	105			Month 1 - Richard Dudley
32 Simulation & Business Skills	40				40	NR	40			Month 3 - Richard Dudley
33 Digital Skills and Competency Framework - 8a Programme Manager	49				49	NR	49			Month 3 - Richard Dudley
34 OCDO Set Up Costs	15				15	NR	15			Month 3 - Richard Dudley
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	4,265	0	0	0	4,265		4,265	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	270,093	0	0	0	270,093		269,573	100	100	
58 Anticipated Resources Per 2. above	4,265	0	0	0	4,265		4,265	0	0	
59 Total Resources	274,358	0	0	0	274,358		273,838	100	100	

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

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

Table E1 - Invoiced Income Streams - TRUSTS ONLY

This Table is currently showing 0 errors

Ref		Swansea Bay ULHB	Anserin Bevan ULHB	Betsi Cadwaladr ULHB	Cardiff & Vale ULHB	Gwyn Taf Morgannwg ULHB	Hywel Dda ULHB	Powys LHB	Public Health Wales NHS Trust	Welsh Ambulance NHS Trust	Velindre NHS Trust	NWSSP	DHGW	HEIW	WG	EASC	WHSSC	Other (insert activity)	Total	WG Contact, date item first entered into table and whether any invoice has been raised.
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	Agreed full year income Details of Anticipated Income																		0	
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	
ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE		Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.															
36	Testing (inc Community Testing)			0																
37	Tracing			0																
38	Mass COVID-19 Vaccination			0																
39	Extended Flu Vaccination			0																
40	Field Hospital / Surge			0																
41	Cleaning Standards			0																
42	PPE			0																
43	Private Providers			0																
44	Urgent & Emergency Care			0																
45				0																
46				0																
47				0																
48				0																
49				0																
50				0																
51				0																
52				0																
53				0																
54				0																
55				0																
56				0																
57				0																
58				0																
59				0																
60				0																
61				0																
62				0																
63				0																
64				0																
65				0																
66	Total Funding	0	0	0																

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Period : Jun 21

This table needs completing monthly from Month: 3  
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Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Jun 21 £'000	Forecast Closing Balance End of Mar 22 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	2,179	2,050	1,760
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	2,179	2,050	1,760
<b>Current Assets</b>			
6 Inventories			
7 Trade and other receivables	1,765	1,662	1,765
8 Other financial assets			
9 Cash and cash equivalents	6,148	7,435	4,854
10 Non-current assets classified as held for sale			
11 Current Assets sub total	7,913	9,097	6,619
12 <b>TOTAL ASSETS</b>	10,092	11,147	8,379
<b>Current Liabilities</b>			
13 Trade and other payables	7,661	12,333	6,367
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions	7	7	0
17 Current Liabilities sub total	7,668	12,340	6,367
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	2,424	(1,193)	2,012
<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>	2,276	(1,341)	1,887
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	2,276	(1,341)	1,887
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 <b>Total Taxpayers' Equity</b>	2,276	(1,341)	1,887

	Opening Balance Beginning of Apr 21	Closing Balance End of Jun 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	7	0
32			
33			
34			
35			
36			
37			
38			
39			
40 <b>Total Provisions</b>	7	7	0

<b>ANALYSIS OF WELSH NHS RECEIVABLES (current month)</b>	<b>£'000</b>
41 Welsh NHS Receivables Aged 0 - 10 weeks	53
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	12,481	6,492
<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	7,435	4,854

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This table needs completing monthly from Month: 2

Period : Jun 21

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	24,500	25,500	23,000	22,000	24,500	23,000	40,838	273,838
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)													0
4	WG Capital Funding - Cash Limit - LHB & SHA only					15					20	20	45	100
5	Income from other Welsh NHS Organisations	22	11	259										292
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	909	27	41	41	59	43	43	43	43	1,378
11	<b>TOTAL RECEIPTS</b>	<b>12,084</b>	<b>22,551</b>	<b>20,786</b>	<b>16,409</b>	<b>20,042</b>	<b>24,541</b>	<b>25,541</b>	<b>23,059</b>	<b>22,043</b>	<b>24,563</b>	<b>23,063</b>	<b>40,926</b>	<b>275,608</b>
	<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	1,534	1,534	1,627	1,623	1,624	1,624	1,625	1,625	2,050	19,593
18	Non Pay Expenditure	14,202	18,180	17,024	19,184	20,919	22,613	23,711	21,625	20,542	22,921	21,858	34,430	257,209
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment				15					20	20	25	20	100
22	Other items (Specify in narrative)													0
23	<b>TOTAL PAYMENTS</b>	<b>15,701</b>	<b>19,830</b>	<b>18,602</b>	<b>20,733</b>	<b>22,453</b>	<b>24,240</b>	<b>25,334</b>	<b>23,249</b>	<b>22,186</b>	<b>24,566</b>	<b>23,508</b>	<b>36,500</b>	<b>276,902</b>
24	Net cash inflow/outflow	(3,617)	2,721	2,184	(4,324)	(2,411)	301	207	(190)	(143)	(3)	(445)	4,426	
25	Balance b/f	6,148	2,531	5,252	7,436	3,112	701	1,002	1,209	1,019	876	873	428	
26	Balance c/f	2,531	5,252	7,436	3,112	701	1,002	1,209	1,019	876	873	428	4,854	

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07/26/2021 16:32:44

Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	99.5%	4.5%		-95.0%		-95.0%		-95.0%	99.5%	4.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	97.8%	2.8%		-95.0%		-95.0%		-95.0%	97.8%	2.8%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	100.0%	5.0%		-95.0%		-95.0%		-95.0%	100.0%	5.0%	96.0%	1.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	99.3%	4.3%		-95.0%		-95.0%		-95.0%	99.3%	4.3%	96.0%	1.0%
10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value		68.6%								68.6%		70.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		36.0%								36.0%		35.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		70.8%								70.8%		70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		25.4%								25.4%		35.0%	

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

£'000

100

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

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	0	0	0	0	0	0
	Discretionary:						
43	I.T.	0	0	0	15	15	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other	0	0	0	85	85	0
48	Sub Total	0	0	0	100	100	0

22/6/21 16:32:44  
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	Other Schemes:							
49				0			0	
50				0			0	
51				0			0	
52				0			0	
53				0			0	
54				0			0	
55				0			0	
56				0			0	
57				0			0	
58				0			0	
59				0			0	
60				0			0	
61				0			0	
62				0			0	
63				0			0	
64				0			0	
65				0			0	
66				0			0	
67				0			0	
68				0			0	
69	Sub Total	0	0	0		0	0	0
70	Total Expenditure	0	0	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	0	0	0		100	100	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(100)				0	

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07/26/2021 16:32:44

Table J - In Year Capital Scheme Profiles

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Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	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	15	15				15									0	15	Low
36	Equipment	TBC															0	0	
37	Statutory Compliance	TBC															0	0	
38	Estates																0	0	
39	Other	TBC	85	85									20	20	25	20	0	85	Low
40	Sub Total		100	100	0	0	0	15	0	0	0	0	20	20	25	20	0	100	
Other Schemes:																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		100	100	0	0	0	15	0	0	0	0	20	20	25	20	0	100	

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A: In Year Disposal of Assets

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

B: Future Years Disposal of Assets

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

05/05/2021 16:32:44  
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38							0	
	Total for future years				0	0	0	0

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Period : Jun 21

This Table is currently showing 0 errors

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

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**Period:** \_\_\_\_\_

Jun 21

Table M - Debtors Schedule

11 weeks before end of Jun 21 =

14 April 2021

17 weeks before end of Jun 21 =

03 March 2021

[illegible]

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

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07/26/2021 16:32:44

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Period : Jun 21

Table N - General Medical Services  
Table to be completed from Q2 / Month:

6

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Operating Expenditure - ring fenced GMS budget

## SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION

	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £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

## SUPPLEMENTARY INFORMATION

<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

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07/26/2021 16:32:44

<b>Local Enhanced Services</b>	<b>A (iii)</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>
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	
<b>TOTAL Local Enhanced Services (must equal line 11)</b>		<b>95</b>		0	0	0	0
<b>TOTAL Enhanced Services (must equal line 12)</b>		<b>96</b>		0	0	0	0
<b>GENERAL MEDICAL SERVICES</b>							
<b>Operating Expenditure</b>							

<b>LHB Administered</b>	<b>Section B</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>
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					
<b>TOTAL LHB Administered (must equal line 13)</b>		<b>109</b>				0	0

English Catherine  
07/26/2021 16:32:44

<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>	128					0
<b>Premises</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>
<b>Section C</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>	138				0	0
<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>	146					0
<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					
<b>GENERAL MEDICAL SERVICES</b>						
<b>Dispensing</b>						
<b>Dispensing Data</b>	<b>LINE NO.</b>	<b>WG</b>	<b>Current Plan</b>	<b>Forecast</b>	<b>Variance</b>	<b>Year to Date</b>
<b>Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)</b>		<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</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>	154				0	0

English Catherine  
07/26/2021 16:32:44

HEIW

Period : Jun 21

## Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
<b>TOTAL DENTAL SERVICES EXPENDITURE</b>	<b>13</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training</b>	<b>LINE NO.</b>		<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
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					
<b>TOTAL OTHER (must equal line 12)</b>	<b>43</b>			<b>0</b>		<b>0</b>
<b>RECEIPTS</b>						
<b>TOTAL DENTAL SERVICES INCOME (Enter as a negative value)</b>	<b>44</b>				<b>0</b>	



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

<b>Meeting Date</b>	<b>29 July 2021</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	<b>Update to Standing Financial Instructions</b>		
<b>Report Author</b>	Martyn Pennell		
<b>Report Sponsor</b>	Eifion Williams		
<b>Presented by</b>	Eifion Williams		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To seek Board approval for the adoption of the updated model Standing Financial Instructions for HEIW.		
<b>Key Issues</b>	<p>Board must consider and agree to adopt the Standing orders (SOs) for the regulation of their proceedings and business. The SOs include Standing Financial Instructions (SFIs), which detail the financial responsibilities, policies and procedures adopted by HEIW.</p> <p>Following an all-Wales review Welsh Government have issued HEIW with updated model Standing Financial Instructions for adoption.</p> <p>The updated SFIs were considered at the Audit &amp; Assurance Committee on 21<sup>st</sup> July 2021 who recommended that they be approved by the Board.</p>		
<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>Members are asked to:</p> <ul style="list-style-type: none"> <li>Approve the adoption of the updated model Standing Financial Instructions for HEIW.</li> </ul>		

English Catherine  
07/26/2021 16:32:44

# UPDATE TO STANDING FINANCIAL INSTRUCTIONS

## 1. INTRODUCTION

There is a requirement to keep the Standing Orders (SOs) and Standing Financial Instructions (SFIs) under review to ensure they meet the on-going governance requirements of the organisation. This report presents revised model SFIs for HEIW and asks Board to approve their adoption.

## 2. BACKGROUND

The SFIs for HEIW were approved and adopted at the first Board meeting held on 2<sup>nd</sup> October 2018. The NHS Wales Directors of Finance (DoF) group has since commissioned an all-Wales review of the SFIs, which has now concluded with the production of an updated model document. The revised SFIs have been reviewed by Welsh Government officials and the Board Secretaries peer group and have subsequently been issued to all NHS Wales organisations in Wales for adoption.

The model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales using powers of direction provided in section 23 (1) of the National Health Service (Wales) Act 2006.

The following appendices are included with this report:

- **Appendix 1** – Model Standing Financial Instructions for Health Education and Improvement Wales;
- **Appendix 2** – Table of amendments made to the original SFIs.

Due to the significant amendments made in the document, particularly in the moving of chapters and sections, it is not possible to show the tracked changes.

The Audit & Assurance Committee considered the revised SFIs at their meeting on 21 July 2021 and recommended that the Board approve their adoption.

## 3. GOVERNANCE AND RISK ISSUES

HEIW would be operating at risk and outside the legislative framework if it fails to adopt the updated SFIs.

## 4. FINANCIAL IMPLICATIONS

The financial implications are identified in section 3 above.

## 5. RECOMMENDATION

Members are asked to:

- **Approve** the adoption of the updated model Standing Financial Instructions for HEIW.

English Catherine  
07/26/2021 16:32:44

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 is no impact on quality, safety and patient experience.			
<b>Financial Implications</b> The financial implications are identified in section 3 above.			
<b>Legal Implications (including equality and diversity assessment)</b> There are no legal implications.			
<b>Staffing Implications</b> There are no direct staffing implications.			
<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>	The original SFIs were considered at Board on 02/10/18. The Audit & Assurance Committee on 21/07/21 received a report on the updated model SFIs.		
<b>Appendices</b>	<ul style="list-style-type: none"> <li>• <b>Appendix 1</b> – Model Standing Financial Instructions for Health Education and Improvement Wales;</li> <li>• <b>Appendix 2</b> – Table of amendments made to the original SFIs.</li> </ul>		

English Catherine  
07/26/2021 16:32:44

## Schedule 2.1

### **MODEL STANDING FINANCIAL INSTRUCTIONS FOR HEALTH EDUCATION AND IMPROVEMENT WALES**

**This Schedule forms part of, and shall have effect as if incorporated in  
the Health Education and Improvement Wales Standing Orders  
(incorporated as Schedule 2.1 of SOs).**

English Catherine  
07/26/2021 16:32:44

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:  
Update - March 2021 (v2)

Page 1 of 81

## Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales “HEIW” using powers of direction provided in section 23 (1) of the National Health Service (Wales) Act 2006. HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of HEIW.

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

All HEIW Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within HEIW. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 2 of 81

English Catherine  
07/26/2021 16:32

## Contents

Foreword

### **1. INTRODUCTION**

- 1.1 General
- 1.2 Overriding Standing Financial Instructions
- 1.3 Financial provisions and obligations of HEIW

### **2. RESPONSIBILITIES AND DELEGATION**

- 2.1 The Board
- 2.2 The Chief Executive and Director of Finance
- 2.3 The Director of Finance
- 2.4 Board members and HEIW officers, and HEIW Committees and Advisory Groups
- 2.5 Contractors and their employees

### **3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT**

- 3.1 Audit Committee
- 3.2 Chief Executive
- 3.3 Internal Audit
- 3.4 External Audit
- 3.5 Fraud and Corruption
- 3.6 Security Management

### **4. ALLOCATIONS AND FINANCIAL DUTY**

### **5. INTEGRATED PLANNING**

### **6 FINANCIAL MANAGEMENT AND BUDGETARY CONTROL**

- 6.1 Budget Setting
- 6.2 Budgetary Delegation
- 6.3 Financial Management, Reporting and Budgetary Control
- 6.4 Capital Financial Management, Reporting and Budgetary Control

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 3 of 81

English Catherine  
07/26/2021 16:32

6.5 Reporting to Welsh Government - Monitoring Returns

## **7. ANNUAL ACCOUNTS AND REPORTS**

### **8. BANKING ARRANGEMENTS**

- 8.1 General
- 8.2 Bank Accounts
- 8.3 Banking Procedures
- 8.4 Review

### **9. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS**

- 9.1 General
- 9.2 Petty Cash

### **10. INCOME, FEES AND CHARGES**

- 10.1 Income Generation
- 10.2 Income Systems
- 10.3 Fees and Charges
- 10.4 Income Due and Debt Recovery

### **11. NON-PAY EXPENDITURE**

- 11.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability
- 11.2 The Director of Finance's responsibilities
- 11.3 Duties of Budget Holders and Managers
- 11.4 Departures from SFI's
- 11.5 Accounts Payable
- 11.6 Prepayments

### **12. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES**

- 12.1 Procurement Services
- 12.2 Policies and Procedures
- 12.3 Procurement Principles
- 12.4 Procurement Regulations and Legislation Governing Public Procurement
- 12.5 Procurement Procedures
- 12.6 Procurement Consent/Notification

English Catherine  
07/26/2021 16:32  
Status:

---

Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Update – March 2021 (v2)

Page 4 of 81

- 12.7 Sustainable Procurement
- 12.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)
- 12.9 Planning Procurements
- 12.10 Procurement Process
- 12.11 Procurement Thresholds
- 12.12 Designing Competitions
- 12.13 Single Quotation Application or Single Tender Application
- 12.14 Disposals
- 12.15 Evaluation, Approval and Award
- 12.16 Contract Management
- 12.17 Extending and Varying Contracts
- 12.18 Requisitioning
- 12.19 No Purchase Order, No Pay
- 12.20 Official orders

### **13. AGREEMENTS AND CONTRACTS FOR EDUCATION AND TRAINING**

- 13.1 Education and Training Agreements
- 13.2 Education and Training Agreements – Annual Commissioning and Variations
- 13.3 Statutory provisions
- 13.4 Reports to Board on Agreements and Contracts for Education and Training

### **14. GRANT FUNDING,**

- 14.1 Legal Advice
- 14.2 Policies and procedures
- 14.3 Corporate Principles underpinning Grants Management
- 14.4 Grant Procedures

### **15. PAY EXPENDITURE**

- 15.1 Remuneration and Terms of Service Committee
- 15.2 Funded Establishment
- 15.3 Staff Appointments
- 15.4 Pay Rates and Terms and Conditions
- 15.5 Payroll
- 15.6 Contracts of Employment

## **16. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

- 16.1 Capital Plan
- 16.2 Capital Investment Decisions
- 16.3 Capital Projects
- 16.4 Capital Procedures and Responsibilities
- 16.5 Capital Financing with the Private Sector
- 16.6 Asset Registers
- 16.7 Security of Assets

## **17. STORES AND RECEIPT OF GOODS**

- 17.1 General position
- 17.2 Control of Stores, Stocktaking, condemnations and disposal
- 17.3 Goods supplied by an NHS supplies agency

## **18. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

- 18.1 Disposals and Condemnations
- 18.2 Losses and Special Payments

## **19. DIGITAL, DATA and TECHNOLOGY**

- 19.1 Digital Data and Technology Strategy
- 19.2 Responsibilities and duties of the responsible Director
- 19.3 Responsibilities and duties of the Director of Finance
- 19.4 Contracts for data and digital services with other health bodies or outside agencies
- 19.5 Risk assurance

## **20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)**

- 20.1 Corporate Trustee
- 20.2 Accountability to Charity Commission and the Welsh Ministers
- 20.3 Applicability of Standing Financial Instructions to funds held on Trust

## **21. RETENTION OF RECORDS**

- 21.1 Responsibilities of the Chief Executive

## **SCHEDULE 1 - REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS**

English Catherine  
07/26/2021 16:32:24

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**Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions**

**Status:**

**Update – March 2021 (v2)**

**Page 7 of 81**

# Health Education and Improvement Wales

## 1. INTRODUCTION

### 1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales “HEIW” using powers of direction provided in section 23(1) of the National Health Service (Wales) Act 2006 “NHS (Wales) Act 2006”. HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by HEIW. They are designed to ensure that HEIW's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by HEIW.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for HEIW. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial control procedure notes. All financial procedures must be approved by the Director of Finance and Audit and Assurance Committee.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of HEIW's Standing Orders “SOs”.

### 1.2 Overriding Standing Financial Instructions

- 1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Board Secretary, who will ask the Audit and Assurance Committee “Audit Committee” to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non compliance to the Director of Finance and Board

Secretary as soon as they are aware of any circumstances that has not previously been reported.

- 1.2.2 **Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

### **1.3 Financial provisions and obligations of HEIW**

- 1.3.1 The financial provisions and obligations for Special Health Authorities, which relate to HEIW are set out under Sections 171, 172 and 173 of the NHS (Wales) Act 2006. The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure HEIW meets its statutory obligation to perform its functions within the available financial resources.

English Catherine  
07/26/2021 16:32:24

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 9 of 81

## **2. RESPONSIBILITIES AND DELEGATION**

### **2.1 The Board**

2.1.1 The Board exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of the developing and approving medium term plan, reflecting longer-term planning and delivery objectives;
- b) Requiring the submission and approval of balanced annual budgets within approved allocations/resource limits
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Board members and HEIW officers, and HEIW committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that HEIW has established or to an officer of HEIW in accordance with the 'Scheme of delegation' document adopted by HEIW.

### **2.2 The Chief Executive and Director of Finance**

2.2.1 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for HEIW's activities; is

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 10 of 81

English Catherine  
07/26/2021 16:32

responsible to the Chair and the Board for ensuring that financial provisions, obligations and targets are met; and has overall responsibility for HEIW's system of internal control.

- 2.2.3 It is a duty of the Chief Executive to ensure that Board members and HEIW officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

## **2.3 The Director of Finance**

- 2.3.1 The Director of Finance is responsible for:

- a) Implementing HEIW's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain HEIW's transactions, in order to disclose, with reasonable accuracy, the financial position of HEIW at any time; and
- d) Without prejudice to any other functions of HEIW, and Board members and HEIW officers, the duties of the Director of Finance include:
  - (i) the provision of financial advice to other Board members and HEIW officers, and HEIW Committees and Advisory Groups,
  - (ii) the design, implementation and supervision of systems of internal financial control, and
  - (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as HEIW may require for the purpose of carrying out its statutory duties.

- 2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

## **2.4 Board members and HEIW officers, and HEIW Committees and Advisory Groups**

- 2.4.1 All Board members and HEIW officers, and HEIW Committees and

Advisory Groups, severally and collectively, are responsible for:

- a) The security of the property of HEIW;
- b) Avoiding loss;
- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and HEIW officers, and HEIW Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

## **2.5 Contractors and their employees**

2.5.1 Any contractor or employee of a contractor who is empowered by HEIW to commit HEIW to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

English Catherine  
07/26/2021 16:32  
Status:

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Update – March 2021 (v2)

Page 12 of 81

### 3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

#### 3.1 Audit Committee

- 3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

<http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf>

#### 3.2 Chief Executive

- 3.2.1 The Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal control including the establishment of an effective Internal Audit function;
- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641252/PSAIS\\_1\\_April\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf)

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
  - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.

- major internal control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the HEIW;
- c) Access at all reasonable times to Board members and HEIW officers;
- d) The production of any cash, stores or other property of the HEIW under a Board member or a HEIW official's control; and
- e) Explanations concerning any matter under investigation.

### 3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 8.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

English Catherine  
07/26/2021 16:32

### 3.4 External Audit

- 3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of HEIW. The Auditor General may nominate his representative to represent him and to undertake the required audit work. The cost of the audit is paid for by HEIW. HEIW's Audit Committee should assure itself that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.
- 3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:
- a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;
  - b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report;
  - c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The Audit Committee should formally consider and review the plan. The plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The Audit Committee should consider material changes to the plan.
- 3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion on the annual report and accounts, is central to the core work of the Audit Committee.
- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into

account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.

- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs, that relate to the exercise of many of his core functions, including his statutory audits of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to HEIW and its officers and staff, but also to, among others, suppliers to HEIW.
- 3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, HEIW (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While HEIW may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.
- 3.4.9 The Auditor General will issue a number of reports over the year, some of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within HEIW and other public sector bodies. At HEIW he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

### **3.5 Fraud and Corruption**

3.5.1 In line with their responsibilities, HEIW Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 HEIW shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005.

<http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf>

3.5.3 The LCFS shall report to the HEIW Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

3.5.4 The LCFS will provide a written report to the Director of Finance and Audit Committee, at least annually, on proactive and reactive counter

fraud work within HEIW.

- 3.5.5 HEIW must participate in the annual National Fraud Initiative (NFI), which in Wales is led by Audit Wales and HEIW and must provide the necessary data for the mandatory element of the initiative by the due dates. The HEIW should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

### **3.6 Security Management**

- 3.6.1 In line with their responsibilities, HEIW Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

English Catherine  
07/26/2021 16:32:24

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 18 of 81

## 4. ALLOCATIONS AND FINANCIAL DUTY

- 4.1 Revenue and Capital allocations are determined by the Welsh Ministers in accordance with its allotted health budget and distribution policy.
- 4.2 The Director of Finance of HEIW will:
- a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed distribution to delegated budgets, including any sums to be held in reserve;
  - b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
  - c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and
  - d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.
- 4.3 HEIW is required by statutory provision not to breach its financial duty to secure that its expenditure does not exceed the aggregate of its resource allocations and income received. This duty applies separately to capital and revenue resource allocations. The Chief Executive has overall executive responsibility for HEIW's activities and is responsible to the Board for ensuring that it meets its financial duties as set out in section 172 of the National Health Service (Wales) Act 2006.

English Catherine  
07/26/2021 16:32  
Status:

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Update – March 2021 (v2)

Page 19 of 81

## 5. INTEGRATED PLANNING

- 5.1 HEIW will prepare appropriate plans as required by legislation and the Welsh Government.
- 5.2 An annual business plan will be submitted to the Welsh Government setting out how the organisation will meet the requirements of the Minister's Remit Letter.
- 5.3 In addition, HEIW will prepare a medium term plan based over a period of three years. This plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements.
- 5.4 The Chief Executive will compile and submit to the Board, on an annual basis, the rolling 3 year plan. The Board approved plan will be submitted to Welsh Government in line with the requirements it has set out.
- 5.5 The remit letter, approved business plan and three year plan will form the basis of the accountability arrangements between HEIW and Welsh Government.
- 5.6 The Board will:
- a) Approve the annual business plan and medium term plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government.
  - b) Approve a balanced annual budget as part of the annual business plan, which meets all statutory financial duties, probity and value for money requirements; and
  - c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where HEIW plan is not in place or in balance.
- 5.7 The first full annual business plan and three year plan will be required from the start of 2019/20 financial year.

## **6. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL**

### **6.1 Budget Setting**

6.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

- a) Include an annual budget for achieving compliance with HEIWs statutory financial balance to operate within its allocated resources
- b) Be in accordance with the aims and objectives set out in the Board approved annual business plan, medium term plan and Medium Term Financial Plan,
- c) Accord with Commissioning, Activity, Quality, Performance, Capital and Workforce plans contained within the Board approved plan;
- d) Take account of approved business cases and associated revenue costs and funding
- e) Be produced following discussion with appropriate Directors and budget holders;
- f) Be prepared within the limits of available funds;
- g) Take account of ring-fenced, specified and non recurring allocations and funding;
- h) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
- i) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
- j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- k) Identify potential risks and opportunities.

### **6.2 Budgetary Delegation**

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 21 of 81

English Catherine  
07/26/2021 16:32

6.2.1 The Chief Executive may delegate, via the Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

6.2.2 The Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

6.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

6.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

6.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

6.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

### **6.3 Financial Management, Reporting and Budgetary Control**

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 22 of 81

English Catherine  
07/26/2021 16:32

- 6.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Board meeting. Any significant variances should be reported to HEIW Board as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances.
- 6.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:
    - Understand the current and forecast financial position;
    - Evaluate risks and opportunities;
    - Use insight to make informed decisions;
    - Be consistent with other Board reports, which as a minimum will cover:
      - i. Current and forecast year end position on statutory financial duties;
      - ii. Actual income and expenditure to date compared to budget and showing trends and run rates;
      - iii. Forecast year end positions;
      - iv. A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
      - v. Explanations of material variances from plan;
      - vi. Capital expenditure and projected outturn against plan;
      - vii. Investigations and reporting of variances from financial, activity and workforce budgets;
      - viii. Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
      - ix. Statement of performance against savings targets
      - x. Key workforce and other cost drivers;
      - xi. Income and expenditure run rates, historic trends, extrapolation and explanations; and
      - xii. Clear assessment of risks and opportunities; and
    - Provide a rounded and holistic view of financial and wider organisational performance.

- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

#### 6.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

#### 6.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive and Director of Finance subject to the Board's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

#### 6.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Annual and Medium Term Financial Plans and SFI 10.1.

### 6.4 Capital Financial Management, Reporting and Budgetary Control

#### 6.4.1 The general rules applying to revenue Financial Management,

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 24 of 81

English Catherine  
07/26/2021 16:32

Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

## **6.5 Reporting to Welsh Government - Monitoring Returns**

- 6.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.
- 6.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.
- 6.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the, Annual Plan, Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

English Catherine  
07/26/2021 16:32

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 25 of 81

## **7. ANNUAL ACCOUNTS AND REPORTS**

- 7.1 The Board must approve HEIW's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 7.2 The Chair and the Chief Executive (as Accountable Officer for HEIW) have responsibility for signing the accounts on behalf of HEIW. The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.
- 7.3 The Director of Finance, on behalf of HEIW is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 7.4 HEIW's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 7.5 HEIW must publish an Annual Report, and present it at its Annual General Meeting. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's NHS Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
    - Corporate Governance Report
    - Remuneration Report and Staff Report
    - Accountability and Audit Report
  - The Performance Report, which must include:
    - An overview
    - A performance Analysis

## **8. BANKING ARRANGEMENTS**

### **8.1 General**

8.1.1 The Director of Finance is responsible for managing HEIW's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers. HEIW is expected to use the Government Banking Service (GBS) for its banking services unless there is sound reasoning and value for money considerations to justify the use of commercial accounts.

8.1.2 The Board shall approve the banking arrangements.

### **8.2 Bank Accounts**

8.2.1 The Director of Finance is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for HEIW's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with HEIW's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

8.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of HEIW. No officer other than the Director of Finance shall open any account in the name of HEIW or for the purposes of furthering HEIW activities.

8.2.3 Any Project Bank Account that is required may be held jointly in the name of HEIW and the relevant third party contractor.

### **8.3 Banking Procedures**

8.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

- a) The conditions under which each bank account is to be operated;
- b) Those authorised to sign payable orders or other orders drawn on HEIW's accounts.
- c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
- d) Authorised signatories are identified with sufficient seniority, and in the case of e banking approvers, together with an appropriate payment approval hierarchy.
- e) Procedures are in place for prompt banking of money received.
- f) Ensure there are physical security arrangements in place for cheque stationery, e banking access devices and payment cards.
- g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
- h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
- i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

8.3.2 The Director of Finance must advise HEIW's bankers in writing of the conditions under which each account will be operated.

8.3.3 The Director of Finance shall approve security procedures for any

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 28 of 81

English Catherine  
07/26/2021 16:32

payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

## **8.4 Review**

- 8.4.1 The Director of Finance will review banking arrangements of HEIW at regular intervals to ensure they reflect best practice and represent best value for money. The results of the review should be reported to the Audit Committee.

English Catherine  
07/26/2021 16:32:24

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:  
Update – March 2021 (v2)

Page 29 of 81

## **9. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS**

### **9.1 General**

9.1.1 The Director of Finance is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery; ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of HEIW.
- e) Ensuring effective control systems are in place for the use of payment cards,
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

9.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

9.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

9.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that HEIW is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving HEIW from responsibility for any loss.

- 9.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be undertaken by two officers together, except as may be authorised in writing by the Director of Finance and the coin box keys shall be held by a nominated officer.
- 9.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.
- 9.2 Petty Cash**
- 9.2.1 The Director of Finance will issue instructions restricting the use and value of petty cash purchases.
- 9.2.2 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 9.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

## **10. INCOME, FEES AND CHARGES**

### **10.1 Income Generation and Participation in/Formation of Companies**

10.1.1 HEIW shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).

10.1.2 HEIW can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. HEIW should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

### **10.2 Income Systems**

10.2.1 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

10.2.2 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

### **10.3 Fees and Charges**

10.3.1 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

10.3.2 All officers must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

### **10.4 Income Due and Debt Recovery**

10.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

10.4.2 Delegated budget holders and managers must inform the Director of

Finance when overpayment of salary or expenses have been made, in order that recovery can be made.

10.4.3 The Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.

10.4.4 Income not received should be dealt with in accordance with losses procedures.

10.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.

10.4.6 The Chief Executive and the Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

English Catherine  
07/26/2021 16:32:24  
Status:

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Update – March 2021 (v2)

Page 33 of 81

## **11. NON PAY EXPENDITURE**

### **11.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability**

11.1.1. The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

11.1.2. The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the HEIW scheme of delegation.

11.1.3. The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

### **11.2 The Director of Finance's responsibilities**

11.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 34 of 81

English Catherine  
07/26/2021 16:32

- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.
- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

### **11.3 Duties of Budget Holders and Managers**

11.3.1 Budget holders and managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order,
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or HEIW officers, other than:

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 35 of 81

English Catherine  
07/26/2021 16:32

- (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,
- (ii) Conventional hospitality, such as lunches in the course of working visits;

**This provision needs to be read in conjunction with Standing Order 6.5. and 6.6.**

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- h) All goods, services, or works are ordered on official orders
- i) Requisitions are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit the HEIW to a future uncompetitive purchase;

11.3.2 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the HEIW's scheme of delegation.

#### **11.4 Departures from SFI's**

11.4.1 Departing from the application of Chapters 11 and 12 of these SFI's is only possible in very exceptional circumstances. HEIW must consult with NWSSP Procurement Services, Director of Finance and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the HEIW Scheme of Delegation.

#### **11.5 Accounts Payable**

11.5.1 NWSSP Finance, shall on behalf of the HEIW, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

#### **11.6 Prepayments**

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 36 of 81

English Catherine  
07/26/2021 16:32

11.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that “need” can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers’ approval to do so e.g. voluntary services compact.

11.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the HEIW if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

English Catherine  
07/26/2021 16:32

## 12. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

### General Information

#### 12.1 Procurement Services

12.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NWSSP Procurement Services.

12.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with HEIW. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

#### 12.2 Policies and Procedures

12.2.1 NWSSP Procurement Services shall, on behalf of HEIW, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and Revised General Consent to enter Individual Contracts, included as **Schedule 1** of these SFIs.

12.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

12.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development;

12.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 38 of 81

English Catherine  
07/26/2021 16:32

## 12.3 Procurement Principles

12.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by HEIW to perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

12.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

## 12.4 Legislation Governing Public Procurement

12.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement,

although further amendments or developments of EU related procurement law following this will not be incorporated into domestic law. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in HEIW's SFIs.

12.4.2 The main Regulations (the Public Contracts Regulations 2015 No. 102) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

12.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between HEIW and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

12.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS)

## 12.5 Procurement Procedures

12.5.1 To ensure that HEIW is fully compliant with UK Procurement Regulations, EU Procurement Directives, UK and Welsh Ministers' guidance and policy, HEIW shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

- a) Requirements and exceptions to formal competitive tendering requirements;
- b) Tendering processes including post tender discussions;
- c) Requirements and exceptions to obtaining quotations;
- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

12.5.2 All procedures shall reflect the Welsh Ministers' guidance and HEIW's delegation arrangements and approval processes.

## 12.6 Procurement Consent/Notification

12.6.1 As a Special Health Authority, HEIW may:

- Acquire and dispose of property;
- Enter into contracts; and
- Accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Special Health Authority or for any purposes relating to the health service).

12.6.2 Contracts exceeding the value of £1 million in each case, with the exception of those contracts specified in SFI 12.6.4, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must be notified to the Welsh Ministers before being entered into.

12.6.3 The guidance process for HEIW to notify their intent to enter into contracts exceeding £1 million is at **Schedule 1**. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

12.6.4 The requirement for notification does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- i) Contracts of employment between HEIW and their staff;
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of HEIW;
- iii) All NHS contracts, that is where one health service body contracts with another health service body.

12.6.5 The process of notification of contracts to the Welsh Ministers does not

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 41 of 81

English Catherine  
07/26/2021 16:32

remove the requirement for HEIW to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

12.6.6 Further detail in relation to fair and adequate competition is set out in the Procurement Manual.

## **Planning**

### **12.7 Sustainable Procurement**

12.7.1 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, HEIW must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being of Future Generations Act 2015 should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

12.7.2 The Well-being of Future Generations Act 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

12.7.3 The 7 Wellbeing goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales.

12.7.4 Public sector organisations in Wales not listed in the act are expected to operate to those principles. HEIW is not specifically listed in the Act.

12.7.5 Public bodies need to make sure that when making their decisions they

take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

12.7.6 HEIW is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

12.7.7 HEIW shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. HEIW shall benchmark its performance. For all contracts over £25,000, HEIW shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

## **12.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)**

12.8.1 In accordance with Welsh Government commitments policy set out in the current Wales Procurement Policy Statement (WPPS) and subsequent versions of this statement HEIW shall ensure that it provides opportunities for these organisations to quote or tender for its business.

## **12.9 Planning Procurements**

12.9.1 HEIW must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

12.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost

- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

12.9.3 The procurement specification should factor in the 4 principles of prudent healthcare

- Equal partners through co-production
- Care for those with the greatest health need first
- Do only what is needed
- Reduce inappropriate variation

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

12.9.4 Where free of charge services are made available to HEIW, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that HEIW does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to HEIW should be submitted by Board Secretary to Audit Committee.

12.9.5 HEIW is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

### **Joint or Collaborative Initiatives**

12.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

## **12.10 Procurement Process**

12.10.1 Where there is a requirement for goods or services, the manager

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 44 of 81

English Catherine  
07/26/2021 16:32

must source those goods or services from HEIW's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

12.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. HEIW must ensure the value of their requirement considers cumulative spend across HEIW for like requirements and opportunity for collaboration with other Health Boards and Trusts:

12.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

### **Competition Requirements**

#### **12.11 Procurement Thresholds**

12.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in UK Procurement Regulations and EU Procurement Directives and UK Regulations.

<b>Goods/Services/Works</b>  <b>Whole Life Cost</b> <b>Contract value</b> <b>(excl. VAT)</b>	<b>Minimum competition<sup>1</sup></b>	<b>Form of Contract</b>
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5	Formal contract and Purchase Order

Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 45 of 81

<b>Goods/Services/Works</b> <b>Whole Life Cost</b> <b>Contract value</b> <b>(excl. VAT)</b>	<b>Minimum competition<sup>1</sup></b>	<b>Form of Contract</b>
	tenders received if available or appropriate to the procurement route.	
Contracts above £1 million	Welsh Government approval required <sup>2</sup>	Formal contract and Purchase Order

<sup>1</sup> subject to the existence of suitable suppliers

<sup>2</sup> in accordance with the requirements set out in SFI 12.6.3.

12.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

12.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

12.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

12.11.5 The approval of award of contracts must follow the Board's Scheme of Delegation.

## 12.12 Designing Competitions

12.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
  - are fit for inclusion in competition documents;
  - are drafted in a manner encouraging innovation by the market;
  - are capable of being responded to and do not narrow competition;
  - deliver in line with legislative and policy frameworks;
  - include robust performance measures to effectively measure

English Catherine  
07/26/2021 16:32

Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 46 of 81

- and manage supplier performance; and
- consider the ability of the market to deliver.

12.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.

12.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price;
- consider cost of change where relevant;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost.

### **12.13 Single Quotation Application or Single Tender Application**

12.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy

12.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for

English Catherine  
07/26/2021 16:32

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 47 of 81

monitoring purposes and all single tender actions must be reported to the Audit Committee.

12.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided;
- A value for money test has been undertaken;
- No bias towards a particular supplier;
- Future competitive processes are not adversely affected;
- No distortion of the market is intended;
- An acceptable level of assurance is available before presentation for approval in line with HEIW Scheme of Delegation; and
- An “or equivalent” test has been considered proving the request is justified.

12.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the HEIW has already entered into an arrangement directly.

12.13.5 As SQA/STAs are only used in exceptional circumstances HEIW, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent recurrence by HEIW.

12.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- Instruct a representative of HEIW to attend Audit Committee;
- Escalate to the Board;
- Request an internal Audit Review;
- Request further training; or
- Take internal disciplinary action.

12.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA

where competition not possible.

- 12.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

## **12.14 Disposals**

- 12.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.
- 12.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of HEIW making use of any agreements covering the disposal of such items.
- 12.14.3 HEIW must obtain the best possible market price.

## **Approval & Award**

### **12.15 Evaluation, Approval and Award**

- 12.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of HEIW. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 12.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 12.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 12.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 12.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

## **Implementation & Contract Management**

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 49 of 81

## **12.16 Contract Management**

12.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of HEIW so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records
- Monitoring contract performance measures
- Engaging suppliers to ensure performance delivery
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

12.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services

11.19 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

## **12.17 Extending and Varying Contracts**

12.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

12.17.2 If there is no such provision, the Public Contracts Regulations 2015 defines such limitations.

12.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

12.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

12.17.5 If there was no provision to extend, further approvals are required

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 50 of 81

English Catherine  
07/26/2021 16:32

from the HEIW budget holder and the local Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

12.17.6 This ensures an appropriate identification and assessment of potential risks to the HEIW compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

12.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

### ***Transactional Processes***

#### **12.18 Requisitioning**

12.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the HEIW. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

12.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.10 thresholds.

12.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

#### **12.19 No Purchase Order, No Pay**

12.19.1 HEIW will ensure compliance with 'No Purchase Order, No Pay' policy, the All Wales policy introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

12.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

## **12.20 Official orders**

12.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered;
- b) State the HEIW's terms and conditions of trade.

12.20.2 Official Orders will be issued on behalf of HEIW by NWSSP Procurement Services.

English Catherine  
07/26/2021 16:32:14

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 52 of 81

## **13 AGREEMENTS AND CONTRACTS FOR EDUCATION AND TRAINING**

### **13.1 Education and Training Agreements**

13.1.1 The Chief Executive is responsible for ensuring HEIW enters into suitable Education and Training Agreements for its provision of healthcare professionals education and training.

13.1.2 All Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The standards required to be achieved by health professionals' regulatory bodies;
- The provision of education and training for students and / or trainees based within Health Boards and NHS Trusts in a high quality, safe environment;
- The provision of reliable information on quality, volume and cost of service.

13.1.3 All agreements must be in accordance with the functions conferred on HEIW by the Welsh Ministers.

13.1.4 For all agreements entered into in the form of a contract, the process for notifying the Welsh Ministers of NHS contracts set out in section 12 and Schedule 2 of these SFIs must be followed.

13.1.5 For all agreements entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

### **13.2 Education and Training Agreements – Annual Commissioning and Variations**

13.2.1 The Chief Executive is responsible for ensuring HEIW enters into suitable annual commissioning and contract variations for Education and Training Agreements for its provision of healthcare professionals

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 53 of 81

English Catherine  
07/26/2021 16:32

education and training.

13.2.2 All annual commissioning and contract variations within Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- Current contract performance of suppliers regarding
  - Delivery against benchmarking standards
  - Course attrition rates
  - Quality indicators including student satisfaction surveys
  - Financial indicators performance
- Consultation with key stakeholders regarding requirements e.g. NHS Bodies, regulators and professional leads.

13.2.3 The Chief Executive is responsible for preparing a report to the Board recommending the annual commissioning and contract variations.

13.2.4 The Board is responsible for agreeing the proposed commissioning and contract variations, and for submission of recommendations to Welsh Government for Ministerial approval.

13.2.5 For all commissioning and contract variations entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

### **13.3 Statutory provisions**

13.3.1 The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 sets out the functions of HEIW.

13.3.2 Article 3 of the order requires HEIW to exercise such functions in relation to the planning, commissioning and delivery of education and training for persons who are employed, or who are considering becoming employed, in any activity which involves or is connected with the provision of health services, and such other functions as the Welsh Ministers may direct.

#### **13.4 Reports to Board on Agreements and Contracts for Education and Training**

13.4.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all education and training agreements.

English Catherine  
07/26/2021 16:32:14  
Status:

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Update – March 2021 (v2)

Page 55 of 81

## 14 GRANT FUNDING

It is a matter for HEIW to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

### 14.1 Legal Advice

14.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach HEIW's functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the HEIW has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

*See attached toolkit for grants v procurement:*



Grant v  
Procurement.doc

### 14.2 Policies and procedures

14.2.1 HEIW shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Minister's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

14.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 56 of 81

English Catherine  
07/26/2021 16:32

- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

14.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the award meets the requirements of regularity, propriety and value for money.

14.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

### 14.3 Corporate Principles underpinning Grants Management

14.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, HEIW should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

14.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

14.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

14.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on HEIW or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;

- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
- Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

## 14.4 Grant Procedures

14.4.1 It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes. Information on grants management is available on the Audit Wales website at:

<https://www.audit.wales/good-practice/grants-management-miniguides>

14.4.2 HEIW must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

14.4.3 For grant programmes that span a number of financial years, HEIW is responsible for evaluating the programmes to ensure they are fit for purpose, are achieving required outcomes and continue to provide value for money.

14.4.4 HEIW is responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

14.4.5 HEIW is required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose HEIW to potential financial loss, fraud

or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

14.4.6 HEIW must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected.

14.4.7 HEIW is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

English Catherine  
07/26/2021 16:32:14

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 59 of 81

## **15. PAY EXPENDITURE**

### **15.1 Remuneration and Terms of Service Committee**

- 15.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.3.
- 15.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.
- 15.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.
- 15.1.4 HEIW will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.
- 15.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

### **15.2 Funded Establishment**

- 15.2.1 The workforce plans incorporated within agreed plans will form the funded establishment, i.e. the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 6.1.1 h)

15.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive as set out in the Scheme of Delegation contained within SO's.

### **15.3 Staff Appointments**

15.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

15.3.2 No Board member or HEIW official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

### **15.4 Pay Rates and Terms and Conditions**

15.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in contractual arrangements in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

15.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

### **15.5 Payroll**

15.5.1 The Director of Workforce and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount
- all payments are supported by properly authorised documentation

15.5.2 The Director of Workforce and Organisational Development is responsible for:

- a) The control framework and detailed procedures which are in place to:
  - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of

- tax, national insurance, pension or other payments.
  - reduce the risk of fraud and error within the payroll function
- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);
- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of HEIW of sums of money and property due by them to HEIW.

#### 15.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent

reconciliation of pay control accounts.

15.5.4 Appropriately nominated managers have delegated responsibility for:

- a) Submitting time records, and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance.

## **15.6 Contracts of Employment**

15.6.1 The Director of Workforce and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.

English Catherine  
07/26/2021 16:32:24  
Status:

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Update – March 2021 (v2)

Page 63 of 81

## **16. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

### **16.1 Capital Plan**

- 16.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Plan for the organisation. The capital plan and programmes must be delivered within Welsh Government capital finance resource limits.
- 16.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the Plan. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the HEIW must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.
- 16.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme.

### **16.2 Capital Investment Decisions**

- 16.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in
- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)  
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
  - Better business cases: investment decision-making framework  
<https://gov.wales/better-business-cases-investment-decision-making-framework>
- 16.2.2 The Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of

Delegation.

### **16.3 Capital Projects**

16.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received.

16.3.2 When capital investment decisions are taken and a Capital Programme approved the Project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time
- on budget
- within contractual obligations.

16.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

16.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year

### **16.4 Capital Procedures and Responsibilities**

16.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit (i.e. other than discretionary capital) is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;

- d) Shall ensure that the three year Capital Plan, and detailed annual capital programme is approved by the Board, as part of the Plan, prior to the commencement of the financial year;
- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3<sup>rd</sup> party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

16.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Director of Finance has sought appropriate professional advice from HEIW and external agencies in the preparation of capital expenditure costs, and on that basis professionally certifies the capital costs and revenue consequences detailed in the business case.

16.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

16.4.4 The approval of a capital programme by HEIW Board shall not constitute approval for the initiation of expenditure on any scheme.

16.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

16.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and HEIW's SOs.

16.4.7 The Director of Planning and Director of Finance shall issue detailed

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 66 of 81

English Catherine  
07/26/2021 16:32

procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure – and where applicable, provide returns to the Welsh Government.

16.4.8 The Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

## **16.5 Capital Financing with the Private Sector**

16.5.1 HEIW must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3<sup>rd</sup> Party Developments, without the consent of the Welsh Ministers.

## **16.6 Asset Registers**

16.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

16.6.2 HEIW shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

16.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and

- c) Lease agreements in respect of assets held under a finance lease and included on HEIW's balance sheet.

16.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance.

16.6.5 The Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

16.6.6 The value, and depreciation, of each asset shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

## **16.7 Security of Assets**

16.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

16.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 68 of 81

English Catherine  
07/26/2021 16:32

of an asset; and

- g) Reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

16.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance.

16.7.4 Whilst individual officers have a responsibility for the security of property of HEIW, it is the responsibility of Board members and senior HEIW officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

16.7.5 Any damage to HEIW's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and HEIW officers in accordance with the procedure for reporting losses.

16.7.6 Where practical, assets should be marked as HEIW property.

English Catherine  
07/26/2021 16:32:24

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 69 of 81

## **17 STORES AND RECEIPT OF GOODS**

### **17.1 General position**

17.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

### **17.2 Control of Stores, Stocktaking, condemnations and disposal**

17.2.1 Subject to the responsibility of the Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any fuel oil and coal of a designated estates manager.

17.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

17.2.3 The Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores and losses.

17.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

17.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance.

17.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Director of Finance any evidence of significant overstocking and of

any negligence or malpractice (see also overlap with SFI 18, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

### **17.3 Goods supplied by an NHS supplies agency**

17.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.

English Catherine  
07/26/2021 16:32:24

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 71 of 81

## **18. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

### **18.1 Disposals and Condemnations**

18.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

18.1.2 When it is decided to dispose of a HEIW asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

18.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance;
- b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the asset and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

18.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

### **18.2 Losses and Special Payments**

18.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

18.2.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

English Catherine  
07/26/2021 16:32

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 72 of 81

- 18.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Executive.
- 18.2.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 18.2.5 The Director of Finance or the LCFS must notify the Audit & Assurance Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 18.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:
- a) The Audit & Assurance Committee on behalf of the Board, and
  - b) An Auditor General's representative.
- 18.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard HEIW's interests in bankruptcies and company liquidations.
- 18.2.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 18.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.
- 18.2.10 For any loss or special payments, the Director of Finance should consider whether any reimbursement claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

- 18.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 18.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group – Finance Directorate, irrespective of the delegated limit.
- 18.2.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit & Assurance Committee at every meeting.
- 18.2.14 HEIW must obtain the Health and Social Services Group Director General's approval for special severance payments.

English Catherine  
07/26/2021 16:32

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 74 of 81

## **19. DIGITAL, DATA and TECHNOLOGY**

### **19.1 Digital Data and Technology Strategy**

19.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of HEIW for the medium term based on an appropriate assessment of risk. The agreed plans shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

19.1.2 HEIW shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about HEIW that are made publicly available.

### **19.2 Responsibilities and duties of the responsible Director**

19.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of HEIW digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of HEIW's digital systems and data for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information Systems Regulations 2018 are being carried out.
- d) Shall ensure that policies, procedures and training arrangements

are in place to ensure compliance with information governance law and Network and Information Systems Regulations 2018; and

e) Shall ensure comprehensive incident reporting.

### **19.3 Responsibilities and duties of the Director of Finance**

19.3.1 The Director of Finance shall need to ensure that new financial data and systems and amendments to current financial data and systems are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

### **19.4 Contracts for data and digital services with other health bodies or outside agencies**

19.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

19.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

### **19.5 Risk assurance**

19.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to HEIW arising from the use of data, information and IT are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

English Catherine  
07/26/2021 16:32  
Status:

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Update – March 2021 (v2)

Page 76 of 81

## **20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)**

### **20.1 Corporate Trustee**

20.1.1 Paragraph (iii) of Section A to the SOs refers to HEIW having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.

20.1.2 The discharge of HEIW's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

20.1.3 HEIW shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which HEIW is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

### **20.2 Accountability to Charity Commission and the Welsh Ministers**

20.2.1 The trustee responsibilities must be discharged separately and full recognition given to HEIW's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.

20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and HEIW officers must take account of that guidance before taking action.

20.2.3 HEIW shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

### **20.3 Applicability of Standing Financial Instructions to funds held on Trust**

20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.

20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

## **21. RETENTION OF RECORDS**

### **21.1 Responsibilities of the Chief Executive**

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018 and the Freedom of Information Act 2000 (c. 36).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

English Catherine  
07/26/2021 16:32:24

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 78 of 81

## SCHEDULE 1

### REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol  
Health & Social Services Group



Llywodraeth Cymru  
Welsh Government

Directors of Finance  
Deputy Directors of Finance  
Local Health Boards, NHS Trusts Wales & HEIW

Our Ref: SE&IG/

Date: 30 November, 2020

Dear All

#### **RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M**

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

#### **Acquiring and disposing of property**

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:



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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 79 of 81

English Catherine  
07/26/2021 16:32

## **LHBs and HEIW**

*Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.*

*Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.*

## **NHS Trusts**

*Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.*

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

## **Entering into contracts**

Guidance was issued to NHS Wales bodies on 27<sup>th</sup> January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 80 of 81

English Catherine  
07/26/2021 16:32

Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

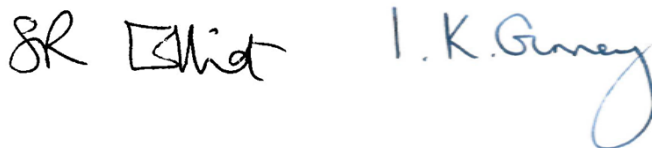
- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;
- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- (i) Contracts of employment between LHBs and their staff;
- (ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;
- (iii) Out of Hours contracts; and
- (iv) All NHS contracts; that is where one health services body contracts with another health service body.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : [Robert.Eveleigh@gov.wales](mailto:Robert.Eveleigh@gov.wales)

Kind regards,



**Steve Elliot & Ian Gunney**

Diprwy Cyfarwyddwr Cyllid - Deputy Director of Finance

Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director  
Capital Estates & Facilities

Finance Directorate / Cyfarwyddiaeth Cyllid

Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

Status:

Update – March 2021 (v2)

Page 81 of 81

English Catherine  
07/26/2021 16:32

# HEIW - SHA

## Review of NHS Wales HEIW Model Standing Financial Instructions – Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
1.1.1	1.1.1	Introduction - General	explicit cross reference to Schedule 2.1 of SOs	N/A
2.1.1	2.1.1	The Board	Wording expanded to be more explicit about approving plans etc.	N/A
2.1.2	2.1.2	The Board	Clarifying arrangements for delegation, that is those matters not reserved to Board	N/A
3.1.1	3.1.1	Audit Committee	Hyperlink to NHS Wales Audit Committee Handbook inserted	N/A
3.2.1	3.2.1	Chief Executive	Section updated to latest Public Sector Internal Audit Standards & hyperlink inserted	N/A
3.3.1	3.3.1	Internal Audit	Section updated to latest Public Sector Internal Audit Standards	N/A
3.4.4	3.4.3	External Audit	Section deleted as Audit Wales produce an annual audit plan for audited bodies, an audit strategy is not used.	N/A
	3.4.8 & 3.4.9	External Audit	New paragraphs added to LHB & Trust SFIs - from the 2018 HEIW SFI. To ensure consistency, where appropriate, across LHB, NHS Trusts and HEIW SFIs	N/A
3.4.10	3.4.11	External Audit	reference included for "Structured Assessments"	N/A
3.5.2	3.5.2	Fraud and Corruption	Section corrected to link Local Counter Fraud Specialist (LCFS) requirement to Directions to NHS bodies on Counter Fraud Measures 2005 - not Counter Fraud manual	N/A
3.5.3	3.5.3	Fraud and Corruption	Section updated to latest name for NHS Counter Fraud Authority NHSCFA	N/A

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
3.5.4	3.5.4	Fraud and Corruption	explicit reference to "proactive and reactive" counter fraud work	N/A
3.5.5	3.5.5	Fraud and Corruption	section updated to latest requirement to participate in National Fraud Initiative(NFI)	N/A
4 & 5	4	Alloctions & Financial Duty & Integrated Planning Chapters	Section added for HEIW	N/A
6	6	Financial Management & Budgetary Control	Chapter heading and contents updated in language to be consistent with that used in NHS financial management and reporting. "Budgetary Control" in the way wording was used and structured was more 1980s and 1990s style.	N/A
	6.1	Budget Setting	Section updated and enhanced to include specific reference to Board approved plans and business cases, Well-being of Future Generations Act etc.	Well Being and Future Generations Act (2015)
	6.2	Budgetary Delegation	Tidy up of section to include relevant delegation requirements from Chief Executive to budget holders & letters of accountability	N/A
	6.3	Financial Management, Reporting and Budgetary Control	Section updated and enhanced to reflect current Financial Management rather than just Budgetary Control. The section has more details on financial management reporting including NHS Finance Academy best practice guide to Board financial reporting	N/A
	6.5	Reporting to Welsh Government - Monitoring Returns	Hyperlink to financial monitoring returns circular inserted	
7	7	Annual Accounts	Minor changes to chapter - mainly cross referencing Welsh Government's Manual for Accounts requirements	N/A
8		Shared and Hosted Services Arrangements	Chapter deleted as this is fully covered in Standing Orders Chapter 4 "NHS Wales Shared Services Partnership"	N/A
9	8	Banking Arrangements	Chapter updated to reflect requirement, not option, to use Government Banking Service and also to update to reflect best banking arrangements practice	N/A

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
10	9 & 10	Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments	Chapter split into two for clarity - one on <b>cash, and handling of cash</b> , and one on <b>income and debt recovery</b> . Previous chapter too mixed up.	N/A
	9.1	General	Section has been updated and enhanced - specifically around use of payment cards	N/A
	10.4	Income Due and Debt Recovery	Explicit reference now included for role of budget holders to inform on income due and on any salary & expenses overpayments	N/A
14	11	Non-Pay Expenditure	Non-Pay Expenditure chapter brought forward to chapter 10 (just before the Procurement chapter). This aligns with Procure To Pay (P2P) process for non pay goods and services - that is the authority to initiate expenditure just before the requisitioning & procuring of those goods and service.	N/A
	11.2	Director of Finance's responsibilities	Elements of responsibility taken out as responsibilities for national systems & national processes now lie with NWSSP	N/A
	11.4	Departures from SFI's	New section - similar section applies in WG SFIs	N/A
11	12 & 14	Grant Funding, Procurement and Contracting for Goods and Services	Grant Funding section transferred to its own separate chapter 14	N/A
11.1, 11.2 & 11.3	14.2, 14.3 & 14.4	Grant Funding	Grant Funding paragraph transfers from Chapter 11 to 14	N/A

English Catherine  
07/26/2021 16:32:44

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
11	12	Procurement and Contracting for Goods and Services	Chapter rewritten to align with the arrangements in NHS Wales, including clarifying responsibilities of both LHBs and also NWSSP Procurement. Procurement chapter has been reordered so that sections are in line with Procurement Manual, specifically the Procure To Pay (P2P) process.	N/A
	12.1	Procurement Services	New section to clarify responsibilities of both LHBs and also NWSSP Procurement. Also noting that "procurement" also refers to local procurement - for example pharmacy and works who undertake procurement on a devolved basis	N/A
	12.2	Policies and procedures	Reference to Procurement Manual included. <b>Procurement Manual now replaces Supplementary Guidance as Schedule 1 of the SFIs - thereby formally adopted and incorporated within the SFIs.</b> Further specific clarification of responsibilities of both LHBs and also NWSSP Procurement	N/A
	12.3	Procurement Principles	Reference made to the primary regulations/guidance the updated - "The Public Contract Regulations (2015, No. 102) and Wales Procurement Policy Statement (WPPS)	The Public Contract Regulations (2015, No. 102)
	12.4	Procurement Regulations and Legislation Governing Public Procurement	Reference made to latest relevant legislation & regulations - "The Public Contract Regulations (2015, No. 102), Well Being and Future Generations Act (2015) as well as other relevant legislation and regulation, e.g. Welsh language (Wales) Measure 2011. Reference to EU Directives removed, focus on PCR (adopted in UK Law)	The Public Contract Regulations (2015, No. 102) and Well Being and Future Generations Act (2015)
	12.5	Procurement Procedures	Responsibility for setting and maintaining and making procedures available with NWSSP. Responsibility for following with HEIW.	N/A
	12.6	Procurement Consent / Notification	Reference to Procurement Manual added and to requirements for HEIW to notify Welsh Government for contracts £1 million, and above, prior to the contract being let. Additional sentence to note notification requirements apply to goods and services procured through public sector contract frameworks.	N/A

English Catherine  
07/26/2021 16:32:44

**HEIW - SHA**

<b>Previous Paragraph Reference</b>	<b>New Paragraph Reference</b>	<b>Section Heading</b>	<b>Reason for Amendment (if applicable)</b>	<b>Cross reference to legislation</b>
	12.7	Sustainable Development	Section inserted to emphasise requirement for Sustainable Development & Wellbeing goals. New paragraph detailing requirement to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains	N/A
	12.9 & 12.10	Planning Procurements & Procurement Process	Procurement Procedures section improved, updated and enhanced into two sections Planning Procurements & Procurement Process - as recommended by NWSSP Procurement professional colleagues	N/A
	12.11	Procurement Thresholds	Additional narrative on application of thresholds now included	N/A
	12.12	Designing Competitions	New section - as recommended by NWSSP Procurement. Details on budget holder responsibilities, performance measures and criteria	N/A
	12.13	Single Quotation or Single Tender Application	New section - as recommended by NWSSP Procurement. Detailing the exceptionality, steps required ,authorisation and reporting requirements etc.	N/A
	12.14	Disposals	New small section - as recommended by NWSSP Procurement.	N/A
	12.15	Evaluation, Approval and Award	New section on Evaluation, Approval and Award which is aligned with detail contained in Procurement Manual.	N/A
	12.16	Contract Management	Additional bullet points added on obligations/actions	N/A
	12.17	Extending & Varying Contracts	New section - as recommended by NWSSP Procurement. Detailing when varying is applicable, limits, process and risks etc.	N/A
	12.18	Transactional Processes - Requisitioning	Clarified as part of the core transactional processes and separated to provide greater emphasis i.e. supportive of No PO No Pay Policy. Also supported by Finance Academy Transactional Process Manual	N/A
	12.19	No Purchase Order, No Pay	New section to ensure compliance with 'No Purchase Order, No Pay' policy	N/A
	14.1	Grant Funding - Legal Advice	New section emphasising need, under Grant Funding, to seek legal advice and to follow grants toolkit.	N/A
	15.1.5	Remuneration and Terms of Service Committee	New paragraph defining role for Committee on redundancy cases, Voluntary Early Release applications as well as any novel employment and pay cases, such as compromise agreements and non-disclosure agreements	N/A
	15.3.1	Staff Appointments	New paragraph linking staff appointment to authorisation in accordance with Scheme of Delegation	N/A

English Catherine  
6/7/26/2021 16:32:44

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	15.4.2	Pay Rates and Terms and Conditions	New paragraph on pay for board members, and other senior employees- linking to paragraphs 15.1.2 and 15.1.3	N/A
	15.5.1	Payroll	Defining payroll service from NHS Wales Shared Services Partnership	N/A
	15.5.2	Payroll	Explicit reference to comply with HMRC, Pensions Agency and other regulations etc	N/A
	15.5.3	Payroll	Reference to Service Level Agreement, not contract, for payroll service from NHS Wales Shared Services Partnership	N/A
	16.1, 16.2 & 16.3	Capital Investment, Fixed Asset Registers and Security of Assets	Additional sections added to the chapter on Capital Plan(16.1), Capital Investment Decisions(15.2) and Capital Projects(16.3). These comprehensive additions include aligning with Planning Framework, NHS Wales Infrastructure Investment Guidance and Better Business Cases (including hyperlinks to both)	N/A
	16.4	Capital Investment Procedures and Responsibilities	Explicit reference for CEO responsibility to ensure Capital Plan approved by Board, and for Directors of Planning and Finance to issue detailed procedures.	N/A
	16.4.8	Capital Procedures and Responsibilities	Reference included to application of Welsh Government Project Bank Accounts policy on capital schemes greater than £2m	N/A
	16.5	Capital Financing with the Private Sector	Reference made to the new Mutual Investment Model within this section.	N/A
	16.6	Asset Registers	Responsibilities explicitly identified and updated in this section	N/A
	17.2.3	Control of Stores, Stocktaking, condemnations and disposal	Director of Finance responsibilities paragraph expanded	N/A

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	18	Disposals and Condemnations, Losses and Special Payments	Chapter updated to reflect current names for Welsh Government, the Health & Social Services Group etc. Also emphasised that disposals and condemnation applied to assets and goods, not just assets.	N/A
	19	Informatics and Digital	Chapter updated to reflect current landscape, and naming convention, from "Information Management and Technology" to "Digital, Data and Technology". Chapter more focused on informatics, and the governance thereof, rather than IM&T (in the traditional sense of IT etc)	N/A
	19.2	Responsibilities and duties of the responsible Director	References updated to include Network and Information Systems Regulations 2018, General Data Protection Regulations and any relevant domestic law considerations via the Data Protection Act 2018.	Network and Information Systems Regulations 2018, Data Protection Act 2018
	20	Funds Held on Trust (Charitable Funds)	Minor wording changes - reflect they are called both Funds Held on Trust & Charitable Funds. Added reference to Annual Accounts requirement	N/A
	21	Retention of Records	References updated to Data Protection Act 2018.	Data Protection Act 2019
	Schedule 1	General Consent to Enter Individual Contracts	Letter of 30 November 2020 added	

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07/26/2021 16:32:44



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

<b>Meeting Date</b>	<b>29 July 2021</b>	<b>Agenda Item</b>	<b>4.3</b>
<b>Report Title</b>	<b>Updated Standing Orders</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 present the Board, for consideration and approval, with HEIW's draft updated Standing Orders in accordance with the recently issued Model Standing Orders by Welsh Government and local amendments to the delegated financial limits.		
<b>Key Issues</b>	<p>Revised Model Standing Orders have recently been issued by Welsh Government.</p> <p>In line with this, HEIW's Standing Orders have been reviewed and updated to account for changes made to the Model versions and any local amendments.</p> <p>The Board is also asked to consider approving amendments to HEIW's delegated financial limits.</p> <p>The proposed amendments were considered at the meeting of the Audit and Assurance Committee held on 21 July. At that meeting the Committee recommended that the Board approve the proposed amendments to the Standing Orders.</p> <p>The amended Standing Orders are attached at Appendix 1.</p>		
<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:</p> <ul style="list-style-type: none"> <li><b>Review and approve</b> the amended HEIW Standing Orders (Appendix 1).</li> </ul>		

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07/26/2021 16:32:44

# UPDATED STANDING ORDERS

## 1. INTRODUCTION

While there is a requirement to keep Standing Orders under annual review to ensure they remain accurate and current, revised Model Standing Orders have recently been reviewed by Welsh Government in association with representatives of the Board of Secretaries peer group. These revised model documents were issued in accordance with the Minister for Health and Social Services powers of direction in correspondence dated 7<sup>th</sup> April 2021.

In line with this, HEIWs Standing Orders have been reviewed and updated to reflect the changes made to the model versions. Local amendments are also proposed to the delegated financial limits. These amendments relate to increasing the limit for the approval of payments relating to the Single Lead Employer and separately identifying 'Capital' expenditure and specifying individual limits.

## 2. BACKGROUND

It is necessary to ensure that NHS Wales organisations' Model Standing Orders are kept up to date. Given this, HEW is required to review its Standing Orders against these Model Standing Orders on an annual basis.

## 3. PROPOSAL

### Standing Orders

A copy of the updated Standing Orders is attached in Appendix 1.

Additional background information in respect of the amendments to the Standing Orders is detailed below.

#### General

The Standing Orders have been updated to reflect the latest legislation and regulations with new wording and hyperlinks inserted where necessary, for example, to include new or revised legislation, to reflect correct or revised titles for organisations together with local amendments to the delegated financial limits.

#### Forward

- Paragraph 1 – the reference to all or any of the standing orders has been removed as provisions must comply with the Regulations and Directions, and HEIW may not revoke all of the Standing Orders.

#### Section A – Introduction

##### *Statutory Framework*

- Paragraph vi – has been amended to confirm the legal provisions concerning membership and procedures of HEIW.

- Paragraph xii – (Indemnity for the Chair or an Independent Member) has been moved to paragraph 1.4.4.

#### *NHS Framework*

- Paragraph xv – the paragraph has been amended to reference HEIW's legal duties under the Well-being of Future Generations (Wales) Act 2015 and to remove reference to the restructured NHS.
- Paragraph xvi – has been added for consistency with Trust Model Standing orders.
- Paragraph xvii – updated link to NHS Wales Governance E-manual.

#### *Applying Standing Orders*

- Paragraph xx – this paragraph has been amended to reflect the view that HEIW does not have the authority to establish joint committees.
- Paragraph xxii – has been added to emphasise the fact that failure to comply with Standing Orders is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.

#### *The Role of the Board Secretary*

- Paragraph xxvii – has been updated to reflect the view that the Board Secretary is directly accountable to the Chair and reports on a day to day basis to the Chief Executive. It has been amended to ensure consistency with Model Board Secretary Role Profile and to ensure consistency with amendments made to Local Health Board Trust Model Standing Orders.

### Section B – Standing Orders

#### *1.1- Membership of Health Education and Improvement Wales Board*

- Paragraph 1.1.1 – has been updated to reflect the Ministers new title.
- Paragraph 1.1.3 – this paragraph clarifies that Officer Members may be appointed by the Chair and Non-Office Members, complying with Regulation 3(1)(d) of the HEIW Regulations 2017.
- Paragraph 1.1.5 – wording has been added here to reflect the view of the Minister that it is not normally appropriate for a Non-Officer Member to serve on the Board of more than one NHS body in Wales.
- Paragraph 1.1.6 – has been updated to reflect the Ministers new title.

#### *1.2- Joint Membership*

- Section 1.2 - has been added to ensure consistency with Model Trust and Local Health Board Standing Orders and clarifies the position when a Board role is shared between more than one person.

#### *1.3– Tenure of Board Members*

- Paragraph 1.3.1 – has been updated to reflect the Ministers new title.

English Catherine  
07/26/2021 16:32:44

- Paragraph 1.3.4 – reflects the fact the eligibility requirements are specified in Schedule 1 of the HEIW Regulations. HEIW does not have a Constitution Regulation.

#### *1.4 - The Role of the HEIW Board and Responsibilities of Individual Members*

- Paragraph 1.4.4 – This paragraph on Chair and Independent Member indemnity has been moved from Section A paragraph xii to ensure consistency with the Model Local Health Board and Trust MSO's.

#### *2- Reservation and Delegation of HEIW Functions*

- Paragraph 2.0.4 - on Shared and Hosted Service Agreements has been removed and added at Section 4.
- Paragraph 2.2.2 - has been amended to reflect the view HEIW does not have the authority to establish joint committees.

#### *3- Committees*

- Paragraph 3.1.2 – has been updated to reflect the view HEIW does not have the authority to establish joint committees.
- Paragraph 3.3.6 – wording has been added to reflect the view Committee membership should not be drawn HEIW officers or executive directors. The wording is consistent with Model Standing Orders for Local Health Boards and Trusts.

#### *4- NHS Wales Shared Services Partnership*

- Section 4 – has been moved from paragraph 2.0.4 and updated to reflect amendments to the Regulations.

#### *6 – Meetings*

- Paragraph 6.1.1 – the second bullet point of this paragraph has been amended to reflect that meetings may be held virtually.
- Paragraph 6.1.1 – the third bullet point has been amended to reflect accessible formats may be provided when required and requested.
- Paragraph 6.2.4 – has been amended to reflect practice in NHS Wales and to ensure consistency with Local Health Board and Trust Model Standing Orders.
- Paragraph 6.2.5 – the date of the AGM has been amended to ensure consistency with Local Health Boards and Trusts and Chapter 3 of the Manual for Accounts.
- Paragraph 6.2.6 – has been added to ensure consistency with the Public Bodies (Admission to Meetings) Act 1960. It is no longer a requirement of the Act to display hard copies.
- Paragraph 6.2.7 – reference to the Annual Equality Report has been removed to ensure discretion for HEIW and consistency with Local Health Board and Trust Model Standing Orders.
- Paragraph 6.4.4 – has been reworded to widen the scope for all relevant impact assessments to be included.

English Catherine  
07/26/2021 16:32:44

- Paragraph 6.4.7 – the first bullet has been removed to reflect the Public Bodies (Access to Meetings) Act 1960 no longer requires notice on principle sites.
- Paragraph 6.5.1 – reference to an induction loop system has been removed.
- Paragraph 6.5.13 – has been amended for clarity.

#### *7 – Values and Standards of Behaviour*

- Paragraph 7.2.8 – has been amended to accurately reflect the source of the provisions.
- Paragraphs 7.5, 7.7, 7.7.1 and 7.7.5 – have been updated to include reference to sponsorship as per the Amendment to Trust and Local Health Board Standing Orders in September 2019.
- Section 7.6 – has been added to reflect the Amendment to Trust and Local Health Board Standing Orders in September 2019.

#### *8 - Sealing and Signing Documents*

- Paragraph 8.0.1 – the wording has been amended to reflect the Scheme of Delegation states decisions and approval for use of the seal is reserved for the Board.
- Paragraph 8.2.2 – has been amended to avoid duplication.

#### *9 - Gaining Assurance on the Conduct of HEIW Business*

- Paragraph 9.0.3 – the wording has been amended to ensure consistency with Local Health Board and Trusts MSO's.
- Paragraph 9.1.1 – the wording has been updated to reflect the NHS Wales Internal Audit Standards.
- Paragraph 9.2.3 – the wording has been updated to reflect Welsh Government's new title.
- Paragraph 9.3.3 – the wording has been updated to accurately reflect the names of the Welsh Government organisations.

#### *11 – Review of Standing Orders*

- Paragraph 11.0.1 – has been reworded to reflect the need to undertake any required assessment.

### **Schedule 1 – Scheme of Reservation and Delegation of Powers**

Introduction - point iii has been removed to reflect the view HEIW does not have authority to establish joint committees.

### **Schedule of Matters Reserved to the Board**

- 2/2 – HEIW to insert detail here to ensure consistency with other Model Schemes of Delegation.
- 3/18 – The terminology has been amended to reflect the need to agree arrangements for determining how standards are adopted rather than saying HEIW will adopt all standards.

English Catherine  
07/26/2021 16:32:44

- NA/3 – The need to approve the Governance Framework is a new requirement agreed by the Scheme of Delegation Task and Finish Group.
- 5/9 – Title of the relevant policy to be added here.
- 6/15 – Reference to risk and assurance has been removed to reflect the decision of the Scheme of Delegation Task and Finish Group's decision to separate performance from risk and assurance.
- NA/6 – Added to ensure consistency with Standing Orders and recommendations made by the Scheme of Delegation Task and Finish Group.
- 9/7 – has been amended to ensure consistency with Standing Orders and recommendations made by the Scheme of Delegation Task and Finish Group.
- 11/17 – Amended wording to reflect approval can be delegated to a Committee. The wording has also been amended to refer to concerns and the need to consider health and safety requirements.
- 12/28 – reference to the legal provisions has been updated to include the Welsh Government Manual for Accounts.
- 16/20 – the wording has been updated to reflect Regulation 3(1)(d) and 3(4) of the HEIW Regulations, that non-officer members appoint all officer members.
- 17/21 – reference to office members of the Board has been removed, and reference to Ministerial Instructions and the Board Secretary has been added.
- NA/22 – has been added to provide clarity on the need to advise Welsh Government of any settlements of £50,000 or more.
- 18/10 – reference to the Board Secretary has been added.
- 20/24 – reference to any joint committee has been removed to reflect the view HEIW does not have authority to establish joint committees.
- 23/27 - reference to any joint committee has been removed to reflect the view HEIW does not have authority to establish joint committees.
- 27/16 – wording has been updated to make reference to HEIW's framework and strategy for risk and assurance.
- 28 and 29 – have been removed and are now included in 30/12.
- 30/12 – has been updated to include reference to the communication and stakeholder engagement previously contained within provisions 28 and 29.
- 32/31 – the title of the Cabinet Secretary has been changed to Minister.
- 33/32 – the wording has been amended to reference the Standard Financial Instructions in addition to the Scheme of Delegation.
- 35/34 – the wording 'as appropriate' has been added.
- 36/35 – the wording 'as appropriate' has been added.
- 37/36 – the term 'significant' has been added to reflect the role of the Committee in receiving more routine reports.
- 41/40 – the wording 'where required' has been added.
- 42/41 – reference has been added to any guidance and directions which may be issued.
- Updated the Director of Nursing title to Director of Nurse and Professional Education.

English Catherine  
07/26/2021 16:32:44

## Delegated Financial Limits

The following amendments to the Delegated Financial Limits are being requested:

- Single Lead Employer (SLE) Payments – As a result of the expansion of the SLE process managed by NHS Wales Shared Services Partnership (NWSSP) there is a change to the way that costs are recharged, and as more trainees are brought on-line there is also an increase in the total costs. Previously HEIW, and where relevant the Health Boards, were invoiced for separate elements of the scheme after the costs had been paid. Due to the increasing impact on the Velindre cashflow (host of NWSSP) the new SLA sets out a payment schedule combining all elements of the SLE in one monthly charge. These monthly payments now exceed the £3m delegated financial limit for the Chief Executive and has required Chair's Action to approve the payment for June 2021 (extended to September 2021 to seek approval for changes). Therefore, the proposal is to increase the delegated financial limit for the Chief Executive and Deputy Chief Executive (when acting in that role) for the NWSSP SLE monthly charges to £4m.
- Capital Expenditure – HEIW currently has an annual capital budget of £100k and as set out in Financial Control Procedure 2 (FCP2) any capital requests must be considered by the Executive Team for approval. In line with paragraph 6.4.1 of the Standing Financial Instructions(SFIs), which state that, '*The general rules applying to delegation and reporting shall also apply to capital expenditure subject to any specific reporting requirements required by the Welsh Ministers*' the final ordering process has historically been approved in line with the appropriate 'revenue' limits. In light of the potential growth in capital requirements in the near future, both internally and through external changes such as the hosting of the Office of the Chief Digital Officer, it would be prudent to separately identify delegated financial limits for capital expenditure to make the control more transparent. Therefore, the proposal is to amend the Delegated Financial Limits to separately list capital and revenue items, and to set the capital approval limit to £100k for the Chief Executive, Deputy Chief Executive (when acting in that role) and the Director of Finance. The Board would retain an unlimited approval level to match the revenue limits.

## **Schedule 2 – Key Guidance, Instructions and Other Related Documents**

HEIW Framework – a bullet point has been added to include the Equality and Human Rights Policy.

## **Schedule 3 – Board Committee Arrangements**

The Terms of Reference for HEIW's Committees are subject to an annual review and presented to the Board for approval.

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

Model Standing Orders are issued by Welsh Ministers to relevant bodies using powers of direction provided under section 12(3) of the National Health Service

(Wales) Act 2006. HEIW must agree Standing Orders for the regulation of its proceedings and business. Standing Orders are designed to translate Statutory requirements into day to day operating practice and provide a regulatory framework for the business conduct of HEIW. A sound system of internal control ensures any risks in the achievement of HEIW's objectives are identified, assessed and managed.

## 5. FINANCIAL IMPLICATIONS

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

## 6. RECOMMENDATION

The Board is asked to:

- **Review and approve** the amended HEIW Standing Orders (Appendix 1).

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>			
n/a			
<b>Financial Implications</b>			
None			
<b>Legal Implications (including equality and diversity assessment)</b>			
It is essential HEIW complies with directions issued by Welsh Government.			
<b>Staffing Implications</b>			
None.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
n/a			
<b>Report History</b>	The proposed amendments to HEIW's Standing Orders were considered at the meeting of the Audit and Assurance Committee held on 21 July.		
<b>Appendices</b>	<ul style="list-style-type: none"> <li>• Appendix 1 – Revised HEIW Standing Orders 2021</li> </ul>		

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07/26/2021 16:32:44



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**NHS**  
WALES

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

## Standing Orders

**Executive Sponsor & Function:**

Board Secretary

**Document Author:**

Board Secretary

**Approved by:**

HEIW Board

**Approval Date:**

28 January 2021

**Date of Equality Impact Assessment:**

19 March 2019

**Equality Impact Assessment Outcome:**

No impact

**Review Date:**

January 2022

**Version: V4**

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

# Foreword

The Health Education and Improvement Wales 'HEIW' Regulations 2017 provides that HEIW must make standing orders for the regulation of its proceedings and business.

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

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

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

Further information on governance in the NHS in Wales may be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/)

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

# Contents

□ Foreword.....	2
□ <b>Section A – Introduction</b> .....	6
□ Statutory framework .....	6
□ NHS framework .....	7
□ Applying Standing Orders .....	8
□ Variation and amendment of Standing Orders .....	8
□ Interpretation .....	9
□ The role of the Board Secretary .....	9
□ <b>Section B – Standing Orders</b> .....	11
□ 1. HEALTH EDUCATION AND IMPROVEMENT WALES .....	11
□ 1.1 Membership of Health Education and Improvement Wales Board .....	12
□ Officer Members [to be known as <i>Executive Directors</i> ].....	12
□ Non Officer Memebers [to be known as <i>Independent Members</i> ] .....	12
□ Associate Members .....	12
□ Use of the term ‘Independent Members’ .....	12
□ 1.2 Tenure of Board members .....	13
□ 1.3 The Role of the HEIW Board and responsibilities of individual members	13
□ Role 13	
□ Responsibilities .....	14
□ 2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS .....	15
□ 2.1 Chair’s action on urgent matters .....	16
□ 2.2 Delegation of Board functions .....	17
□ 2.3 Delegation to officers .....	17
□ 3. COMMITTEES .....	17
□ 3.1 HEIW Committees .....	17
□ Use of the term ‘Committee’ .....	18
□ 3.2 Sub-Committees .....	18
□ 3.3 Committees established by HEIW .....	18
□     ▪ Audit and Assurance; and .....	18
□     ▪ Remuneration and Terms of Service .....	18
□     ▪ Education, Commissioning and Quality Committee .....	18
□ 3.4 Other Committees .....	19
□ 3.5 Confidentiality .....	19
□ 3.6 Reporting activity to the Board .....	19
□ 4. WORKING IN PARTNERSHIP .....	20
□ 5. MEETINGS .....	20
□ 5.1 Putting Citizens first.....	20
□ 5.2 Annual Plan of Board Business .....	21
□ Annual General Meeting (AGM) .....	21
□ 5.3 Calling Meetings .....	21
□ 5.4 Preparing for Meetings .....	22

<input type="checkbox"/> <b>Setting the agenda</b> .....	22
<input type="checkbox"/> <b>Notifying and equipping Board members</b> .....	22
<input type="checkbox"/> <b>Notifying the public and others</b> .....	23
<input type="checkbox"/> <b>5.5 Conducting Board Meetings</b> .....	23
<input type="checkbox"/> <b>Admission of the public, the press and other observers</b> .....	23
<input type="checkbox"/> <b>Addressing the Board, its Committees and Advisory Groups</b> .....	24
<input type="checkbox"/> <b>Chairing Board Meetings</b> .....	24
<input type="checkbox"/> <b>Quorum</b> .....	25
<input type="checkbox"/> <b>Dealing with motions</b> .....	25
<input type="checkbox"/> <b>Voting</b> .....	27
<input type="checkbox"/> <b>5.6 Record of Proceedings</b> .....	27
<input type="checkbox"/> <b>5.7 Confidentiality</b> .....	28
<input type="checkbox"/> <b>6. VALUES AND STANDARDS OF BEHAVIOUR</b> .....	28
<input type="checkbox"/> <b>6.1 Declaring and recording Board members' interests</b> .....	28
<input type="checkbox"/> <b>6.2 Dealing with Members' interests during Board meetings</b> .....	29
<input type="checkbox"/> <b>6.3 Dealing with officers' interests</b> .....	31
<input type="checkbox"/> <b>6.4 Reviewing how Interests are handled</b> .....	31
<input type="checkbox"/> <b>6.5 Dealing with offers of gifts and hospitality</b> .....	31
<input type="checkbox"/> <b>6.6 Register of Gifts and Hospitality</b> .....	33
<input type="checkbox"/> <b>7. SIGNING AND SEALING DOCUMENTS</b> .....	34
<input type="checkbox"/> <b>7.1 Register of Sealing</b> .....	34
<input type="checkbox"/> <b>7.2 Signature of Documents</b> .....	34
<input type="checkbox"/> <b>7.3 Custody of Seal</b> .....	34
<input type="checkbox"/> <b>8. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS</b> .....	35
<input type="checkbox"/> <b>8.1 The role of Internal Audit in providing independent internal assurance</b> 35	
<input type="checkbox"/> <b>8.2 Reviewing the performance of the Board, its Committees and Advisory Groups</b> .....	36
<input type="checkbox"/> <b>8.3 External Assurance</b> .....	36
<input type="checkbox"/> <b>9. DEMONSTRATING ACCOUNTABILITY</b> .....	37
<input type="checkbox"/> <b>10. REVIEW OF STANDING ORDERS</b> .....	37
<input type="checkbox"/> <b>Schedule 1</b> .....	34
<input type="checkbox"/> <b>Scheme of Reservation and Delegation of Powers</b> .....	34
<input type="checkbox"/> <b>Deciding what to retain and what to delegate</b> .....	35
<input type="checkbox"/> <b>Handling arrangements for the reservation and delegation of powers</b> .....	36
<input type="checkbox"/> <b>Scope of these arrangements</b> .....	37
<input type="checkbox"/> <b>Schedule of matters reserved to the board</b> .....	38
<input type="checkbox"/> <b>Delegation of powers to Committees and others</b> .....	44
<input type="checkbox"/> <b>Delegated financial limits</b> .....	49
<input type="checkbox"/> <b>Schedule 2</b> .....	54
<input type="checkbox"/> <b>KEY GUIDANCE, INSTRUCTIONS AND</b> .....	54
<input type="checkbox"/> <b>OTHER RELATED DOCUMENTS</b> .....	54
<input type="checkbox"/> <b>HEIW Framework</b> .....	54
<input type="checkbox"/> <b>NHS Wales framework</b> .....	54
<input type="checkbox"/> <b>Schedule 3</b> .....	53
<input type="checkbox"/> <b>Board Committee Arrangements</b> .....	53
<input type="checkbox"/> <b>Standard Terms of Reference and Operating arrangements for all Committees of the Board</b> .....	54

English Catherine  
07/26/2021 16:32:44

<input type="checkbox"/> Audit and Assurance Committee Terms of reference and operating arrangements .....	57
<input type="checkbox"/> Remuneration and Terms of Service Committee terms of reference and operating arrangements.....	65
<input type="checkbox"/> Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements .....	67

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## Section A – Introduction

### Statutory framework

- i) Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) “the Establishment Order”.
- ii) The principal place of business of HEIW is – Ty Dysgu, Cefn Coed Parc, Nantgarw, Cardiff. CF15 7QQ.
- iii) All business shall be conducted in the name of HEIW, and all funds received in trust shall be held in the name of HEIW as a corporate Trustee.
- iv) HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW’s functions are set out in the Establishment Order and in Directions issued by Welsh Ministers.
- v) In addition to Directions the Welsh Ministers will issue an annual remit letter and may from time to time issue guidance which HEIW must take into account when exercising any function.
- vi) Under powers set out in in section 25(1)(b), 25(2) and 203(9) and (10) of, and paragraphs 3(3) and (4), 5 and 13 of Schedule 5 to the the NHS (Wales) Act 2006, the Welsh Ministers has made **the Health Education and Improvement (Wales) Regulations 2017 (S.I. 2017/909 (W.221))** (“the Constitution Regulations”) which make provision concerning the membership and procedures of HEIW.
- vii) In carrying out its duties it will co-operate with others.
- viii) Section 72 of the NHS Act 2006 places a duty on NHS bodies, including an SHA to co-operate with each other in exercising their functions.
- ix) Section 82 of the NHS Act 2006 places a duty on NHS bodies, including an SHA, and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- x) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards relating to the Welsh language. The Welsh Language Standards (No 7) Regulations 2018 for the health sector do not currently apply to HEIW. They will apply at a future date but in the interim

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

HEIW will develop a Welsh Language policy/scheme to deliver commitments relating to Welsh language.

- xi) As a SHA, HEIW is also bound by any other statutes and legal provisions which govern the way that NHS bodies do business. The powers of NHS bodies established under statute shall be exercised by NHS bodies meeting in public session, except as otherwise provided by these SOs.

## **NHS framework**

- xii) In addition to the statutory requirements set out above, NHS bodies including SHAs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiii) Adoption of the principles will better equip NHS bodies to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xiv) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the Well-being of Future Generations (Wales) Act 2015, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does. The Well-being of Future Generations (Wales) Act 2015 explains what is meant by sustainable development and requires bodies that are designated as 'public bodies' under section 6 of the 2015 Act to set well-being objectives and contribute to the achievement of well-being goals.
- xvi) HEIW is not considered a public body under the Act but is committed to achieving the Well-being Goals and the Sustainable Development Principle.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. . Directions or guidance on specific aspects of business are also issued in hard copy, usually under cover of a Ministerial letter.

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

### Applying Standing Orders

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

### Variation and amendment of Standing Orders

- xxiii) Although these SOs are subject to regular, annual review by HEIW, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made by the Board if:
  - The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

- or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit and Assurance Committee and is the subject of a formal report to the Board; and
- A formal notice of motion under Standing Order 5.5.14 has been given.

## Interpretation

- xxiv) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of HEIW shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director responsible for finance (in the case of SFIs).
- xxv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

## The role of the Board Secretary

- xxvi) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within HEIW and is a key source of advice and support to the HEIW Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within HEIW:
  - Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
  - Facilitating the effective conduct of HEIW business through meetings of the Board, its Advisory Groups and Committees;
  - Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
  - Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
  - Contributing to the development of an organisational culture that embodies public services values and standards of behaviour; and
  - Monitoring HEIW's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

- xxvii) As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board and its Committees, and reports on a day to day basis to the Chief Executive with

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

regard to the wider governance of the organisation and their personal responsibilities.

xxviii) Further details on the role of the Board Secretary within HEIW, including details on how to contact them, are available at [www.heiw.nhs.wales](http://www.heiw.nhs.wales)

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## Section B – Standing Orders

### 1. HEALTH EDUCATION AND IMPROVEMENT WALES

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

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

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

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

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

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

**Leadership development** – HEIW will establish the strategic direction and delivery of leadership development for staff within NHS Wales at all levels;

Careers and widening access – HEIW will provide the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers;

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

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

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

- 1.0.3 To fulfil this role, HEIW will work with all its partners and stakeholders in the best interests of the population of Wales.

## **1.1 Membership of Health Education and Improvement Wales Board**

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

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

### *Officer Members [to be known as Executive Directors]*

- 1.1.3 A total of 5 (including the Chief Executive), appointed by the Chair and non-officer members.

### *Non-Officer Members [to be known as Independent Members]*

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

- 1.1.5 In addition to the eligibility, disqualification, suspension and removal provisions contained with Regulations 5, 6, 8 and 9 the HEIW Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

### *Associate Members*

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

### *Use of the term ‘Independent Members’*

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

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

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

unless otherwise stated.

## 1.2 Joint Post Holders

1.2.1. Where a Board position is shared between more than one person because of their being appointed jointly to a post:

- i) Either or both persons may attend and take part in Board meetings;
- ii) If both are present at a meeting they shall cast one vote if they agree;
- iii) In the case of disagreement no vote shall be cast; and
- iv) The presence of both or one person will count as one person in relation to the quorum.

## 1.3 Tenure of Board members

1.3.1. Independent Members appointed by the *Minister for Health and Social Services* shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 7 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2. Any Associate Member appointed to the Board under 1.1.5 will be for a period of up to one year, with a maximum term of four years if re-appointed.

1.3.3. Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.4. All Independent Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 1 of the HEIW Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

1.3.5. HEIW will require Independent Board members to confirm in writing their continued eligibility on an annual basis.

#### **1.4. The Role of the HEIW Board and responsibilities of individual members**

##### Role

1.4.1 The principal role of HEIW is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of HEIW performance across all areas of activity.

##### Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of delivering education and improvement in the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

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

1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as Board members who have voting rights.

1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting HEIW within the communities it serves.

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

## 2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS

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

- 2.0.2 The Board’s determination of those matters that it will retain, and those that

will be delegated to others shall be set out in a:

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

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

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

## **2.1 Chair's action on urgent matters**

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

## **2.2 Delegation of Board functions**

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## **2.3 Delegation to officers**

- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

## **3. COMMITTEES**

### **3.1 HEIW Committees**

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

#### *Use of the term 'Committee'*

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

- Board Committee
- Sub-Committee

### **3.2 Sub-Committees/ Advisory Groups**

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

### **3.3 Committees established by HEIW**

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

- Audit and Assurance;
- Remuneration and Terms of Service, and
- Education, Commissioning and Quality Committee.

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

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

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

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

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

3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of HEIW Chair, and subject to any specific requirements, directions or regulations made by the

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the HEIW Board, its staff (subject to the conditions set in Standing Order 3.3.6) or others not employed by HEIW.

- 3.3.6 Executive Directors or other HEIW officers shall not normally be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers. Designated HEIW officers shall, however, be in attendance at such Committees, as appropriate.

### **3.4 Other Committees**

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

### **3.5 Confidentiality**

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

### **3.6 Reporting activity to the Board**

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

## **4. NHS WALES SHARED SERVICES PARTNERSHIP**

- 4.0.1. From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

- 4.0.2. The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all Local Health Boards, Trusts and SHAs in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation and a Hosting Agreement between all OHBs, Trusts and SHAs setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

## **5. WORKING IN PARTNERSHIP**

5.0.1 HEIW shall work constructively in partnership with others to plan and secure the provision and delivery of health education and improvement, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of HEIW.

5.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

## **6. MEETINGS**

### **6.1 Putting Citizens first**

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

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held by electronic means;
- The availability of papers in English and Welsh languages and in

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats in accordance with its Welsh language and equality requirements and commitments;

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

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

## **6.2 Annual Plan of Board Business**

6.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

6.2.2 The plan shall set out the arrangements in place to enable HEIW to meet its obligations whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

6.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees.

6.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisation's website.

### **Annual General Meeting (AGM)**

6.2.5 HEIW must hold an AGM in public no later than 30 July of each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of them meeting, and the agenda shall be displayed bilingually (in English and Welsh) on the SHA's website.

6.2.6 The notice shall state:

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

- Electronic and paper copies of the Annual Report and Accounts of the SHA are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. Braille, large print, easy read etc.

6.2.7 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and, if applicable funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others,

6.2.8 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

### **6.3 Calling Meetings**

6.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

### **6.4 Preparing for Meetings**

#### Setting the agenda

6.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees; and the priorities facing HEIW. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

6.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of board business.

#### Notifying and equipping Board members

6.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This

information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

- 6.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. It will include evidence that appropriate impact assessments have been undertaken and taken in to consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of the assessment shall accompany the report to the Board to enable the Board to make an informed decision.
- 6.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

#### Notifying the public and others

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

### **6.5 Conducting Board Meetings**

### Admission of the public, the press and other observers

6.5.1 HEIW shall encourage attendance at its formal Board meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in HEIW business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and appropriate facilities wherever practicable to maximise accessibility.

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

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

6.5.3 In the circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

6.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

### Addressing the Board, its Committees and Advisory Groups

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

and stakeholders in its work and to demonstrate openness and transparency in the conduct of business.

### Chairing Board Meetings

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

### Quorum

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

### Dealing with motions

- 6.5.12 In the normal course of Board business items included on the agenda are

subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

**6.5.13 Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

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

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

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

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

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

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

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

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

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

### Voting

6.5.22 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.

6.5.23 In determining every question at a meeting, the Board members must take account, where relevant, of the views expressed and representations made by individuals and organisations who represent the interests of stakeholders.

6.5.24 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

6.5.25 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

## **6.6 Record of Proceedings**

6.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

attendance (including the Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

- 6.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on HEIW's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, General Data Protection Regulations and HEIW's Communication Strategy and Welsh language requirements.

## 6.7 Confidentiality

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

## 7. VALUES AND STANDARDS OF BEHAVIOUR

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

### 7.1 Declaring and recording Board members' interests

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

- 7.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.
- 7.1.3 **Register of interests** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.
- 7.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by HEIW are made aware of and have access to view the HEIW's Register of Interests. This may include publication on the HEIW website.
- 7.1.6 **Publication of declared interests in Annual Report** – Board members' declared directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in HEIW's Annual Report.

## 7.2 Dealing with Members' interests during Board meetings

- 7.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of HEIW and the NHS in Wales.
- 7.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

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

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

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

7.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

7.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with<sup>1</sup> has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or

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

proposed contract, that member must at the meeting and as soon as practicable after its commencement, disclose the interest and must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

7.2.8 The Digital Health Care Wales Regulations define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

7.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a HEIW Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

### 7.3 Dealing with officers' interests

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

### 7.4 Reviewing how Interests are handled

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

### 7.5 Dealing with offers of gifts<sup>2</sup> hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and HEIW officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or HEIW officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a

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<sup>2</sup> The term gift refers also to any reward or benefit.

family member of a Board member or HEIW officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit HEIW;
- **Value:** Gifts and benefits of a trivial or inexpensive (below £25), e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits HEIW ; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

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

## 7.6 Sponsorship

7.6.1. In addition to gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual,

department or the organisation as whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or working visit. The sponsorship may cover some or all of the costs.

- 7.6.2. All sponsorship must be approved prior to acceptance in accordance with the Values and Behaviour Framework and Standards of Behaviour policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

## 7.7 Register of Gifts,Hospitality and Sponsorship

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

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

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

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

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

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

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

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

## **8. SIGNING AND SEALING DOCUMENTS**

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

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

### **8.1 Register of Sealing**

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

### **8.2 Signature of Documents**

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

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

### **8.3 Custody of Seal**

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

## **9. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS**

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

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

9.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee and reported back by the Chief Executive (or their nominated representative). . Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of HEIW.

### **9.1 The role of Internal Audit in providing independent internal assurance**

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

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

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

significant risk exposures.

## **9.2 Reviewing the performance of the Board, its Committees and Advisory Groups**

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

## **9.3 External Assurance**

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## **10. DEMONSTRATING ACCOUNTABILITY**

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

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

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

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

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

## **11. REVIEW OF STANDING ORDERS**

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

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

# Schedule 1

## SCHEME OF RESERVATION AND DELEGATION OF POWERS

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

### Introduction

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

- i) a committee, e.g. Remuneration and Terms of Service Committee;
- ii) a sub-committee. Any such delegation would, subject to the Board's authority, usually be via a main committee of the Board; and
- iii) Officers of HEIW (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

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

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

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

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## **DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES**

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

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions
- The Board must retain that which it is required to retain (whether by statute or as determined by Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

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

### The Board

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

### The Chief Executive

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

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

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

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

### The Board Secretary

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

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

### The Audit & Assurance Committee

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

**Individuals to who powers have been delegated**  
Individuals will be personally

- equipping themselves to deliver on any matter delegated to them,

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

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

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

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

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## **SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS**

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

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## SCHEDULE OF MATTERS RESERVED TO THE BOARD<sup>1</sup>

OLD PARA	New Para		AREA	DECISIONS RESERVED TO THE BOARD
1	1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders
2	2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	18	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance to be met by HEIW, including standards/requirements determined by Welsh Government, regulators, professional bodies/others e.g. Royal Colleges.
N/A	3	FULL	GENERAL	Approve HEIW's Governance Framework
4	4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and</p> <ul style="list-style-type: none"> <li>• Standing Orders (SOs);</li> <li>• Standing Financial Instructions (SFIs);</li> </ul>

English Catherine  
07/26/2021 16:32:44

Status: Version 4 – January 2021

Health Education and Improvement Wales  
Model Standing Orders

				<ul style="list-style-type: none"> <li>• Schedule of matters reserved to HEIW;</li> <li>• Scheme of delegation to Committees and others; and</li> <li>• Scheme of delegation to Officers.</li> </ul> <p>In accordance with any directions set by Welsh Ministers.</p>
5	9	FULL	OPERATING ARRANGEMENTS	Approve HEIW's Values and Standards of Behavior Framework, Standards of Behavior Policy
6	15	FULL	OPERATING ARRANGEMENTS	Approve HEIW's framework for performance management.
7	19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of HEIW's aims, objectives and priorities

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

OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
8	5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
NA	6	No- Can delegate to Audit and Assurance Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Board Secretary on any non compliance with Standing Orders, making proposals to the Board on any actions to be taken.

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

9	7	FULL	OPERATING ARRANGEMENTS	~Receive report and proposals regarding non-compliance with Standing Orders, and where required ratify in public session any instances of failure to comply with Standing Orders and Standing Financial Instructions.
11	17	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with concerns, complaints and incidents. in accordance with the Complaints Handling Policy and health and safety requirements.
12	28	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manuel for Accounts. Instructions
13	29	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers.
14	30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of HEIW
15	8	FULL	OPERATING ARRANGEMENTS	Authorise use of the HEIW's official seal.
16	20	FULL	ORGANISATION STRUCTURE & STAFFING	Non-officer members to appoint, discipline and dismiss the Chief Executive and officer members of the Board.
17	21	No Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments in accordance with Ministerial Instructions e.g. the Board Secretary.
N/A	22	No – Remuneration and Terms of Service Committee	ORGANISATIONAL STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

18	10	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit & Assurance Committee or Board Secretary
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English Catherine  
07/26/2021 16:32:44

Status: Version 4 – January 2021

Health Education and Improvement Wales  
Model Standing Orders

OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
19	23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise HEIW's top level organisation structure and corporate policies
20	24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, directly accountable to the Board
21	25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee or Group set up by the Board
22	26	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees, and groups established by the Board
25	11	FULL	STRATEGY & PLANNING	Determine HEIW's strategic aims, objectives and priorities
26	13	FULL	STRATEGY & PLANNING	Approve HEIW's annual business plan and three-year plan setting out how HEIW will meet the requirements set out in the remit letter.
27	16	FULL	STRATEGY & PLANNING	Approve HEIW's framework and strategy for risk and assurance.

English Catherine  
07/26/2021 16:32:44

Status: Version 4 – January 2021

Health Education and Improvement Wales  
Model Standing Orders

OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
30	12	FULL	STRATEGY & PLANNING	<p>Approve the HEIWs key strategies and programmes related to:</p> <ul style="list-style-type: none"> <li>• Workforce and Organisational Development</li> <li>• Health education and training;</li> <li>• Research/evaluation;</li> <li>• Quality of education and training programmes;</li> <li>• Leadership and career development for staff within NHS Wales;</li> <li>• Workforce transformation &amp; improvement;</li> <li>• Infrastructure, including IM &amp;T, Estates and Capital;</li> <li>• Communication, partnership and stakeholder engagement.</li> </ul> <p>Supporting delivery of 'A Healthier Wales including development of a high-level strategic workforce plan for Wales in partnership with Social</p>
31	14	FULL	STRATEGY & PLANNING	Approve HEIW's budget and financial framework (including overall distribution of the financial allocation)
32	31	FULL	STRATEGY & PLANNING	Proposed commissioning, specification and contract variations on education and training agreements before submission of recommendation to Welsh Government for Ministerial approval in accordance with delegations set on in the Financial Delegations
33	32	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions and Scheme of Delegation.
	42	FULL	STRATEGY & PLANNING	Approve the National Annual Education and Training Plan before submission of recommendation to the Welsh Government for approval.
OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

	35	FULL	STRATEGY & PLANNING	Approve the forward work programme for the Education Commissioning and Quality Committee.
34	33	FULL	PERFORMANCE & ASSURANCE	Approve HEIW's internal audit and assurance arrangements
35	34	FULL	PERFORMANCE & ASSURANCE	Receive reports from HEIW's Executive on progress and performance in the delivery of HEIW's strategic aims, objectives and priorities and approve action required, including improvement plans as appropriate.
36	35	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on HEIW's performance and approve action required, including improvement plans as appropriate.
37	36	FULL	PERFORMANCE & ASSURANCE	Receive reports on HEIW's performance produced by external auditors, regulators and inspectors that raise significant issue or concerns impacting on HEIW's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees as appropriate
38	37	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of HEIW's Chief Internal Auditor and approve action required, including improvement plans
39	38	FULL	PERFORMANCE & ASSURANCE	Receive the annual audit report from the Auditor General for Wales and approve the action required, including improvement plans
40	39	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on HEIW's performance against appropriate Health and Care Standards for Wales and approve action required, including improvement plans.
41	40	FULL	REPORTING	Approve HEIW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government where required.

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

42	41	FULL	REPORTING	Receive, approve and ensure the publication of HEIW reports, including its Annual Report & Accounts in accordance with directions and guidance issued.
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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS				
	CHAIR			
	VICE CHAIR			
	CHAMPION/ NOMINATED LEAD			

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07/26/2021 16:32:44

Status: Version 4 – January 2021

Health Education and Improvement Wales  
Model Standing Orders

## DELEGATION OF POWERS TO COMMITTEES AND OTHERS<sup>3</sup>

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

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

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

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

- Audit and Assurance Committee
- Remuneration and Terms of Service Committee
- Education, Commissioning and Quality Committee

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

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<sup>3</sup>As defined in Standing Orders

English Catherine  
07/26/2021 16:32:44

Status: Version 4 – January 2021

Health Education and Improvement Wales  
Model Standing Orders

## SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

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

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	Director of Planning, Performance and Corporate Services
Receipt and opening of quotations	Director of Finance
Land, Buildings and assets	Director of Planning, Performance and Corporate Services
Facilities Management	Director of Planning, Performance and Corporate Services
Sustainable Development	Director of Planning, Performance and Corporate Services
Health, Safety & Fire	Director of Planning, Performance and Corporate Services
I M & T	Director of Digital
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	Director of Digital

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>
Equality & Human Rights	Deputy Chief Executive and Director of Workforce & OD
Issuing tenders and post tender negotiations	Chief Executive/ Director of Finance
Budgetary delegation arrangements	Director of Finance
Banking arrangements	Director of Finance
Ex-gratia payments	Director of Finance
Losses and special payments	Director of Finance
Professional advice on supply of goods and services	Director of Finance
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	Director of Nurse and Professional Education / Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance
Caldicott Guardian	Medical Director
Freedom of Information Act	Board Secretary
Welsh Language	Board Secretary
Legal advice	Board Secretary

English Catherine  
07/26/2021 16:32:44

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>
Receipt and opening of tenders	Board Secretary
Civil Contingencies /Emergency Planning	Director of Planning, Performance and Corporate Services
Variation of Funded Establishment	Chief Executive
Responsible Officer for medical trainees	Medical Director

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

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

English Catherine  
07/26/2021 16:32:44

Status: Version 4 – January 2021

Health Education and Improvement Wales  
Model Standing Orders

## Delegated Financial Limits

Post	Education and Training Contracts	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)	Capital
Board	Above £5m		No Limit	No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly payments for Single Lead Employer(SLE) £4m.	£250,000	£100,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly invoices for SLE £4m.	£250,000	100,000
Director of Finance	up to £2m	£2m	£100,000	£100,000
Director of Nurse and Professional Education & Medical Director within delegated budget area		£500,000	£50,000	
Executive Directors within delegated directorate budget area, Director of Digital and Director of Planning, Performance and Corporate Services			£50,000	
Deputy Director of Finance		£50,000	£50,000	
Delegated Budget Managers (within delegated budget area)			£25,000	
Delegated Budget Managers (within delegated budget area)			£10,000	

Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

Delegated Budget Managers (within delegated budget area)			£5,000	
Delegated Budget Managers (within delegated budget area)			£1,000	

English Catherine  
07/26/2021 16:32:44

Status: Version 4 – January 2021

Health Education and Improvement Wales  
Model Standing Orders

## Schedule 2

### KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

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

#### HEIW Framework

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

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

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

#### NHS Wales framework

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

## Schedule 3

### BOARD COMMITTEE ARRANGEMENTS

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

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

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

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

#### **Audit and Assurance Committee**

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

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

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

#### **Remuneration and Terms of Service Committee**

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

## Education, Commissioning and Quality Committee

The **Education, Commissioning and Quality Committee** has the purpose to:

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

English Catherine  
07/26/2021 16:32:44

## Standard Terms of Reference and Operating Arrangements for all Committees of the Board

**Date:** 1 October 2018

**Version:** Draft 1.0

**Review Date:** Annually

### 1. Introduction:

Section 3.1 of the HEIW standing orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In line with Section 3.3 of the standing orders, the Board shall as a minimum nominate annually committees which cover the following aspects of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service; and
- Education, Commissioning and Quality Committee

This document includes content common to all committees and should be read alongside the specific terms of reference and operating arrangements for each committee.

The provisions of Section 5 of the Standing Orders have also been taken into account when developing the committee Terms of Reference. This relates to transparency of meetings, planning board/committee business, setting agenda’s etc.

### 2. Authority:

Each Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Authority relevant to the Committee’s remit, ensuring staff confidentiality, as appropriate. It may seek relevant information from any:

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

Each Committee is authorised by the Board to obtain outside legal or other

independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

### **3. Sub-Committees and Groups**

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

### **4. Membership and Attendees:**

#### **4.1 Secretariat**

As determined by the Board Secretary.

#### **4.2 Member Appointments**

- The second and third paragraph of this section 4.2 shall not be applicable to the Remuneration and Terms of Service Committee as section 4.1 of the same Committee's Terms of Reference shall take precedence.
- The membership of each Committee shall be determined by the Board, based on the recommendation of the Chair - taking account of the balance of skills and expertise necessary to deliver each Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The Board shall ensure succession planning arrangements are in place.
- Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should, as a matter of good practice, review the membership of each Committee every two years in order to ensure each Committee is refreshed on a regular basis whilst maintaining continuity.
- Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) will be in accordance with their terms of appointment to HEIW. Where a member has been co-opted to fulfil a specific function and where they are not Independent Members or employees of HEIW this will be determined by the Board, based upon the recommendation of the Chair and on the basis of advice from the Remuneration and Terms of Service Committee.

#### **4.3 Support to Committee Members**

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

- Arrange the provision of advice and support to committee members on any aspect relating to the conduct of their role; and

- Ensure the provision of a programme of organisational development for Committee members as part of the overall Organisational Development programme developed by the Deputy Chief Executive.

#### **4.4 Withdrawal of individuals in attendance**

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

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

### **5. Relationships and accountabilities with the Board and its Committees/Groups<sup>4</sup>**

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

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

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

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

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

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

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

## **6. Reporting and Assurance Arrangements:**

Each Committee Chair shall:

- bring to the Board's specific attention any significant matters under consideration by their Committee
- ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent or critical matters that may affect the operation and/or reputation of HEIW.
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports when appropriate, as well as the presentation of an annual report;

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

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

English Catherine  
07/26/2021 16:32:44

<b>Terms of Reference and Operating Arrangements Audit and Assurance Committee</b>	
<b>Date:</b> October 2020	
<b>Review Date:</b> Annually	
<b>1. Introduction</b>	
<p>In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the <b>Audit and Assurance Committee</b>.</p> <p>The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.</p>	
<b>2. Purpose</b>	
<p>The purpose of the Audit and Assurance Committee (“the Committee”) is to:</p> <ul style="list-style-type: none"> <li>• <b>Advise</b> and <b>assure</b> the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW’s assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales</li> <li>• Where appropriate, the Committee will <b>advise</b> the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further</li> <li>• <b>Approve</b> on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.</li> </ul>	
<b>3. Delegated Powers</b>	
<p>With regard to its role in providing advice to the Board, the Committee will comment specifically on the:</p> <ul style="list-style-type: none"> <li>• adequacy of HEIW’s strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:</li> </ul>	

- the organisations ability to achieve its objectives
- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others
- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

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

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

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

all risk and control related disclosure statements, in particular the Annual

Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

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

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

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

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

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee
- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive
- there are effective arrangements in place to secure active, ongoing assurance

from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees

- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply
- systems for financial reporting to the Board, including those of budgetary control, are effective
- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

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

#### **4. Access**

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

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

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

#### **5. Membership, Attendees and Quorum**

##### **5.1 Members**

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

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

Committee as appropriate.

## 5.2 Attendees

In attendance:

Director of Finance  
Board Secretary  
Head of Internal Audit (or representative)  
Local Counter Fraud Specialist  
Representative of the Auditor General for Wales  
Head of Financial Accounting

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

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

## 5.3 Quorum

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

## 6. Frequency of Meetings

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

## 7. Relationships and accountabilities with the board and its Committees/Groups:<sup>5</sup>

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

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

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

## **8. Reporting and Assurance Arrangements**

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

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<b>Remuneration and Terms of Service Committee</b> <b>Terms of Reference and Operating Arrangements</b>	
<b>Date:</b> 1 October 2018	<b>Version:</b> Draft 1.0
<b>Review Date:</b> Annually	
<b>1. Introduction</b>  <p>In line with Section 3 of the Standing Orders and HEIW's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.</p>	
<b>2. Purpose</b>  <p>The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:</p> <ul style="list-style-type: none"> <li>• <b>advice</b> to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government</li> <li>• <b>assurance</b> to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.</li> </ul> <p>The Committee shall have no powers to exercise on behalf of the Board.</p>	
<b>3. Delegated Powers</b>  <p>With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:</p> <ul style="list-style-type: none"> <li>• remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently</li> <li>• objectives for Executive Directors and members of the Executive Team and their performance assessment</li> <li>• performance management system in place for those in the positions mentioned above and its application</li> <li>• proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.</li> </ul>	

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## 4. Membership, Attendees and Quorum

### 4.1 Members

Chair: HEIW Chair

Members: Every Independent Member of HEIW

**4.2 By Invitation** As required but usually to include:  
Chief Executive  
Deputy Chief Executive  
Director of Finance  
Board Secretary

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

- any other official;
- and/or any others from within or outside the organisation

### 4.3 Quorum

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

## 5. Frequency of Meetings

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

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## Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements

**Date:** October 2020

**Review Date:** Annually

### 1. Introduction

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

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

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

### 2. Purpose

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

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

### 3. Delegated Powers

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

- i. Provide assurance to the Board as to the effective management

and improvement of the quality of HEIW's education and related research activities.

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

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07/26/2021 16:32:44

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

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

#### **4. Membership, Attendees Quorum and Term**

##### **4.1.1 Members**

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

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

##### **4.1.2 Deputy Independent Member**

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

##### **4.2 Attendees**

In attendance:

- Director of Nurse and Professional Education.
- Medical Director
- Director of Finance
- Board Secretary
- Deputy Director of Education, Commissioning and Quality
- Dental Dean

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07/26/2021 16:32:44

- Pharmacy Dean
- Postgraduate Medical Dean

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

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

### **4.3 Quorum**

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

### **4.4 Terms**

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

## **5. Frequency of Meetings**

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

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

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

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

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

<b>Meeting Date</b>	<b>29 July 2021</b>	<b>Agenda Item</b>	<b>4.4</b>
<b>Report Title</b>	Hosting of the Office of the Chief Digital Officer for Health and Care – Update		
<b>Report Author</b>	Foula Evans, SRO & Head of Office of Chief Digital Officer Establishment Project and Dafydd Bebb, Board Secretary		
<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>	The purpose of this report is to provide an update on the establishment of the Office of the Chief Digital Officer and summary of the progress to date.		
<b>Key Issues</b>	<p>It is understood that a Direction is imminent from the Welsh Minister for Health and Social Services confirming that the Office of the Chief Digital Officer for Health and Care (OCDO) has been added into the functions of HEIW.</p> <p>Chair's Action has been taken by HEIW to support the extension of HEIW's function to include the permanent hosting of the OCDO.</p> <p>A Memorandum of Understanding (MOU) with Welsh Government outlining the operating arrangements for the OCDO has been drafted and is close to being finalised.</p> <p>We have formed a bespoke Project Team to oversee the establishment of the OCDO together with a Programme Project Board with Welsh Government.</p> <p>The first HEIW Project Steering Group meeting is scheduled for 27 July.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to note the update for information.		

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# ESTABLISHMENT OF OFFICE OF CHIEF DIGITAL OFFICER – UPDATE

## 1. INTRODUCTION

The purpose of the report is to provide the Board with an update in respect of the establishment of the Office of the Chief Digital Officer for Health and Care (OCDO).

## 2. BACKGROUND

The OCDO was announced in September 2019 by the Minister for Health and Social Care. It is understood that a direction is imminent from the Welsh Minister to expand HEIW's functions to include hosting the OCDO. Chair's Action has been taken to support adding the OCDO as a HEIW function of HEIW and the ratification of this decision is considered separately on today's Board agenda under the Chair's Report.

Although Welsh Ministers will direct HEIW to take on the functions of the OCDO, the Chief Executive of NHS Wales will have responsibility for setting the strategic direction and remit of the OCDO.

Supported by the new digital governance framework, the OCDO will define national standards and services as part of a 'whole system' remit and support the move to open architecture across all digital systems.

The OCDO will also provide advice and support on a future digital strategy, act as a professional lead for the digital workforce and be a champion for digital health and care in Wales.

A Memorandum of Understanding (MOU) between Welsh Government and HEIW to outlining the operating arrangements for the OCDO is close to being finalised.

## 3. Proposal

The foundation of the project is set out in the HEIW Annual Plan 2021/22. The Board will receive regular updates on the progress of the establishment project in line with the performance framework.

### MOU update

Since the Board received its last report in respect of the MOU, at its in-committee meeting in May, negotiations have proceeded with Welsh Government, and we are close to finalising the document.

The May Board report identified key areas of risk for HEIW in respect of hosting the OCDO. The mitigation actions agreed with Welsh Government and incorporated in the MOU are detailed below.

3. Issue. Liability. Given that the OCDO will form a part of HEIW and that HEIW will employ the CDO and all the OCDO's staff, HEIW will be responsible for the liabilities of the CDO & OCDO.

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Agreed mitigation actions. A mechanism has been agreed for Welsh Government to reimburse HEIW for any liability the organisation incurs because of the Hosting Agreement. Welsh Government shall reimburse HEIW for all of the financial liabilities of the OCDO, including liabilities to HEIW, where such liabilities cannot be met from within the OCDO's budget.

3.2 Issue. Reputational. As the OCDO will form a part of HEIW there is a risk of OCDO related issues having a negative reputational impact on HEIW.

Agreed mitigation actions. Arrangements will be established to ensure that HEIW has early notice of any communications identified as having potential reputational risk to HEIW or Welsh Government so that there are 'no surprises'. That the OCDO will not carry or use HEIW branding.

3.3 Issue. Data Protection. A data breach by the OCDO will ultimately be the responsibility of HEIW.

Agreed mitigation actions. The OCDO shall be required to comply with all of HEIW's policies and procedures in respect of Information Governance(IG) and Data Protection. In addition, the OCDO will be required to appoint an internal Data Protection Officer who will be answerable to HEIW's Data Protection Officer and Senior Information Risk Officer.

3.4 Issue. Risk. That HEIW does not have sight of OCDO risks.

Agreed mitigation actions. That the OCDO shall be required to follow HEIW's policies and procedures in respect of the management of risk and reporting processes in respect of risk registers. This shall include reporting to the IG and IG Group together with the Audit Committee.

## **Establishment of OCDO Project Team**

A bespoke Project Team to oversee the establishment of the OCDO commenced on 1 June 2021. The team has a remit to manage the recruitment of the CDO, recruit the OCDO staff (circa 30 posts), and provide project management support for the various workstreams that will need to scope service provision, develop SLAs, identify costs and take action in advance of the go-live date of 1 April 2022. The project will be overseen by a HEIW Project Steering Group (see below), which will also pick up the governance aspects of the hosting.

## **OCDO Recruitment**

The recruitment process, supported by HEIW, for the CDO is underway. A robust assessment centre comprising of stakeholder panel, media interviews and interviews was held on 21 and 23 July respectively. It is anticipated the successful candidate will take up the role in late October.

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The next round of recruitment will be the CDO's direct reports, namely their PA, Chief Technical Standards Officer (CTSO) and Chief Clinical Informatics Officer (CCIO). This recruitment is scheduled to go live towards the end of July and early August.

### **Programme Project Board**

A Programme Project Board has been established jointly with Welsh Government. Its first meeting took place on 19 July. The membership of this Board comprises of Welsh Government and HEIW staff.

### **HEIW Project Steering Group**

The MOU outlines the corporate services to be provided by HEIW and will cover the following areas; corporate governance, workforce, finance, procurement, information technology and the Welsh language. The HEIW Project Steering Group is scheduled to meet for the first time on 27 July. The remit of the group is to ensure the establishment of the OCDO is successfully implemented.

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

The SRO of the HEIW Project Steering Group will provide quarterly reports to the Executive and Board in line with the performance framework, highlighting progress against the key milestones to date and risks identified. Ad hoc reports will also be provided from time to time.

## **5. FINANCIAL IMPLICATIONS**

HEIW will incur the direct costs of the project team staffing between June to October 2021. Welsh Government will reimburse HEIW for the cost of the OCDO implementation project. The Director of Finance is in discussions with WG to establish the current and ongoing costs to HEIW arising from the OCDO.

HEIW will not fund the OCDO's cost pressures. These are to be funded within the agreed OCDO's budget.

## **6. RECOMMENDATION**

Members are asked to note the report for information.

<b>Governance and Assurance</b>			
<b>Link to IMTP</b>	<b>Strategic Aim 1:</b>	<b>Strategic Aim 2:</b>	<b>Strategic Aim 3:</b>

<b>strategic aims</b> (please ✓)	To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	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>			
n/a			
<b>Financial Implications</b>			
HEIW to be reimbursed by Welsh Government for all costs and liabilities associated with the OCDO.			
<b>Legal Implications (including equality and diversity assessment)</b>			
Ministerial Directions and Memorandum of Understanding is being reviewed by Board Secretary.			
<b>Staffing Implications</b>			
Around 30 OCDO staff to be permanently hosted by HEIW and funded by Welsh Government in a ring-fenced budget. The HEIW project team (circa 4 staff) is also being funded by Welsh Government.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
n/a			
<b>Report History</b>	An update in respect of the OCDO was provided at the closed session of the May Board.		
<b>Appendices</b>	None		



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CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>21 July 2021</b>	<b>Agenda Item</b>	<b>4.5</b>
<b>Report Title</b>	<b>Education Commissioning and Quality Committee Annual Report 2020/21</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>	The main purpose of the Education Commissioning and Quality Committee Annual Report is to assure the Board that the system of assurance is fit for purpose and operating effectively. The report summarises the key areas of business activity undertaken by the Committee during 2020/21.		
<b>Key Issues</b>	This report summarises the key areas of business activity undertaken by the Committee during 2020/21 and highlights some of the key issues which the Committee intends to consider over the next twelve months.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> that the Education Commissioning and Quality Committee has approved the Annual Report 2020/21 for submission to the Board for assurance.</li> <li>• <b>Note</b> the Education, Commissioning and Quality Committee Annual Report 2020/21 for information.</li> </ul>		

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# EDUCATION COMMISSIONING AND QUALITY COMMITTEE ANNUAL REPORT 2020/21

## 1. INTRODUCTION

The main purpose of the Education Commissioning and Quality Committee Annual Report is to assure the Board that the system of assurance provided by the Committee is fit for purpose and operating effectively. The report also confirms that the Committee has discharged its Terms of Reference effectively.

## 2. BACKGROUND

The Education Commissioning and Quality Committee's Annual Report has been developed following a review of the approved minutes and papers of the committee, with due consideration of the remit of the Committee as set out in the Terms of Reference.

## 3. PROPOSAL

The Annual Report summarises the key areas of business activity undertaken by the Education Commissioning and Quality Committee during 2020/21 and highlights some of the key issues which the Committee intends to consider over the next twelve months.

## 4. GOVERNANCE AND RISK ISSUES

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

## 5. FINANCIAL IMPLICATIONS

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

## 6. RECOMMENDATION

The Board is asked to:

- **Note** that the Education Commissioning and Quality Committee has approved the Annual Report 2020/21 for submission to the Board for assurance; and
- **Note** the Education Commissioning and Quality Committee Annual Report 2020/21 for information.

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<b>Governance and Assurance</b>			
<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>			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.			
<b>Financial Implications</b>			
None			
<b>Legal Implications (including equality and diversity assessment)</b>			
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.			
<b>Staffing Implications</b>			
None.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations; work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
<b>Report History</b>	Approved by the ECQC on 25 June and noted by the Audit and Assurance Committee on 22 July.		
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Education, Commissioning and Quality Committee Annual Report 2020/21</li> </ul>		



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### **Committee Chairs Reflection**

Reflecting on the past year, the second full year of the Education Commissioning and Quality Committee (ECQC), the onset of COVID 19 inevitably comes first to mind. As the months progressed and impacts of the pandemic grew, it became a year we are unlikely to forget.

Early on, our meetings were transferred on-line to enable remote working. Members adjusted quickly to the new arrangements which have worked well. The Committee's membership was strengthened with welcome additional appointments. ECQC's new internal advisory sub-committee (MPQEG) was convened and, although it proved more challenging to inaugurate the external sub-committee (EAG) in these circumstances, this is now established. I am grateful to both groups for their on-going contributions.

Through these means, and through incredible hard work from executive and secretariat staff, it has been possible to cover planned commitments, as well as contribute to education and training aspects of the COVID pandemic response.

The Committee has overseen a range of major initiatives on behalf of HEIW Board during the year, summarised in this Annual Report including Phase 1 and emerging work on Phase 11 of the Strategic Review of Health Professional Education; adapting approaches to assure quality of training and education during the COVID emergency response; and monitoring the wellbeing of those in training.

Thank you to all who have contributed, including my non-executive colleagues on the Committee.

Looking ahead new priorities are emerging, not least to ensure education programmes are restored fully, and capture and build on lessons of recent times. Digital technologies will be key to future education and training; ECQC will support the HEIW Board as this area of work escalates. Phase 11 of the Strategic Review is gathering pace and quality assurance remains a priority. The education and training implications of the Workforce Plan for Health and Social Care are significant and will also influence the Committee's agenda.

Monitoring the progress and facilitating support services for young people aspiring to and training for health service careers has already been a priority for HEIW. ECQC remains glad to contribute. The needs of health-professional refugee and asylum seekers will also be on our agenda.

Finally, it would be difficult to overstate the depth of appreciation due to the HEIW staff who have responded to the pandemic, kept substantial routine business on track, and supported the Committee and its sub-committees valiantly throughout. Thank you wholeheartedly.

## 1. Introduction and Background

The purpose of the Education, Commissioning and Quality Committee (the 'Committee') is to **advise** and **assure** the Board and Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provides assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2020/21 was as follows:

<b>Chair:</b>	Dr Ruth Hall, Independent Member
<b>Vice Chair:</b>	Tina Donnelly, Independent Member
<b>Deputy Member:</b>	Gill Lewis, Independent Member*
<b>Member</b>	Ceri Phillips, Independent Member**

\* The Deputy Member is a substitute Independent Member who is only required to attend Committee meetings if another Independent Member is unable to attend.

\*\*In September 2020, the Board appointed Ceri Phillips to the Committee. Ceri Phillips resigned from HEIW on 31<sup>st</sup> March 2021 to take up the Vice Chair's role at Cardiff and Vale University Health Board.

HEIW officers also attend to support key matters.

The Committee met on five occasions between April 2020 and March 2021 and was well attended with good engagement from all attendees. The Committee continues to report regularly to the HEIW Board and to ensure an appropriate interaction with the Audit and Assurance Committee.

## 2. Planning and Review

In line with good practice, the Education, Commissioning and Quality Committee reviewed its Terms of Reference in October 2020 endorsing a number of revisions including the alignment of the appointment date of Committee Members with that of the Audit and Assurance Committee, the appointment of a Committee Vice Chair and the addition of the Dental Dean, Pharmacy Dean and Postgraduate Medical Dean as standing 'in attendance' members of the Committee.

The Committee also considered the revised **Terms of Reference for the Multi-Professional Quality Education Group (MPQEG) and Education Advisory Group (EAG)**, approving several changes in September. These were reviewed by each of the groups at their inaugural meetings and a number of additional members to the MPQEG were approved by the Committee in October.

During the year a review of the effectiveness of the Committee was carried out and the **Evaluation of Committee Effectiveness** was considered by the Committee at its meeting in October. The review highlighted how the Committee had been strengthened by the creation of two sub Committees the Education and

Advisory Group (EAG) and Multi-Professional Quality and Education Group (MPQEG), and the addition of a further Independent Member. The review also highlighted a number of areas for focus for the Committee including the development of an induction programme for new Committee members.

The Committee approved its **Annual Report 2019-20** which was noted and approved for publication by the Board in July 2020.

### 3. Key Achievements in 2020/21

Throughout the year, the Committee has received and considered regular updates on the progress of **Phase 1 of the Strategic Review of Health Professional Education**. This review sought to secure pre-registration health professional education in Wales for the next seven to ten years. The programme of work provided an opportunity to take a whole system review of the shape and focus of the education and training provision needed to support the NHS in Wales.

In April, the Committee received an update on the impact of COVID-19 on **Phase 1 of the Strategic Review of Health Professional Education** and the timetable of the impending tendering process. Recognising the significance of the procurement exercise and satisfied the decision had received due consideration, the Committee was supportive of revising the procurement timescales which retained the original September 2022 student start date. In September, the Committee considered the final procurement proposals in detail and endorsed the plan and procurement strategy, recommending submission of the Invitation to Tender (ITT) and Contract Specification to Board, and the submission of the Procurement Report to Welsh Government. The Committee received an update on the contract specification in October following the submission of the procurement report to Welsh Government. In February 2021, following the closing of the tendering window, the Committee received an overview of the next stage of the procurement process, including an update on the development and planning of the **Evaluation Framework**.

The Committee also received an overview of **Phase 2 of the Strategic Review of Health Professional Education**, and considered the lessons learned from Phase 1 of the review. Acknowledging the scale of the Phase 2 procurement exercise the Committee supported the creation of a three-year fixed term Project Manager post recognising it would help provide the due diligence required to ensure the new contracts were fit for purpose.

In July, the Committee considered the draft **Annual Education and Training Plan 2021/22** and highlighted the need to closely monitor the impact of COVID-19 on trainers to ensure there was sufficient capacity to support delivery of the Plan. The final Plan was supported by the HEIW Board on 30 July 2020 and submitted to Welsh Government for approval.

### 4. Scrutiny and Monitoring

The Committee received:

- The first **All Wales Quality Report of Health Education Contracts in April 2020** which summarised the quality measures in place to ensure the delivery of health professional contracts in Wales.

- Regular reports on the **Quality Assurance Review of Post Graduate Medical Education (PGME)** and were reassured that despite service pressures in response to COVID-19, HEIW had maintained its regulatory accountability and had adopted an alternative approach to quality management during the crisis.
- Regular **Quality Management Reports** which provided an overview of the quality management monitoring arrangements within the Medical Deanery. This included updates on the areas within the Medical Deanery which were in enhanced monitoring status. The Committee noted the impact of COVID-19 on the Medical Deanery, in particular the pausing of routine elective operations and the impact on the progress of surgical trainees and were encouraged by efforts to mitigate the impact of a lack of face to face surgical operating time.
- A **Simulation Team Report** at its meeting in February 2021.
- A summary of the **Local Education Provider Commissioning Review 2019/2020** and welcomed the multi-professional format, noting the emergence of a number of all Wales themes including workforce development, curriculum change and simulation and several actions arising from lessons learned.
- The **General Medical Council (GMC) Annual Quality Assurance Summary** and were pleased with the positive outcome.
- A briefing on the **Four Nations Discussions on Quality Issues** in July 2020. Following feedback from the previous year's GMC Trainee Survey, the Committee requested HEIW review its complaint handling process and compare the approach to Quality Assurance Visits across the UK. The review highlighted the importance of communication throughout the complaints process and of sharing lessons learned. While the approach to quality assurance visits in Wales was similar to that in Scotland and Northern Ireland, feedback on the modified visits in Wales was shared with other nations.
- An update on the **Work-Based Learning and Apprenticeship Framework in Wales** and noted the potential additional resource required to facilitate implementation in July 2020. It also considered the **Open University Annual Report on Nurse Education for 2018-2019** and the potential to widen access to health professional education and learning into other professional disciplines.
- A presentation by members of the **South Wales Trauma Network (SWTN)** on their education and training plan and were encouraged by the multi-professional approach to education and training in October 2020.

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- The **GMC National Trainee Survey** and **Health Professional Education 2020 National Student Survey (NSS) Summary** and **All Wales Health Professional Education Performance Report for Academic Year 2019/20** in February 2021.

## 5. Key Risks/Issues

### Impact of Covid-19 on Education, Commissioning and Quality

As a result of the Board approval to change its governance arrangements temporarily, members of the public were unable to attend or observe the Committee. To facilitate as much transparency and openness as possible during this extraordinary time, the Committee published on the HEIW website a synopsis of the meetings within 72 hours and the unconfirmed minutes within two weeks of a meeting.

HEIW has been and continues to be actively involved in the emergency planning response to the current COVID-19 crisis. The priority for HEIW during this time has been to mobilise the organisation to both fulfil the leadership and support requirements and to use its expertise and resources to support the NHS Wales frontline services in light of the increasing demands from the pandemic, and to maintain the safety and wellbeing of its staff and learners across Wales.

In response to the pandemic, the Committee received regular updates on COVID-19 and its impact on a number of key education and commissioning programmes throughout the year. In October 2020, the Committee noted the briefing paper **Enshrining the Positive Lessons from COVID-19: Defining the 'New Normal' in Education and Training in Wales** and considered the learning opportunities for education and training in Wales as a result of the NHS response to COVID-19. Recognising the importance of continuous improvement, the Committee recommended a briefing paper on the 'new normal' be drafted so the lessons learned could be captured for the purposes of implementation and monitoring.

## 6. Key Areas of Focus for 2021/22

To keep pace with the many developments in education and training currently taking place, the Committee will review its forward work programme regularly. However, the following are key areas that will be addressed during 2021/22:

- Lessons learned from COVID-19 and the implications on Education & Training
- Phase 2 of the Strategic Review of Health Professional Education.
- Emerging approaches from workforce planning and the impact on training programmes.
- Impacts and opportunities of digitalisation on health education.
- Widening access to education through differential attainment and alternative education routes.
- The development of an induction process for Committee members.

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**Sponsored by:** Dr Ruth Hall

**Chair of Education, Commissioning and Quality Committee**

**Date:** June 2021

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<b>Meeting Date</b>	<b>29 July 2021</b>	<b>Agenda Item</b>	<b>4.6.1</b>
<b>Report Title</b>	<b>Key Issues Report – Education, Commissioning and Quality Committee</b>		
<b>Report Author</b>	Catherine English, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Ruth Hall, Chair		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
<b>Key Issues</b>	This report focuses on the key issues raised at the Education, Commissioning and Quality Committee meeting held on 25 June 2021.		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the content of the report for assurance.</li> <li>• <b>Approve</b> the Initial Education and Training of Pharmacists Programme Strategic Outline Case (this is a separate item for July Board under agenda item 3.2).</li> <li>• <b>Approve</b> the draft National Annual Education and Training Plan 2022/23 (this is a separate item for July Board under agenda item 3.1).</li> <li>• <b>Review</b> the performance of the Committee as set out in the Committee Annual Report for 2020-21 (this is a separate item for July Board under agenda item 4.5)</li> </ul>		

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# KEY ISSUES REPORT – EDUCATION, COMMISSIONING AND QUALITY COMMITTEE

## 1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Education, Commissioning and Quality Committee at its meeting on 25 June. The Board is asked to note the summary report from the Chair together with the recommendations made by the Committee.

## 2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders; the Audit and Assurance Committee; the Remuneration and Terms of Service Committee and the Education, Commissioning and Quality Committee. Each Committee will present reports to the Board during the course of the year outlining key discussions, issues and risks discussed during meetings.

## 3. PROPOSAL

The Education, Commissioning and Quality Committee met on 25 June. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

## 4. GOVERNANCE AND RISK ISSUES

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

## 5. FINANCIAL IMPLICATIONS

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

## 6. RECOMMENDATION

Members of the Board are asked to:

- **Note** the content of the report for assurance.
- **Approve** the **Initial Education and Training of Pharmacists Programme Strategic Outline Case** (this is a separate item for July Board under agenda item 3.2).
- **Approve** the draft **National Annual Education and Training Plan 2022/23** (this is a separate item for July Board under agenda item 3.1).
- **Review** the performance of the Committee as set out in the Committee Annual Report for 2020-21 (this is a separate item for July Board under agenda item 4.5)

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<b>Governance and Assurance</b>			
<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>			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in enabling the quality, safety and experience of patients receiving care.			
<b>Financial Implications</b>			
No financial implications for the Board to be aware of.			
<b>Legal Implications (including equality and diversity assessment)</b>			
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.			
<b>Staffing Implications</b>			
No staffing implications for the Board to be aware of.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations; work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
<b>Report History</b>	This report shall be a standing item on the Board's agenda.		
<b>Appendices</b>	Appendix 1 - Chair's summary – Education, Commissioning and Quality Committee		

## Appendix 1

Meeting Date	29 July 2021	Agenda Item	4.6.1
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired by	Ruth Hall		
Lead Executive Director(s)	Lisa Llewelyn and Professor Pushpinder Mangat		
Date of last meeting	25 June 2021		
Summary of key matters considered by the Committee and any related decisions made:			
<p>Due to the restrictions imposed by the Welsh Government as a result of the COVID-19 Pandemic, HEIW was unable to hold its Education, Commissioning &amp; Quality Committee on 25 June 2021 in public. However, following due process, the meeting took place via Videoconference technology.</p> <p>The Committee received a verbal overview of the <b>Initial Education and Training of Pharmacists Programme Strategic Outline Case</b> and noted it would guide the implementation of new initial training of pharmacists. In recognition of increasing demands and expectations on pharmacy services the implementation of the new initial education and training standards for pharmacists aims to produce pharmacists with enhanced clinical skills and independent prescribing status. The Committee discussed the need to ensure there was a robust quality management framework in place for the pharmacy programme and felt more analysis of the risks was needed given the scope and complexity of the programme.</p> <p>The Committee recommended that the Board approve the Initial education and Training of Pharmacists Programme SOC (subject to the SOC being circulated and the matter being the subject of a Board briefing)</p> <p>An overview of the <b>Medical Deanery Quality Management Activity</b> and the five areas of risk currently in enhanced monitoring status with the GMC was provided. The Committee were pleased to note that enhanced monitoring arrangements for paediatric surgery at the University Hospital of Wales would cease following considerable progress and that a joint oversight group would be created to monitor and address concerns within the Aneurin Bevan UHB.</p> <p>The Committee received an overview of the <b>Dentistry Deanery Quality Management Activity</b> and noted the need for a more formal, systematic and reportable framework aligned with the medical model to enable better quality monitoring and reporting of training.</p> <p>The Committee received and noted an update on the arrangements in place for <b>quality assurance for Pharmacy pre-registration Foundation Pharmacists and pre-registration Pharmacy Technician training programmes</b>. It was agreed that the Committee would receive the Annual Quality Statement Framework at its next meeting.</p>			

The Committee received the draft **National Annual Education and Training Plan 2022/23**. The Committee considered a submission provided by the Royal College of Nursing on service priorities and education commissioning figures for nursing. The Committee discussed the deficit in paediatric nursing recruitment against the IMTP and considered ways to encourage individuals to return to nursing. The Committee considered the limits on growth, in particular placement capacity but noted HEIW continues to make inroads into aligning the IMTP requests with commissioning numbers.

The Committee agreed to acknowledge the submission of the RCN and that the Chair also write to the RCN to respond to the letter and submission received from them.

It was also agreed that the Committee recommend that the draft National Education and Training Plan 2022/23 be submitted to the Board for approval subject to the comments made by the Committee being incorporated into the final plan.

The Committee received an update on **Phase 2 of the Strategic Review of Health Professional Education** and will receive a complete overview of the phase 2 process at its meeting in September.

The Committee considered **New and Emerging Priorities**, recommending an induction guide for new members of the Committee.

The Committee approved the **Self-Assessment Checklist 2021/22** for circulation and approved the **Education, Commissioning and Quality Committee Annual Report 2020/21** for onward submission to the Board.

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

N/A

#### Recommendation for Board consideration

Following due consideration of the Pharmacy Strategic Outline Case the Committee recommends the Board approve the **Initial Education and Training of Pharmacists Programme Strategic Outline Case** (this is a separate agenda item for July Board).

The Committee recommends that the Board approves the draft **National Annual Education and Training Plan 2022/23** subject to the comments being made by the Committee being incorporated into the final plan (this is a separate agenda item for July Board).

The Committee approved the **Education, Commissioning and Quality Committee Annual Report 2020/21** for onward submission to the Board.

#### Delegated action by the Committee

N/A

#### Main sources of information received

- Associated reports relating to the Strategic Outline Case.
- Post Graduate Medical, Dental and Pharmacy Updates
- Draft National Annual Education and Training Plan 2022/23
- Education Commissioning and Quality Committee Self-Assessment Checklist

<ul style="list-style-type: none"> <li>• Education Commissioning and Quality Committee Annual Report 2020/21</li> <li>• Draft Unconfirmed Minutes of the Education Advisory Group held on 8 June 2021.</li> </ul>
<b>Highlights from sub-groups reporting into this committee</b>
The Committee received and noted the draft unconfirmed minutes of the <b>Education Advisory Group (EAG)</b> held on 8 June 2021.
<b>Matters referred to other Committees</b>
N/A

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