Board Meeting - Final Accounts

Thu 10 June 2021, 14:00 - 15:30

Zoom

Agenda

14:00 - 14:00
0 min

1. PRELIMINARY MATTERS

00 - Board Agenda (Open) 10 June 2021.pdf (1 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

1.5 Draft Minutes of the Board Meeting held on 27 May 2021

Presenter: Chair/Attachment

1.4 - Board Minutes (Open) 27 May 2021.pdf (9 pages)

1.5 Action Log from the Board Meeting held on 27 May 2021

Presenter: Chair/Oral

1.5 - Board Actions (Open) 27 May 2021.pdf (1 pages)

1.6 Matters Arising

Presenter: Chair/Oral

14:00 - 14:00
0 min

2. GOVERNANCE, PERFORMANCE AND ASSURANCE

2.1 Annual Plan 2020/21

Presenter of Finance & Director of Planning, Performance and Corporate Services/Attachments

2.1a Annual Plan Final Submission to Board .pdf (5 pages)
2.1b Annual Plan Review Feedback Letter - HEIW.pdf (2 pages)
2.1c HEIW Annual Plan 2021-2022 Final June 2021.pdf (183 pages)
2.1d NHS Annual Plan Minimum Dataset 2021-02-12 HEIW May 21.pdf (26 pages)

2.2 Annual Accountability Report 2020/21

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2.2a - Review of Annual Accountabilty Report CP (Board 100621 Open).pdf (3 pages)
2.2b - Appendix 1 - HEIW Draft AGS and Director's report 2.(01.06.21)(clean)docx.pdf (28 pages)
2.2c - Appendix 2 - Remuneration Staff Report 2020-21 Post Audit V2.pdf (15 pages)
2.2d - Appendix 3 - The Welsh Parliament Accountability and Audit Report 2020-21 v3.pdf (8 pages)

2.3 Performance Report

Presenter: Board Secretary/Attachment

- 2.3a - Performance Report CP (AAC 090621 Open).pdf (3 pages)
- 2.3b - Performance Report (01.06.21) (Clean).pdf (49 pages)

2.4 Audit and Assurance Committee Review of Accounts and Public Disclosure Statements

Presenter: Audit and Assurance Committee Chair/Oral

2.5 Final Accounts 2020/21

Presenter: Director of Finance/Attachment

- 2.5a - Annual Accounts Board (100621).pdf (4 pages)
- 2.5b - Financial Statements 2020-21.pdf (64 pages)

2.6 Audit Wales - Audit of Finance Statements Report (ISA260) and Letter of Representation

Presenter: Director of Finance/Attachments

- 2.6 - Audit Wales - Audit of Financial Statements Report (ISA260).pdf (20 pages)

2.7 Formal Approval of the Accounts and Public Disclosure Statements 2020/21

Presenter: Director of Finance/Oral

2.8 In Committee Decisions

Presenter: Board Secretary/Attachment

- 2.8 - In Committee Decisions May Board (100610).pdf (4 pages)

14:00 - 14:00
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3. OTHER MATTERS

3.1 Any Other Urgent Business

Presenter: Chair/Oral

3.2 Date of Next Board Meeting

Presenter: Chair/Oral

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HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Board Meeting – 14:00 to 15:30

to be held on Thursday, 10 June 2021
Via Zoom

AGENDA

PART 1	**PRELIMINARY MATTERS**	**14:00-14:10**
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 27 May 2021	Chair/Attachment
1.5	Action Log from the Board meeting held on 27 May 2021	Chair/Attachment
1.6	Matters arising	Chair/Oral
PART 2	**GOVERNANCE, PERFORMANCE AND ASSURANCE**	**14:10-15:25**
2.1	Annual Plan: • To receive and approve the Annual Plan 2020/21 for submission to Welsh Government. • Annual Plan Resource Plan	Director of Finance/Director of Planning Performance & Corporate Services/ Attachment
2.2	Accountability Report: • Annual Governance Statement 2020/21 • Remuneration & Staff Report • NAfW Accountability and Audit Report	Board Secretary/ Attachments
2.3	Performance Report 2020/21	Board Secretary/ Attachment
2.4	Audit & Assurance Committee Review of Accounts and Public Disclosure Statements	Audit and Assurance Committee Chair/Oral
2.5	Final Accounts 2020/2021	Director of Finance/ Attachment
2.6	Audit Wales – Audit of Financial Statements Report (ISA 260) and Letter of Representation	Director of Finance/ Attachment
2.7	Formal Approval of the Accounts and Public Disclosure Statements 2020/21	Director of Finance/ Oral
2.8	In Committee Decisions	Board Secretary/ Attachment
PART 3	**OTHER MATTERS**	**15:25-15:30**
3.1	Any Other Urgent Business	Chair/Oral
3.2	Dates of Next Meetings: • HEIW **Board Development Session** to be held on **17 June 2021** via Microsoft Teams/Teleconference • HEIW **Board** to be held on **29 July 2021** via Zoom/Teleconference.	

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Unconfirmed Minutes of the HEIW Board Meeting
held at 11.15am on 27 May 2021
via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw

Present:

Dr Chris Jones	Chair
John Hill Tout	Vice Chair, Independent Member
Dr Heidi Phillips	Independent Member
Tina Donnelly	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
Lisa Llewellyn	Designate Director of Nurse and Health Professional Education (Observer)
Catherine English	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
	There being no other urgent business for the in-committee session the meeting moved into the open session.	
2705/1.1	**Welcome and Introductions**	
	The Chair welcomed everyone to the meeting, in particular Lisa Llewelyn who would be joining HEIW on 1st June as the new Director of Nurse and Health Professional Education. A quorum was confirmed present.	
2705/1.2	**Apologies for absence**	
	Apologies were received from Gill Lewis and Dr Ruth Hall.	
2705/1.3	**Declaration of interest**	
	No declarations of interest were received.	
2705/1.4	**To receive and confirm the minutes of the Board held on 25 March 2021**	
Resolved	The minutes were **received** and **approved** as an accurate record of the meeting.	
2705/1.5	**Action Log from the Board meeting held on 25 March 2021**	
Resolved	The Board **received** the Action Log and **noted** the actions were either complete, within the forward work programme or matters for consideration on today's agenda.	

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	The Board received the following update: • **2503/3.1 –** The Annual Plan 2021/22 will be presented to Board for approval at its next meeting on the 10 June.	
Resolved	The Board **noted** the Action Log	
2705/1.6	**Matters Arising**	
	There were no matters arising.	
PART 2	**CHAIR AND CHIEF EXECUTIVE'S REPORT**	
2705/2.1	**Chair's Report**	
	The Board **received** the report. The Chair reflected on an interesting five years ahead following the 2021 Welsh Parliamentary Elections which saw Julie Morgan reappointed as Deputy Minister for Social Services and several new appointments including Eluned Morgan as the new Health Minister and Lynne Neagle as the new Deputy Minister for Mental Health and Wellbeing. The Chair noted HEIW looked forward to working with the Ministers as it navigated through the challenges for health and social care in Wales. The Chair considered the effects of COVID-19 and explained that while HEIW had felt the challenges associated with the pandemic, it was now able to look forward to a different way of working and fresh set of challenges. The Chair reflected on the current COVID-19 situation in India and surrounding countries, explaining this would be particularly upsetting for colleagues in Wales with family and friends in that region. It was confirmed that, together with the British Association of Physicians of Indian Origin (BAPIO) Wales and the British Indian Nurses Association (BINA), HEIW had reached out to extend its thoughts and support for colleagues in such difficult times. Following the appointment of Ceri Phillips to the Vice Chair position in Cardiff and Vale University Health Board the Chair confirmed the commencement of the process to seek appointment of a new Board member for HEIW. It was confirmed he would also seek approval for the appointment of an associate Board member to encourage and support the development of people from different backgrounds in becoming independent Board members. Having joined the staff conference on the 19 April which focused on the benefits of working within a bilingual organisation, the Chair commended the staff explaining it had been an engaging and enjoyable session which reflected HEIWs culture and organisational values. The Chair confirmed that Angela Parry, the Interim Director of Nursing, would be leaving HEIW at the end of the month and	

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	expressed thanks for her leadership and invaluable contribution to the work of HEIW over the years. Finally, the Chair asked the Board to ratify the three Chairs Actions which were undertaken during the reporting period. to approve an invoice from Health Education England for the sum of £363,985, approve that HEIW host the employment of the Chief Nursing Officer for Wales and appoint Lisa Llewelyn as Director of Nurse and Health Professional Education.	
Resolved	The Board: • **noted** the report and range of work highlighted by the Chair. • **ratified** the following three Chair's Actions: o approval of an invoice from Health Education England for the sum of £363,985. o approval that HEIW host the employment of the Chief Nursing Officer for Wales. o appointment of Lisa Llewelyn as Director of Nurse and Health Professional Education.	
2705/2.2	**Chief Executive's Report**	
	The Board **received** the report Alex Howells noted that HEIW would be having a Joint Executive Team meeting in early June and it would be important to use that time effectively to raise issues where policy support and/or investment is needed to deliver on key objectives. Alex Howells extended her thanks to Angela Parry, the Interim Director of Nursing, for her support over the last year, explaining Angela had brought a wealth of experience and expertise to the leadership team and had contributed greatly to the work of HEIW. Alex Howells explained that there were a number of changes happening across HEIW's educational programmes and so it was important to frame conversations around the Annual Education and Training Plan in a strategic context. She noted several informative and productive discussions had already taken place and looked forward to presenting the Plan to the Education Commissioning and Quality Committee in the coming months. It was confirmed the Board would receive a verbal update on the health professional graduate recruitment today and a written briefing would follow next week. The Board noted that Welsh Government will be making additional funds available to the NHS in the context of the COVID-19 recovery and reset agenda and queried whether HEIW would be able to access some of those funds, particularly in terms of developing mental health support services. It was confirmed that the funding was being allocated to areas which	

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	would tangibly impact services in the short term. While HEIW would consider accessing the additional funding in the context of short terms plans, many of the programmes supported by HEIW were for the longer term.	
Resolved	The Board **noted** the Chief Executive's report.	
PART 3	**STRATEGIC MATTERS**	
2705/3.1	**Update on Health Professional Graduate Recruitment**	
	The Board **received** a verbal update. Angela Parry explained that HEIW, working with partners in Shared Services, implemented the Welsh Government policy on the NHS Wales Bursary. The policy was revised in 2017 to include the requirement that those who took the Welsh Bursary be required to work in health or social care in Wales for a minimum predefined period. This required a process to make employment opportunities available to students. For nursing and Operating Department Practitioners a streamlining process was in place and this facilitated graduates in transitioning into employment. However, this streamlining process had not been available for Allied Health Professionals and Healthcare Science students in 2020 which was the first graduate cohort subject to the tie in. As there were lower success rates in matching students to jobs in these professional areas HEIW implemented a streamlining process for the 2021 cohort of AHP and Healthcare Science students. The streamlining was implemented at pace and during a pandemic, and so it was reported that HEIW was embarking on a comprehensive evaluation across stakeholder groups to identify the scheme's successes as well as opportunities for learning. It was confirmed that a paper will be presented to the Executive Team in mid-June to provide a final update on the streamlining and an evaluation. This will be used to inform the process next year. Alex Howells thanked Angela Parry and her team for their work explaining that a considerable amount of work went in to managing the process. It was confirmed that HEIW now had an opportunity to take a more systematic and proactive approach to graduate recruitment going forward, linking workforce planning, education commissioning and the recruitment pipeline more effectively.	
Resolved	The Board **noted** the verbal update.	
2705/3.2	**Update on HEIWs Role in Leading National Programmes**	
	The Board **received** the report. In introducing the report, Angela Parry explained that seven national work programmes with substantial workforce	

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	components transferred to HEIW during 2020/21. These aligned with HEIW's statutory functions and provided opportunities for HEIW to embed an integrated and multi professional approach in line with the Workforce Strategy for Health and Social Care. It was confirmed that the programmes were complex and diverse requiring significant leadership, partnership working and engagement, structured project management and clear governance. Four national healthcare programmes have transferred into HEIW's Workforce Transformation Team over the past year. The All Wales Nurse Staffing Programme Team (NST), the Health Care Science (HCS) Framework, the Allied Health Care (AHP) Framework and training, education and CPD to support post registration optometrists in Wales transferred into. with each having a critical role to play in relation to the safety and quality of patient care. Julie Rogers confirmed that three additional programmes had transferred from Welsh Government, with funding to support the existing commitments: the Widening Access Programme, Train Work Live and the Staff Survey. It was further confirmed the Widening Access and Train Work Live programmes were currently under review with work underway to scope HEIW's approach to encompass more health professional areas. In terms of the Staff Survey, it was explained that HEIW would look at developing the staff survey with a particular focus on employee engagement across a range of factors including comparable data with previous years. Alongside that HEIW would undertake more frequent pulse surveys and support NHS organisations to use those surveys to supplement what they are doing. The Board considered the programme governance frameworks and were advised that, following disruption caused by the pandemic, work to re-establish the governance arrangements and lines of accountability was underway. The Board acknowledged the importance of HEIW's role in leading these national programmes and looked forward to further reports and updates in the future. The Board considered the importance of a governance wiring diagram to clarify the governance process.	
Resolved	The Board: • **noted** the report. • **agreed** that the Executive Team receive a governance wiring diagram in respect of the National Programmes.	**Director of Workforce and Organisational Development**
PART 4	**GOVERNANCE, PERFORMANCE AND ASSURANCE**	
2705/4.1	**Director of Finance Report**	
	The Board **received** the report.	

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	In introducing the report, Eifion Williams noted that HEIW was reporting an underspend of £90,980 against profiled budgets as at 30 April 2021. The overspend position in Pay budgets was due to the requirement to re-align budgets to balance the financial plan. The underspend in Non-Pay budgets was as a result of reduced face to face training and education activity due to the COVID-19 lockdown restrictions. The underspend on Commissioning budgets was as a result of known under recruitment of trainees to programmes in Pharmacy, Dental Foundation and Medical training, offset by a small overspend within GP training as a result of protected salaries. It was confirmed that HEIW would closely monitor the finance position throughout the year. It was confirmed that all NHS bodies were expected to meet the Public Sector Payment Policy, requiring NHS organisations to pay 95% of all invoices within 30 days. For the period April 2021 HEIW paid 98.6% of non-NHS invoices within this target and paid 100% of NHS invoices. The Board congratulated the team on the position with the Public Sector Pay Policy.	
Resolved	The Board: • **noted** the financial position reported for HEIW at month 1 • **noted** the summarised explanation of key variations by Directorate • **noted** the Capital allocation • **noted** the Balance Sheet position	
2705/4.2	**End of Year Annual Performance Report**	
	The Board **received** the report. In presenting the report, Nicola Johnson explained it aimed to provide the Board with an update on the organisation's performance in 2020/21, including progress on delivery of HEIW's Strategic Aims and performance of business activities. It was highlighted that in year the Board approved the organisation's Performance Framework and HEIW achieved good audit assurance on its performance management processes. Due to the Covid-19 pandemic HEIW revised and reviewed its Integrated Medium-Term Plan (IMTP) and Strategic Objectives during the year, and in line with national guidance developed three Operational Plans. The report showed a positive assurance on the delivery of HEIW's Q3/4 Operational Plan and described HEIW's many achievements in the year. It was highlighted that progress has not been without its challenges, in particular the impact of COVID-19 on education and training, the escalation of issues regarding the bursary, and the subsequent extension of the streamlining process.	

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	Nicola Johnson explained that, in terms of workforce indicators, whilst HEIW had low sickness rates and high levels of engagement there was more work to do to improve our Performance Appraisal and Development Review (PADR) process and mandatory and statutory training compliance. It was confirmed that Welsh Government had indicated their confidence in HEIWs ability to plan and deliver. The Board considered the report and were pleased to note the end of year performance position for 2020/21 and that Performance Management had achieved substantial assurance during the recent internal audit review. The Board commended Nicola Johnson and her team for the quality of the report.	
Resolved	The Board **noted** the end of year performance report for 2020/21 which is provided for scrutiny and assurance.	
2705/4.3	**Procurement Annual Report 2020/21**	
	The Board **received** the report. In presenting the report, Eifion Williams explained the purpose of the report was to provide the Board with an update in relation to procurement activity undertaken during the period 1st April 2020 – 31st March 2021 and in accordance with reference 1.2 (Schedule 2.1.2 Procurement and Contracts Code for Building and Engineering Works) of the Standing Financial Instructions.	
Resolved	The Board **noted** the report for assurance.	
2705/4.4	**Board Self-Assessment Against the Corporate Governance Code.**	
	The Board **received** the report. In presenting the report, Dafydd Bebb explained HEIW was required to provide an account of its compliance with the relevant elements of the Corporate Governance Code within its Annual Governance Statement. While there were no departures from the Code reported within the assessment a number of areas requiring focus for next year were highlighted in the report and included the strengthening of the self-assessment process and the development of an induction process for new Board and Committee members. The Board considered the report and discussed the importance of a robust induction process for new Independent Members which would enable them to establish a knowledge of the organisation and effectively contribute to the work of HEIW.	
Resolution	The Board **noted** the assessment of the Board's compliance with the Corporate Governance Code for assurance.	
2705/4.5	**Key Issues Report from the:**	
2705/4.5.1	**Audit and Assurance Committee held on 7 April 2021**	
	The Board **received** the report.	

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	In presenting the report, John Hill-Tout highlighted that the Committee had received the Audit Wales 'Doing It Differently, Doing it Right?' report which offered HIEW several potential key learning opportunities. It was confirmed that the report was scheduled for discussion at the June Board Development Session.	
Resolved	The Board **noted** the content of the report for assurance.	
2705/4.5	**Audit and Assurance Committee held on 6 May 2021**	
	The Board **received** the report. John Hill-Tout introduced the report noting the Committee had received draft Annual Accounts 2020/21 and draft Head of Internal Audit Opinion and Annual Report 2020/21. The Committee had been pleased to note the draft overall Internal Audit Opinion of 'reasonable assurance' for the past year. The Committee also received the Senior Information Risk Owner (SIRO) Annual Report 2020/21 and were pleased with progress to date. The Committee noted compliance with annual information governance training requirements stood at 59% against a target of 95% and the Committee felt it was important to prioritise improving the rate of compliance. It was also confirmed that the Committee had considered the Audit and Assurance Committee Annual Report for 2020/21. Finally, the Committee considered the Remuneration and Staff Pay Report. The Committee noted a number of senior staff were on secondment and considered whether there were plans to move towards a substantive approach to reduce the risks associated with that. The Chair confirmed HEIW would report on a substantive approach to reduce the risks associated with senior staff secondments shortly.	
Resolution	The Board: • **noted** the content of the report for assurance. • **noted** the Audit and Assurance Committee Annual Report 2020/21 at Appendix 2 for assurance.	
2705/4.6	**In Committee Decisions**	
Resolved	The Board **received** and **noted** the report which provided the key issues discussed 'in committee' at the March Board meeting.	
PART 5	**OTHER MATTERS**	
2705/5.1	**Any Other Urgent Business**	
	There were no other matters for consideration.	
2705/5.2	**Summary of Key Actions**	
2705/5.3	**Date of next meeting**	
English Catherine 06/04/2021 15:38:55	Dates of Next Meetings: • HEIW Board to be held on 10 June 2021 to held via Zoom/Teleconference. • HEIW Board Development Session to be held on 17 June 2021 to be held via Microsoft Teams/Teleconference.	

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Chris Jones (Chairman) Date:

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GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

HEIW Board (Open)
27 May 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
2801/3.4	**Primary Care Education and Training**			
	An update be provided to the Board in the early Summer	**Chief Executive**	July 2021	Completed
2503/1.6	**Matters Arising**			
	• The arrangements for holding Board and Committee meetings virtually be extended to the end of September 2021.	**Board Secretary**	Sept 2021	On-going
2503/3.1	**Annual Plan 2021-22**			
	• Extend the strategic aims and key deliverables to include outcomes and impacts highlighting the value of HEIW's work.	**Director of Planning, Performance & Corporate Services**	March 2021	Completed
	• The final Annual Plan 2021-22 to be presented to Board in May/June for final sign off.	**Director of Planning, Performance and Corporate Services**	June 2021	On the 10 June Board agenda.
2705/3.2	**Update on HEIWs Role in Leading National Programmes**			
	• The Executive Team receive a governance wiring diagram in respect of the National Programmes.	**Interim Director of Nursing**	TBC	Update will be provided at 30 September Board meeting.

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Meeting Date	**10 June 2021**	**Agenda Item**	**2.1**
Report Title	**Approval of the Annual Plan 2021/22**		
Report Author	Chris Payne, Deputy Director of Planning, Performance & Corporate Services		
Report Sponsor	Nicola Johnson, Director of Planning, Performance & Corporate Services		
Presented by	Nicola Johnson, Director of Planning, Performance & Corporate Services		
Freedom of Information	Open		
Purpose of the Report	For the HEIW Board to approve the Annual Plan 2021/22 for submission to Welsh Government.		
Key Issues	The final draft Annual Plan 2021/22 was approved by the HEIW Board in March for sharing with Welsh Government. The draft Plan received good feedback from the Board. Final Board-approved Annual Plans are required to be submitted to Welsh Government by 30th June 2021. Formal feedback has been received from Welsh Government on the draft Plan and it was positive in relation to it being an ambitious and confident plan with a strong focus on reducing inequalities and it is noted that the Workforce Strategy is delivered through the Strategic Objectives in the Plan. The feedback highlighted a small number of areas to reflect in finalising the plan, and these have been strengthened in the final document. Amendments have also been made to a number of other areas as highlighted to the Board in March 2021: • Update of the Finance plan and national Minimum Dataset (MDS) (Chapter 9). • Update of the document to reflect the end of year performance report. • Review of Strategic Objective 6.4 to reflect the agreement on hosting of the Office of the Chief Digital Officer (OCDO). • Sense-check of the plan to align with the National Clinical Framework and *Covid-19: Looking Forward*.		
Specific Action	**Information**	**Discussion**	**Assurance**	**Approval**

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Required ***(please ✓one only)***				x
Recommendations	Members are asked to: • Approve the Annual Plan 2021/22 for submission to Welsh Government.			

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1. INTRODUCTION

This paper provides the Board with the Annual Plan 2021/22 for approval for submission to Welsh Government in line with national timescales.

2. BACKGROUND

Following correspondence from Welsh Government, the final draft Annual Plan 2021/22 was received by the HEIW Board in March and was approved for sharing with Welsh Government.

Given the uncertainty at the end of March 2021 as to the implications of the pandemic, and the Senedd elections, Welsh Government suggested that plans were developed further and reviewed during Quarter 1. Final Annual Plans are to be approved by Boards and submitted before 30th June 2021.

3. PROPOSAL

A comprehensive process was undertaken to develop the final draft Plan considered by the HEIW Board in March 2021, and the Board approved the final draft to be submitted to Welsh Government, with good feedback from members.

Formal written feedback was received from Welsh Government on 20th May 2021 (letter attached at Appendix 1). The feedback provided was positive in relation to being an ambitious and confident plan with strong focus on reducing inequalities and with a noted alignment of strategic objectives to the Workforce Strategy. The feedback highlighted the following areas to reflect in finalising the plan and these areas have been strengthened in the final document:

- the ongoing role of HEIW nationally in workforce recovery and planning
- assurance required on the internal contingency measures for ongoing COVID response.

The letter also raised the issues of system alignment of plans. The organisation has, as requested, given feedback to Welsh Government on the workforce aspects of all NHS organisations' final draft Plans. Our Director of Workforce and OD has advised that there are no strategic issues which need to be amended in the HEIW Plan as a result of this work. It is understood system alignment more generally was a theme in the letters to all organisations and is being further considered by the Directors of Planning Peer Network Group for future IMTP cycles.

Additional amendments to the Plan reflect changes in the areas identified to the Board in March 2021 as follows:

- Update of the Finance plan (Chapter 9) and Minimum Dataset.
- Update of the document to reflect the end of year performance report.
- Review of Strategic Objective 6.4 to reflect the agreement on hosting of the Office of the Chief Digital Officer (OCDO).

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- Sense-check of the plan to align with the National Clinical Framework and Looking Forward after COVID-19 Plan.

4. GOVERNANCE AND RISK ISSUES

As described in March the Plan was developed using our governance mechanisms and takes account of a wide range of internal and external engagement.

The national Minimum Dataset (MDS) has been updated and is included for submission to Welsh Government with the Plan.

A comprehensive Equality Impact Assessment was submitted alongside the final draft Plan as supporting information for approval.

5. FINANCIAL IMPLICATIONS

The final document reflects the finalisation of our financial plan and the MDS has been updated accordingly.

6. RECOMMENDATION

Members are asked to:

- Approve the Annual Plan 2021/22 for submission to Welsh Government.

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Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
Our Annual Plan supports our approach to enhancing the quality of education and training which will impact on the quality of care and experience that patients receive. There is a specific Strategic Aim dedicated to the provision of Quality and Safety through education and training.			
Financial Implications			
The Annual Plan is an integrated plan and includes the financial plan.			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
The planning process has included consideration of the growth in our staffing establishment and the capacity requirements to deliver the Plan in 2021/22.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The Annual Plan is the delivery plan for the Workforce Strategy which is based on the Wellbeing of Future Generations (Wales) Act 2015. A summary of the alignment with the 5 ways of working is included in the Plan.			
Report History	25th March 2021 – Approval of Draft Annual Plan 2021-22 27th May 2021 – Annual Plan Update in CEO Report		
Appendices	1. Feedback Letter from Welsh Government 2. Annual Plan 2021-22 Final Draft 3. Minimum Dataset		

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Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Nicola Johnson
Director of Planning
Health Education and Improvement Wales

nicola.johnson@wales.nhs.uk

20th May 2021

Dear Nicola,

Thank you for receipt of your draft annual plan for 2021-22. We recognise the considerable work involved in developing this plan and also that as this is an iterative process, your draft plan will have evolved since the original submission.

All draft plans have been reviewed and discussed internally by Welsh Government colleagues and NHS Wales Delivery Unit and Finance Delivery Unit.

Overall this is an ambitious and confident plan. There is a strong focus on reducing inequalities, particularly for Black, Asian and Minority Ethnic communities. It was encouraging to see that the strategic objectives are also aligned to the workforce strategy.

The review group raised a number of areas for further consideration:

- Consider the ongoing role of HEIW nationally in workforce recovery and planning.
- Further assurance required on the internal contingency measures for ongoing covid response.
- Engagement with stakeholders to ensure alignment with, and across, the system. There was clear evidence of engagement taking place in the HEIW plan, but this was not necessarily apparent or aligned in health board plan submissions.
- Are there covid contingencies that need to be built into the plan?

Finally, the expectations for revised plans remain as set out in correspondence from Andrew Goodall on 20 April 2021, recognising that there will be some that will not relate directly to all organisations.

If it would be helpful to discuss the plan further in support of your work to submit a final plan in June, we would be happy to arrange an informal discussion. If this would be helpful, please contact Danielle Seivwright at Danielle.Seivwright@gov.wales.

English,Catherine
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Yours sincerely

Samia Saeed-Edmonds
Planning Programme Director

CC:
Alex Howells, Chief Executive, Health Education and Improvement Wales

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Health Education and Improvement Wales

Annual Plan

2021/22

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GIG CYMRU NHS WALES

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

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Foreword from the Chair and Chief Executive

HEIW was in a strong place moving into 2020/21 with an approvable IMTP, a developing organisation and a clear strategic direction. During the year we celebrated our second birthday whilst keeping on track with much of our strategic work and making a considerable contribution to the NHS response to COVID-19. This has highlighted the important role we have as part of the NHS and has played to our strengths as an organisation; that we can respond to new challenges and deliver through developing creative solutions to problems.

It was important that as well as the immediate pandemic response we remained focussed on delivering the workforce of the future and maintained education, training, leadership development and workforce planning as far as practicably possible. We will need to remain agile in 2021/22 and this plan carefully balances the demands of the COVID-19 pandemic response and recovery and our new ways of working alongside our strategic activities.

Our partnership working has been strong throughout the pandemic, and we been able to keep on-track with the majority of the ambitious plans that we set ourselves at the start of the year. This is an incredible achievement, especially given that our whole team has been working remotely for the majority of the year.

The pandemic has brought particular challenges for our commissioned services generally, and this has had a specific impact on education and training, requiring our teams to implement significant adjustments and flexibilities to support our students and trainees across the professions. The team has risen to the challenge and we are investing in building on these innovations in the next year.

We are delighted that the national ten-year *Workforce Strategy for Health and Social Care* was published in October 2020 which we developed in partnership with Social Care Wales following extensive consultation with multiple organisations, bodies and agencies. It is one of the enablers of *A Healthier Wales* alongside the delivery of the *National Clinical Framework*. It puts wellbeing and equality at the heart of our plans for the workforce and delivery of the vision and the 7 key themes will transform traditional roles and ways of working. The Strategy's focus is on improving the wellbeing, diversity, inclusion, capability and bilingualism of the health and social care workforce, and our Annual Plan is the delivery plan for the health aspects of the Strategy, in partnership with all our stakeholders.

We look forward in 2021/22 to enabling the NHS in Wales to continue to respond to the ongoing challenges of the pandemic, to supporting the system to recover and delivering our strategic plans to *Transform the Workforce for A Healthier Wales*.

Ms Alex Howells

Chief Executive

Dr Christopher Jones, CBE

Chairman

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Executive Summary

Our Annual Plan describes how we are going to achieve our vision '**to transform the workforce for a healthier Wales'** and is the delivery plan for our contribution to the 10-year *Workforce Strategy for Health and Social Care* which was launched in 2020. It also outlines how we will support the system delivery of the ongoing Covid-19 response and recovery. The plant is centred around 6 Strategic Aims:

- 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
- To develop the workforce to support the delivery of safe, high-quality care
- To be an exemplar employer and a great place to work
- To be recognised as an excellent partner, influencer and leader.

Over the past 12 months, the pandemic has made a big impact on our the health and care system and we have been able to respond effectively to support the NHS, in adapting practices to support education and training, developing specialist training and education and creating a range of wellbeing resources. The organisation operated remotely for much of 2020/21 but despite this, made good progress with the delivery of our Strategic Objectives and our business as usual activities. We have continued to be recognised for our activities as exemplified by the award for excellence for the development of the new digital leadership portal.

This Annual Plan has been built upon the foundations of our approvable IMTP 2020-23 and we have engaged with staff and stakeholders to align delivery of our plans to seek out opportunities provided through innovation in workforce and digital technologies and to capitalise on the step-change that has taken place during the pandemic. Ongoing collaboration with our staff and stakeholders will be essential for the successful delivery of the Annual Plan.

The Plan has been designed to reflect the strategic context which has changed considerably over the last year as result of the pandemic, the publication of the *National Clinical Framework* and the agreement of the *Workforce Strategy for Health and Social Care*. More broadly we need to consider the implications of the new Socio-Economic Duty alongside our delivery of the *Wellbeing of Future Generations Act*. One of our key priorities is to ensure not only compliance with our public sector duties under the *Equality Act (2010), Welsh Standards (2011)* but to ensure that inclusivity is thoroughly embedded in all that HEIW does. The pandemic has disproportionately affected areas with higher deprivation levels and disproportionately affected and harmed Black, Asian and Ethnic Minority people, vulnerable groups and those with learning disabilities. Through leadership and workforce development, this plan will help address these challenges.

As with last year, as the system leader for the workforce, we have taken an integrated multi-professional approach to reflect the diverse group of professions and occupations. This year we are keen to enhance the way that we undertake research, evaluation, innovation and improvement across the system to begin to assess the impact our activities and the associated investment has had on health professional practice and patient care. We have agreed 46 Strategic Objectives across the full breadth of our roles and responsibilities which include planning, developing, shaping, and supporting the NHS Wales workforce - ensuring

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

We are also clear that our purpose is to deliver improvements in safety, equality and quality of care for patients and staff and thereby to improve system outcomes. We directly support the delivery of the *National Clinical Framework*, NHS Wales strategic programmes of change, clinical pathway development and *Health and Social Care in Wales – Covid-19: Looking forward* through our leadership of workforce transformation in mental health, primary care, cancer diagnostics, urgent and emergency care and other services. This includes the underpinning enabler of delivering the best system leadership practice through our compassionate leadership, talent management and succession planning programmes. Our work on supporting and promoting staff, student and trainee wellbeing, engagement and experience has also come to the fore during the pandemic as well as our ongoing work on education and training quality assurance and management.

As we entered our third year of existence we were maturing our approaches to the education and training pipeline, widening access and using flexible options to ensure that our 'Made in Wales' ethos drives a more home grown approach to the workforce for NHS Wales. This includes management of the pathway from education and training commissioning through to employment in conjunction with colleagues across the healthcare system.

One of the key challenges for HEIW will be to adapt to an Agile Working model and to retain some of the new ways of working as a benefit for staff working for the organisation and our learners, trainers and educators. We will continue to liaise with Welsh Government to ensure that we have sufficient capacity and capability to deliver the plan and to grow the numbers of students and trainees who are educated in Wales over the next five years.

In addition, we will ensure that our own workforce has the skills needed to deliver the expectations outlined in the Annual Plan. We will continue to shape our enabling and support functions, including Finance, Workforce and OD, Digital, Planning and Performance and Governance to ensure that we have the right capacity and capability for a statutory body and to support the organisation in the delivery of our Strategic Aims.

We know that 2021/22 will continue to be a year of uncertainty with regard to the COVID-19 pandemic and we will need to retain our agility to support the system response and recovery. We will manage and monitor our progress with delivery of our Plan through our Performance Framework and support success by developing a programme management approach. The financial plan will continue to be refined alongside Welsh Government colleagues in Quarter 1 as we pro-actively review our Strategic Objectives on a quarterly basis to ensure that we can remain agile and support the system as required during the year ahead.

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Plan on a Page

Our vision

Transforming the workforce for a healthier Wales

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Purpose

Our purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the health workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of wales.

Our six strategic aims

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

Nursing workforce plan	Made in Wales
CPD strategy	Workforce intelligence
Wellbeing	Workforce planning
Recruitment and careers	International recruitment

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

Education strategy	Welsh education
Strategic review - 1	Education infrastructure
Strategic review - 2	SAS doctors
Digital education	Simulation
Pharmacy standards	Digital capacity
Differential attainment	Clinical academic careers
Work-based learning	Revised funding models

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

Leadership strategy	Leadership programmes
Succession planning	Graduate training programme
Leadership platform	Executive leadership

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

COVID-19 response	Collaborative programmes
Primary and community care	Professional frameworks
Wellbeing	Workforce planning
Mental health	Post-registration support

5 To be an exemplar employer and a great place to work

People & OD strategy	HEIW Welsh language
HEIW wellbeing	QIST
Biodiversity and climate change	Evaluation, research and improvement
Strategic equality plan	Cyber security

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

Communication strategy	Digital platform
Network analysis	Office CDO

Fundamental to what we want to achieve

Workforce strategy for health and social care themes

- Engaged, Motivated and Healthy Workforce
- Seamless Workforce Models
- Digitally Ready Workforce
- Attraction & Recruitment
- Education & Learning
- Leadership & Succession
- Workforce Supply & Shape

- **Our values**
- **Equality and inclusion**
- **A Healthier Wales**
- **Future Generations and Wellbeing Act**
- **Ministerial priorities**
- **Decarbonisation**

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Chapter 1 – Organisational profile and progress in 2020-21

1.1 HEIW Vision

Our vision is "**Transforming the Workforce for A Healthier Wales"** which was developed through extensive engagement with our staff, stakeholders and partners. The workforce is pivotal in building a sustainable health and care system that can meet our future needs and we will work closely with our stakeholders to continuously evaluate, re-imagine, and transform how we need to work to meet the needs of an ever-changing world. We are delivering this vision using our PEOPLE principles, as outlined below:

P	**Planning** ahead to predict and embrace changes and build a sustainable health and social care system
E	**Educating**, training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles
O	**Offering opportunities** for development to new and existing staff from all professional and occupational groups throughout career pathways
P	**Partnership working** to increase value for our citizens, patients, learners and staff
L	**Leading** the way, through continuous learning, improvement and innovation
E	**Exciting, Enthusing**, **Engaging, Enabling** and **Empowering** staff across all professional and occupational groups

1.2 Purpose

Our purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the NHS Wales workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales. *A Healthier Wales* reinforced the need for a more strategic and sustainable approach to workforce in health and social care, and we have set out our ambitions for this through the *Workforce Strategy for Health and Social Care*.

We are also clear that our purpose is to deliver improvements in safety and quality of care for patients and staff and thereby to improve system outcomes, thereby underpinning the delivery of the *National Clinical Framework*. This has been reinforced by our experience during the pandemic; supporting the workforce and education and training aspects of the service response and providing access to wellbeing and support. We also directly support service change, the development of clinical pathways and the Covid-19 recovery through leadership of workforce transformation in mental health, primary care, cancer, diagnostics and urgent and emergency care. In addition, we are leading the transformation of professional education and training to support the integration of care through our commissioning responsibilities and delivering new standards and regulatory frameworks, for example the Healthcare Sciences framework and the new pharmacy training standards.

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We are the system leader for the underpinning enabler of delivering the best system leadership practice through our compassionate leadership, talent management and succession planning programmes. We launched the Compassionate Leadership Principles for Health and Social Care in Wales 12th May 2021 aimed at describing what we mean by compassionate leadership and what that looks like in practice.

These Principles will guide our behaviours and interactions and underpin leadership development and workforce processes. Our work on supporting and promoting staff, student and trainee wellbeing, engagement and experience has also come to the fore during the pandemic as well as our ongoing work on education and training quality assurance and management.

The impact of the pandemic and the Black Lives Matter movement have together highlighted the ways in which racial inequality and white privilege exist and continue to be upheld by the structures of society, with one of the impacts being differential attainment in education and training. Our role as the system workforce leader and the commissioning of education and training for NHS Wales makes us well-placed to use our influence and commissioning levers and tools to promote equality, diversity and inclusion and to implement the *Wellbeing of Future Generations (Wales) Act* and the Socio-Economic Duty. We also see these as key levers to promote the use of the Welsh language and to foster a bilingual workforce that meets the needs of the Welsh population.

Our 'Made in Wales' approach includes strategic workforce planning to create the plans and conditions for a sustainable NHS Wales workforce, widening access to a range of health careers and opportunities, reducing socio-economic inequality and engaging with the public and our partners, students and trainees to shape education and training opportunities that can be delivered locally. This also includes supporting our local learners into employment through our streamlining approach.

We have now been established for over two years, and since merging the three predecessor organisations we have taken on an increasing number of additional staff and responsibilities. We will continue to strive to be an exemplar employer by valuing our staff, listening to their experiences and role-modelling compassionate leadership. The implementation of a remote working model so early in our development does present a risk to our Organisational Development (OD) programme to deliver an integrated and multi-professional approach, notwithstanding the fact that it has worked well in helping to respond to a crisis. We will build on the innovative ways we have used to improve staff experience, maintain work/life balance, encourage the use of the Welsh language in our business and to work together as a team during the pandemic, and will foster our ongoing OD journey.

Finally, we will continue to nurture our relationships with our key stakeholders and partners, including on a UK-wide basis, and to use best practice and innovation in our ongoing communications and engagement.

1.3 Functions

HEIW is a Special Health Authority and is an all-Wales organisation employing circa 450 members of staff, but also working closely with large numbers of NHS staff who deliver education, training, supervision and appraisal with us on a daily basis. In 2020-21 we managed a budget in excess of £234m which is set to rise to a baseline of circa £274m in 2021-22 and further in future years in line with the expansion in education and training and in the organisation's supporting functions over the next 5 years (as described in Chapter 9). Our functions are as follows:

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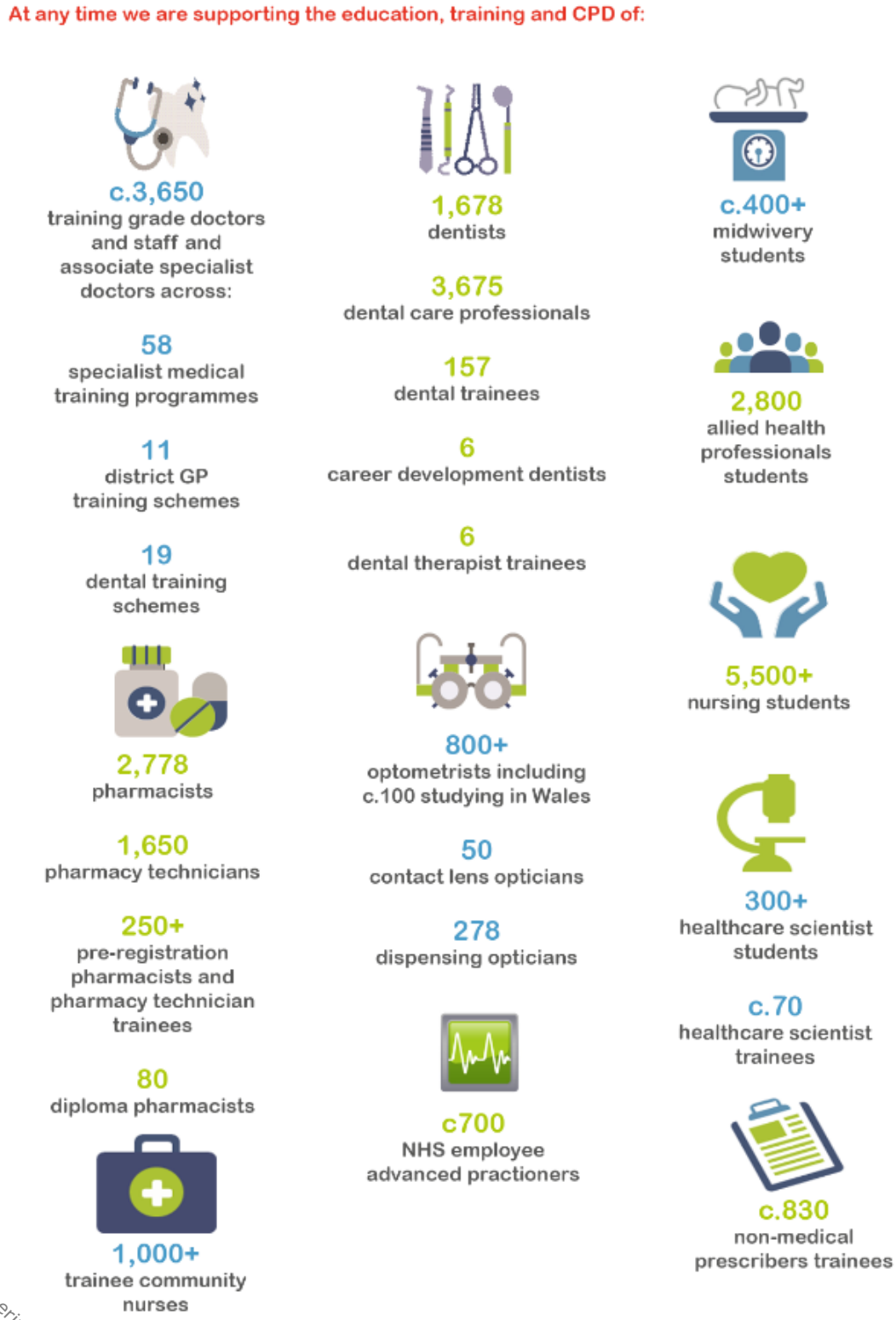
Education Commissioning and Delivery: HEIW plans, commissions and delivers education and training for a wide range of health professional groups, and incorporates the Deaneries for Medicine, Dentistry and Pharmacy. This is what the

majority of the HEIW budget is spent on, and through the commissioning approach HEIW ensures value and sustainable outcomes are delivered for the NHS system, and promotes equality, diversity and inclusion and the use of the Welsh language.

We support the education and training of the health professions that work in the NHS. The diagram below shows our education and training activity.



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Quality Management: HEIW assures and manages the quality of education and training provision ensuring it meets the required standards, and improvements are

made where required. This includes supporting teachers, trainers, trainees and students and working closely with education providers, NHS organisations and regulators.

Supporting Regulation: HEIW plays a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. HEIW also undertakes, independently of the Welsh Government, specific regulatory support roles.

Workforce Intelligence: HEIW is recognised as a primary source for information and intelligence about the Welsh health workforce. We provide analytical insight and intelligence to support the development of the current and future shape of the workforce, including promoting diversity and inclusion. We act as a central body to identify and analyse sources of intelligence from Wales, UK and abroad.

Workforce Strategy and Planning: HEIW provides 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 care models of service delivery. In addition, through this process, HEIW supports the delivery of the *National Clinical Framework* and *Covid-19: Looking Forward* by identifying and developing new prudent workforce models required within the NHS and fosters equality, including a bilingual workforce.

Leadership Development and Succession Planning: HEIW is leading and developing the strategic direction for the development and delivery of leadership development for and succession planning for NHS Wales.

Careers and Widening Access: HEIW provides the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers. With a clear focus on inclusion through on opening access to the many people in our communities that have valuable skills and experience that are currently under-represented in our workforce.

Workforce Transformation and Improvement: HEIW provides strategic and practical support for workforce transformation and improvement, including skills development, role design, prudent approaches, Continuing Professional Development and career pathway development. This work links closely with the development of new workforce models to underpin strategic developments in the NHS including the Strategic Programme for Primary Care, Working Together for Mental Health, national programmes and the strategic programmes led by the NHS Wales Collaborative. During 2020 we also became responsible for several new areas including the Nurse Staffing Levels (Wales) Act 2016 and the workforce implications arising from the Healthcare Sciences and the Allied Health Professionals Framework.

Professional Support for Workforce and Organisational Development (OD): HEIW has an express function to support the development of the workforce and OD profession within Wales.

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1.4 Our Culture, Values and Behaviours

As a workforce focused organisation, our culture and the way we do business are very important to us. In line with our aim to be an exemplar employer we want our own workforce to be happy, healthy and engaged and we promote wellbeing,

equality, diversity, inclusion and bilingualism within HEIW, in line with the national *Workforce Strategy for Health and Social Care*. We created a Values and Behaviour Framework prior to the establishment of the new organisation, which was developed by our staff who came together as a team to form HEIW, and consists of the following values:

Respect for all: in every contact we have with others
Together as a Team: we will work with colleagues across NHS Wales and with partner organisations
Ideas that Improve: harnessing creativity, and continuously innovating and evaluating

The full values and behaviours framework can be found at **Appendix A.** We will continue to embed the values and behaviours into our policies, practices and processes and will take all opportunities to be a role model for the national work we are leading on compassionate and collective leadership.

In October 2020, we launched our Strategic Equality Plan (SEP) 2020-2024. This was created using feedback from a robust consultation and engagement process and sets out our direction of travel for the next four years and how we will embed equality, diversity and inclusion at the heart of our work. It explains how we will promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not, including race equality and Welsh Language status.

The launch of the SEP also formally declared our commitment to being part of Wales' first Public Body Equality Partnership (WPBEP). This group of 11 public sector organisations has come together to share resources, insight and expertise in order to promote equality across all areas. Through this collective approach, the WPBEP works to meet the challenges set out in the *Is Wales Fairer* report whilst reflecting the principles of the *Well-being of Future Generations (Wales) Act*. Furthermore, we have agreed two Strategic Objectives for delivery in 2021-22, as described in Chapter 4 and in **Appendix C** on the delivery of our SEP and our work to mitigate the impact of differential attainment for BAME learners through our training and education processes.

As described earlier HEIW is aware of its responsibility as a public body to apply our responsibilities under the socio-economic duty when making strategic decisions. As the system leader for the NHS workforce in Wales we understand we have a significant role in considering how our Annual Plan helps to reduce inequalities associated with socio-economic disadvantage across Wales.

HEIW has been fully engaged with the development of Welsh Government's draft Race Equality Action Plan (REAP). The HEIW Medical Director is a member of the First Minister's REAP Steering Committee which has led on this work. We will have a significant role in the delivery of the plan as can be seen from the themes below which form the basis of the actions proposed.

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Health and Social Services have identified goals under five broad themes:	
Health	**Social Services**
1. Leadership & accountability 2. Workforce	1. Access to & provision of social care services

3. Data and intelligence 4. Access to health services 5. Tackling health inequalities	2. Workforce 3. Leadership 4. Accountability 5. Data and analysis

The draft plan includes Health and Social Care as two distinct policy areas, as Welsh Government has taken the view that both are substantial and divergent areas containing a significant number of actions within the shared ambition of the goals. The links and read across between health and social care are maintained through the goals and a number of the actions, particularly around *Our Workforce Strategy for Health and Social Care*. Health and social care is also provided for within the wider Leadership and Representation Goals and Actions, recognising the necessary and intended overlap.

1.5 Organisational Governance Structures for Planning and Delivery

HEIW was formally launched as a statutory body on 1 October 2018 and we will be celebrating our third anniversary in the next financial year. HEIW has a statutory Board consisting of a Chair, Chief Executive, six Independent Members and four Executive Directors. In 2020 we also appointed a Director of Planning, Performance and Corporate Services and a Director of Digital Development to the Board, both for a period of two years. A summary of Executive Director portfolios and a "who's who" of the Board can be found on our website at https://heiw.nhs.wales/corporate

The Board sets the strategic direction for HEIW and approves the Annual Plan (or IMTP) for submission to the Welsh Government in line with the NHS Wales Planning Framework. At a strategic level the Board scrutinises and assures the performance of the organisation which includes the delivery of the Annual Plan and delivery of our 'Business as Usual' activities. The Board also ensure arrangements are in place to monitor and manage the key risks of the organisation.

Our approach to the development of this Annual Plan has been to engage with the Board at all stages as priorities and actions have been developed. The development of the Annual Plan has been overseen by the Executive Team with ongoing engagement with the wider Senior Leadership Team, our staff and our external stakeholders.

In January 2021 the Board approved our **Performance Framework** (available on our website here) which sets out how we will scrutinise, assure and improve performance in all our activities, based on the Performance Dashboard and reporting cycle. The purpose of this is to describe the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business as Usual' activities effectively. The Performance Report and Dashboard will be considered at quarterly intervals by the Board and will ensure that HEIW places information at the forefront of decision-making process in order to support delivery of the Strategic Objectives. Due to the ongoing uncertainty as a result of Covid-19 we will also pro-actively review our Strategic Objectives on a quarterly basis to ensure that we can remain agile and support the system response and recovery.

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The organisation received a positive Structured Assessment for 2020 from Audit Wales. The report grouped its findings under three main themes: governance arrangements, managing financial resource and operational planning. The Structured Assessment found that HEIW had adapted its governance, risk management and assurance arrangements to respond effectively to COVID-19. It

also found that the Board and senior leaders showed strong leadership and continued to maintain oversight of quality of training together with staff wellbeing. The report confirmed that HEIW was meeting its financial objectives and had strong financial controls which had remained in place throughout the period of home working. The report also found that the organisation has robust arrangements in place to monitor and report on progress with the delivery of our strategic plans. The organisation's audit record is strong; no areas have received less than reasonable assurance in year.

The Risk section in Chapter 8 explains how the Annual Plan responds to the key risks on HEIW's Corporate Risk Register, how the Register is aligned to the Strategic Aims and how it is systematically reviewed by the Board.

1.6 Capacity and Capability to Deliver

We have a significant vision and ambitious agenda to deliver with our staff, partners and stakeholders. Following extensive review and engagement, we have translated this ambition into six Strategic Aims and the specific Strategic Objectives laid out in Chapter 4.

One of the challenges of this Annual Plan is to ensure that we have the capacity and capability to deliver against our aims and the range of Strategic Objectives outlined. The national *Workforce Strategy for Health and Social Care* was approved and published in October 2020 and both HEIW and Social Care Wales agree that the significant implementation actions will need to be supported by additional investment.

As an organisation we are continuing to develop, and we expect to continue to grow in the medium term. We have taken on several new roles and responsibilities over the last year. HEIW has been asked to permanently host the Office of the Chief Digital Officer (OCDO) on behalf of Welsh Government, as well as to recruit the Chief Digital Officer (CDO) and establish their office. Under the hosting arrangements, HEIW will provide core corporate services to the CDO and OCDO. These corporate services include corporate governance, workforce & OD, financial management support, procurement, information technology and welsh language services. A bespoke team to oversee the establishment of the OCDO is operational from 1st June 2021 with a remit to manage the recruitment of the CDO and the OCDO staff (circa 30 posts). The go live date of the OCDO is 1st April 2022. We have matured as an organisation and this includes reviewing our original staffing establishment and identifying the investment that has been required to meet statutory and NHS governance requirements. The impact of new policies such as the Bursary 'tie-in in 2020 has required a substantial focus from the whole of the Executive Team as well as the education and workforce planning teams and options have been developed put this on a sustainable footing. The significant funding increase in student and trainee numbers that will continue to grow over the next five years has resulted in additional workload across our organisation. Additionally, the COVID-19 pandemic has radically accelerated the shift to virtual working, education and training and we want to retain much of this innovation for the future. A Driver Diagram of the drivers for growth in our organisational infrastructure is included at **Appendix B.**

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As a result of this analysis in conjunction with our Plan we have discussed the priorities with our wider Senior Leadership Team in the context of our values and the wellbeing and engagement of our staff. This has shaped the Plan and the capacity required to deliver it. As outlined in Chapters 7 and 9 we have decided to rebase the

staffing establishment to reflect the current shape and size of the organisation and to invest in the organisational infrastructure we need to underpin the delivery of the Plan. We will keep the capacity required for some of the newer deliverables under review in conjunction with the Senior Responsible Officers. In the light of the ongoing COVID-19 response and recovery our intention is to proactively review the deliverables outlined in **Appendix C** on a quarterly basis to maintain agility to support the system in balance with the wellbeing and engagement of our staff.

Regarding capability, we have a stable and highly motivated workforce who have a breadth of expertise and skills. However, as a relatively new organisation we are still focusing on the areas that need to be strengthened given the transfer of many staff from an education context to the NHS, and the new ways of working that are needed. We are developing a three-year Training and Development plan, which will sit alongside our People and OD Strategy, that will help to ensure our workforce has the skills needed to deliver the expectations set out in this plan. We will also develop our programme management approach to support successful delivery of our Strategic Objectives. The main areas for further skills development that have been identified to date are programme and project management, preparation of business cases, risk management and digital capability. These are in addition to the usual training requirements of an NHS and a new organisation in relation to leadership, management skills, information governance, finance and procurement.

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Chapter 2 – Progress in 2020-21

2.1 Response to the COVID-19 Pandemic and New Ways of Working

As an active partner in the COVID-19 response our priority in 2020/21 was to support the wider NHS and care system, but also to support our trainees and students to continue their education. Members of our senior and executive team also joined partners and colleagues as part of national emergency planning and coordination groups. Our Chief Executive was seconded to Welsh Government to support the national leadership response in the first wave, our Director of Workforce and OD has also jointly chaired the National Workforce Cell and is HEIW's representative on the national Coronavirus Planning and Response Group, the COVID-19 Vaccine Delivery Programme Board and the COVID-19 Vaccine Deployment Battle Rhythm/SITREP Meetings. Furthermore, HEIW has been represented and contributed to the Welsh Government Nosocomial group.

During the year we approved our revised Crisis and Business Continuity Plan which supports the delivery of the organisation's Business Continuity Policy. We managed our crisis response to the pandemic as guided by the Plan through our Crisis Management Team throughout the year. The Crisis Management Team is made up of key Executives and senior team members and can establish three Cells; Facilities and IT, Education and Training and Operating Model, Workforce and Wellbeing as required. All of these Cells were active at points during the year and the organisation has been successful in maintaining business continuity and mitigating the effects of the pandemic on our learners and staff. The Business Continuity Plan will continue to provide clear guidance during the response to the pandemic, or other incidents, and provides a response structure that will be used as required.

In the early stages of the pandemic we reduced key areas of our IMTP programmes to redirect resources to our COVID-19 response. However, we were mindful of our duty to mitigate the effect of the pandemic on the education and training of the current and future workforce to preserve future workforce supply and protect services going forwards. Therefore, as well as carrying out immediate actions we also continuously assessed and took necessary actions to minimise the impact on education, training and the workforce of the future. In line with all NHS organisations we developed and published three Quarterly Operational Plans and the development of these ensured that we balanced the needs of the immediate response with the future strategic direction and workforce pipeline. This was reflected in the Structured assessment of our Q3&4 Operational Plan which gave substantial assurance on its development.

Across our education and training responsibilities we actively engaged with key stakeholders to ensure where possible the application of appropriate training, assessment and quality assurance processes, and many of these have been undertaken virtually through the use of technology. We have worked very closely in partnership with regulators, other statutory education bodies, education providers, Welsh Government and our colleagues across NHS Wales and the UK. This partnership work enabled us to mitigate the effects of the pandemic on our trainees, students and staff wherever possible. We also ensured that there was effective communication at a national and local level and produced guidance and advice for students, trainees, trainers and employers which can be found on our dedicated COVID-19 webpages at https://heiw.nhs.wales/covid-19/.

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We also developed appropriate contingency plans to mitigate the impact on future cohorts. This included:

- We secured GMC training site approval for several field and independent sector hospitals to ensure trainees could contribute to NHS service and progress their training in a range of settings
- We were involved in the development of and subsequently incorporated 4 nation agreements and processes for medical trainees in completing the Annual Review of Competency Progression (ARCP).
- We have worked closely with colleagues from the 4 nations and the Royal College to develop a new professional exam format to ensure that GP trainees due to gain their Certificate of Completion of Training (CCT) by the beginning of August were able to sit the required exams in a timely manner and will not experience a delay to qualification.
- New online resources continue to be developed and are nearing completion to replace study days for both Dental Core and Foundation trainees.

We have met with all Universities individually and analysed each cohort or every course to determine whether graduation is predicted to be delayed due to the COVID-19 pandemic. Where delays were identified HEIW worked with the Universities and the Service to develop innovative ways of restructuring education (both academic and placements) to ensure all delays are mitigated or reduced to a minimum. However, despite the close monitoring and management of education and training, and the collaboration of all our partners to protect the future workforce supply, there are concerns in some areas. Risks exist in health professional education, surgical training within the Medical Deanery and in the training of our future dentists.

As we emerge from the second wave of the pandemic, it is becoming clear that some of our programmes have experienced a negative impact from both the pandemic and the associated lockdown and the educational and financial effects of these will need to be managed and monitored for several years to come. The main issues are:

- There appears to have been a pandemic impact on nursing undergraduate fill rates which is around 2-3% of the total (53 places).
- There are some issues with graduation delays (summer 2021) for a range of healthcare professionals.
- The take-up of continuing professional education has been impacted with a consequent financial underspend.
- All health professional placement issues have been resolved, using innovative approaches in collaboration with the Universities, Health Boards and Trusts.
- Dentistry is severely impacted with the emerging figures being around 50% of Foundation Trainees being delayed in their progression. Initial estimates also suggest around a third of students are delayed at undergraduate level across the country and this will necessitate a second intake into Foundation Training in early 2022.
- All medical specialties have been affected to some extent but surgical trainees have been particularly affected due to the decrease in elective surgical activity throughout the year. This is being reviewed in detail at an individual level and the overall picture will continue to emerge over the summer.
- The impacts of COVID-19 on the Pre-Registration Foundation Pharmacists were mitigated through a switch to online delivery. However, a potential requirement for extensions to work based training programmes for the current 2020-21 cohort is

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likely to be around 10% (13 posts) to ensure competency across all required standards.

We will monitor the impact on individuals as they move through important progression points.

We also provided practical specialist training and education to support the pandemic response in the areas of critical care, remote consultation and rehabilitation, infection prevention and control, and support for care homes. This included the rapid introduction of structured critical care training in collaboration with Universities.

A comprehensive suite of wellbeing resources was developed at pace by HEIW in partnership with staff health and wellbeing leads across NHS Wales and Trade Union partners to support the COVID-19 response. This was distributed via HEIW and Health Board and Trusts websites and onward dissemination as appropriate. In addition we supported the national work programme of wellbeing, and facilitated the delivery of a dedicated Samaritans Wales helpline for NHS and Social Care staff including Welsh Language provision as well as an extension of the Health for Health Professionals provision (which was originally only for doctors) to all NHS staff. This includes a confidential help line, counselling and self-guided and professional guided online tools. Details of the comprehensive wellbeing offer can be found at https://heiw.nhs.wales/covid-19/.

Furthermore, we repurposed our HEIW digital leadership portal to enable new ways of working and access for the health system through digital and virtual education solutions.

Regarding our own organisation, all our staff moved very quickly to a remote working model during the first wave. In response to the needs of the staff, and our business needs as a new organisation we moved to a more blended model in September. Staff are able to access Ty Dysgu for wellbeing or business purposes on an individual basis as a choice. Our learning over the past year will inform a more flexible model of working for the future. We are pleased to have had very few positive cases of COVID-19 amongst our staff and we continue to monitor the situation and the other impacts of the virus closely.

2.2 The Workforce Strategy for Health and Social Care

In October 2020, the ten-year national *Workforce Strategy for Health and Social Care* was endorsed and published by Welsh Government. The strategy enables the delivery of *A Healthier Wales* and is part of the NHS Wales planning system alongside the *National Clinical Framework*. The document represents the culmination of almost a year's development work by HEIW and Social Care Wales in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

The wellbeing of the workforce, equality, diversity and inclusion and the Welsh language is at the heart of the Strategy's ambition that we will have a motivated, engaged and valued, diverse health and social care workforce, with the capacity, confidence and competence to meet the needs of the people of Wales. The Strategy is summarised in the diagram in **Appendix D** and sets out that:

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- We will have a workforce with the right values, behaviours, skills and confidence to deliver care, and support people's wellbeing as close to home as possible;
- We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales;
- We will have a workforce that is reflective of the population's diversity, Welsh Language and cultural identity; and,
- We will have a workforce that feels included and is valued.

The Strategy is underpinned by seven key themes as follows and our Annual Plan Strategic Objectives represent the delivery plan for the health actions that will be undertaken in partnership to deliver the Strategy.

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

2.3 Key Achievements and Progress with Delivery in 2020-21

Throughout 2020/21, despite the impact of the pandemic our staff have worked hard to make progress with our Strategic Aims and Objectives in line with delivering our vision of a future sustainable workforce for A Healthier Wales. As outlined in Section 2.1, due to the need to respond rapidly to the first wave of the pandemic we suspended the majority of our IMTP programmes during April and May. During May, the Board agreed to recommence the reviewed objectives outlined in the Q2 Operational Plan and for the period to the end of Q2 we committed to delivering around three-quarters of our Strategic Objectives. In our Q3/4 Plan we committed to delivering 39 of our Strategic Objectives, reflecting several objectives being restarted or new objectives added to support the national Winter Protection Plan. Our Q3 Performance Report indicates that all Objectives are on track for delivery by the end of the year.

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The IMTP 2020-23 was developed to deliver the organisation's six Strategic Aims and the highlights of our progress and achievements to date are included in the following table:

Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs
Achievements	**Achievements**
• Endorsement from WG and publication of the 10 Year Workforce Strategy to 2030. • Transfer of Widening Access team into HEIW. • Transfer of Train Work Live into HEIW portfolio. • Supported the development of BAME risk assessment tool. • Piloted the Continuing Professional Development Course Management System (CMS). • Delivered the first non-clinical qualification for Primary Care Practice administration and reception staff. • Developed and started progression of Made in Wales programme. • Agreed to standardised workforce planning methodology. • Developed and tested a Workforce Capability Matrix	• Phase 1 of Strategic Review of Education completed. • Approved and endorsed Education and Commissioning Plan. • Implemented enhanced Single Lead employer arrangements across a breadth of Medical specialities, dental and pharmacy. • Invested in an interprofessional team to drive forward our approach to co-ordinate Simulation Based Education and hosted 2 webinars to take forward the agenda. • We have professionalised our Training Programme Director programme. • First cohort of nurses commenced on Future Nurse Programme. • Expanded Clinical Fellowship to include Pharmacy and Optometry. • Assisted the rollout of Attend Anywhere to dental practices. • Established Differential attainment programme board to drive forward change. • GMC remain satisfied with HEIW's general approach to quality management • Bilingual and accessible version of the Revalidation Wales site launched • We rebranded 'developing doctors to deliver' to 'Discovering, Developing and Delivering in healthcare' to reflect the increasingly inter-disciplinary nature of the programme
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**
Achievements	**Achievements**

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• Developed and utilised 'Gwella' our Leadership Portal. • Led the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action. • Produced Talentbury – 4-day festival of Leadership. • Relaunched the NHS Graduate Scheme with inclusive recruitment, assessment and induction processes and plan to over recruit to an initial cohort of 21. • Piloted Executive Leadership programme developed in conjunction with the Kings Fund. • Created Alumni networks to support Leadership cohort. • We established the NHS Wales Talent Board chaired by the Director General of NHS Wales. • Developed the principles of an internship programme in conjunction with students from Cardiff University.	• Established the first All-Wales endoscopy training programme. • Developed an optometry CPD programme to support eye care services • Developed and delivered critical care training and supported the care home workforce. • Hosted virtual conference on Informing the Future of the Mental Health workforce in Wales and developed CAMHS training. • Delivered workforce developments in Primary Care and started a workforce bulletin. • The Longitudinal Integrated Foundation Training (LIFT) programme is being expanded to a further 4 areas – Swansea, Cardiff, Bridgend and Wrexham • Transferred the All Wales Nurse Staffing Programme, Healthcare Sciences and Allied health Professionals Framework programme teams into the organisation. • We received confirmation of investment in supporting the widening access of careers in social care nursing with the ability to recruit to 3 Care Home Educational Facilitators (CHEF's). • Launched HEIW Open, a dedicated email account enabling training grade doctors to raise concerns about training quality directly with HEIW.
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**
Achievements	**Achievements**
• Publication of our Strategic Equality Plan which explains how HEIW will promote equality, eliminate discrimination and foster good relations. • Piloted and shared a range of wellbeing resources for staff to raise awareness and provide availability of support across mental health, money advice. • Taken forward and embraced our organisational approach to the Biodiversity and decarbonisation agenda and engaged on our strategic plan.	• Continued stakeholder engagement by virtual means including Quality Improvement conference, primary care workshops, SAS and mental health conferences. • We launched and utilised our HEIW branding guidelines and utilised across communication channels • We enhanced our social media presence

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• Enhanced structure of Welsh Language team to meet increasing demands and requirements. • Translated 3.5m words into Welsh. A 300% increase on 2019/20 • Enabled staff to work virtually from home within 24 hours. • We continued with necessary maintenance requirements and ensured legislative requirements were met in relation to our headquarter building. • Worked towards and achieved accessibility standards across our websites and applications • We have enhanced our building to enable all visitors to feel comfortable in using our facility through appropriate signage and accessibility requirements. • Achieved 95.85% of non-NHS invoices paid within 30 days of receipt in 2020/21 (against the target of 95%).	• Moved to virtual board meetings and AGM increasing the ability of stakeholders to attend. • Publication of detailed stakeholder bulletins. • Developed range of bi-lingual materials. • Increasing presence across various forms of media and ensuring appropriate engagement. • Engaged with health boards on the availability of EDUROAM network across all sites. • We identified necessary additional resource requirements to meet the increasing digital requirements of the Organisation • We developed a new website to enable content to meet the needs and accessibility requirements of those it is intended to support.

As a core principle we applied the five ways of working as outlined in *The Wellbeing of Future Generations Act* across our Strategic Objectives. The table in **Appendix E** gives some examples.

As well as the delivery of our Plan, our Performance Reports also include monitoring of our other business activities. In 2020, part 1 of the Strategic Review of Health Professional Education was completed and the procurement exercise for the first cohort of students who will start under this revised offer is underway. There have also been challenges this year, and the first cohort of students who had been beneficiaries of the Welsh bursary graduated in the midst of the pandemic which created a number of challenges in managing and tracking the employment of this cohort. As a result, the bursary performance issues were put into escalation and targeted work has been undertaken to track the employment status of the 2020 cohort and to make recommendations for improving the tracking, appeals and repayment system. The conclusion of the work is that the first year of the bursary tie-in was largely a success with 90% of students taking up employment in NHS Wales. This number may rise further when the final tracking is complete. However, there are a small number of students who have not complied with the terms of the bursary and will need to repay their tuition fees.

As a consequence of the bursary issues the streamlining process that applied to nursing students (matching students in commissioned places to jobs in the originating Health Boards and Trusts) was rapidly extended. In collaboration with NWSSP the larger Allied Health Professions and Healthcare Sciences student groups were included and processes for Midwifery and Physician Associates are also being implemented for 2021 recruitment for completion in May and June. Whilst this process has been successful in transitioning graduates into jobs a number of lessons

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have been learned from this and a full evaluation is underway to inform the approach for next year.

In addition, we acknowledge that we have more work to do on our internal PADR and mandatory and statutory training compliance to meet the national targets and this is a priority for 2021/22.

Our achievements and progress have been successful through collaboration, engagement and close working with our stakeholders and partners and more detail on our partnership and engagement activities this year is included in Chapter 8.

2.4 Awards for Excellence in 2020-21

In November 2020, our Leadership Team won the Gold Award for the Best UK Digital Transformation of a Training Programme in Response to COVID-19 award at the 2020 Learning Technologies Awards. This award was for the development of 'Gwella' – the digital leadership portal that was launched in August 2020. The team created a bilingual, digital solution aimed at providing open access to a wide range of leadership resources and it includes integrated virtual classroom capability that enables the NHS workforce to engage in education and training remotely and safely.

The HEIW Pharmacy team were shortlisted in the 'Training and Development' category of the annual Chemist and Druggist Awards 2020 for their innovative multi-sector training programme, taking trainees from being students to professional pharmacist by providing them with opportunities to experience and deliver pharmaceutical care in a range of settings.

Emyr Meek, a recent graduate from Cardiff University and dental foundation trainee at HEIW became the first winner of the College of General Dentistry and Dental Society of Wales/Y Gymdeithas Ddeintyddol Art and Science of Dentistry Prize for dental students in Wales. Rebecca Chamberlain, a Pharmacy Technician at HEIW, was also awarded the International Professional Development Association (IPDA) Cymru Howard Tanner Research Prize 2019 for her research into the role of community pharmacy technicians within NHS Wales and the scope they have for role development.

Professor Pushpinder Mangat, HEIW Medical Director, was also recognised by the British Association of Physicians of Indian Origin (BAPIO) for his contribution and support to the education and training of Black, Asian and Minority Ethnic workforce.

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Chapter 3 – Strategic Context, Engagement and Organisational Strategic Framework

3.1 Strategic Context – PESTLE Analysis

As a strategic organisation responsible for planning and developing the national workforce it is important that we build on our progress in 2020/21 within the current strategic environment. Clearly 2020 was an unprecedented year and the impact of the COVID-19 pandemic has radically changed the strategic context in which we work and live on a global, national and local basis. This has offered opportunities, as well as challenges, which we respond to in this Plan.

We have reviewed and refreshed our PESTLE analysis to inform the review of our Strategic Objectives. More context and detail is included in **Appendix F** with a summary below. The PESTLE analysis is based on a review of the Political, Environmental, Social, Technological, Legal and Environmental landscape that we operate within and ensures that we have reviewed the changing strategic context and the impact of the pandemic in a structured way to continue to take advantage of opportunities and mitigate threats to HEIW functions and to take appropriate actions to achieve our Strategic Aims.

Political	Economic	Social
Government policies beneficial/detrimental to HEIWs success. Is the political environment stable or likely to change?	*Economic factors that will impact on us moving forward. Is current economic performance affecting HEIW? Any impact on our revenue/costs?*	*How does human behaviour / cultural trends play a role in HEIW?*
• Welsh Government policy and legislation (*Wellbeing of Future Generations (Wales) Act, A Healthier Wales, National Clinical Framework, Nurse Staffing Levels (Wales) Act 2016, forthcoming Social Care Quality and Engagement Bill, Strategic Programme for Primary Care (2018) Is Wales Fairer? (2018)* • COVID-19 has highlighted the need for closer working with the four nations in the context of our field of work, such as the Code of Practice for International Recruitment. • Political situation is stable in Wales following the Senedd election in May 2021 but	• Economic trend for austerity and spending cuts across public services; uncertain economy caused by COVID-19 pandemic and Brexit exacerbating Wales' economic difficulties and impact upon our funding settlement. • Welsh Government economic policy (Prosperity for all: economic action plan; prudent healthcare) and uncertain WG funding allocation for FE/HEIs in Wales and to meet the increasing funding demands for future social care. • Impact of economic and social environment on health inequalities. • Changes to the Nursing bursaries in England	• Increasing pressures from a growing and ageing population with more complex health needs; an ageing workforce and generating pressures on workforce (staffing shortages) and increasing demand on services in a time of austerity and spending cuts. Compounded by COVID-19 pandemic. • Welsh Government Social and Economic Duty and policy to widen access and provide greater flexibility in higher education for under-represented groups. • Health trends such as mental health, obesity and smoking related illnesses.

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uncertainty remains as a result of Brexit. • System politics associated with the development of new service models. Response to the *Strategic Programme for Primary Care (2018).* • Status of equality and human rights in Wales is likely to change and will impact on all public bodies in Wales. • *National Workforce Strategy for Health and Social Care.* • *National Clinical Framework* has been published as well as the reset and recovery plan *Covid-19:Looking Forward.* • National move to integrated care (Health and Social Care). • National (NHS England, NHS Scotland, HEE/NES/NIMTA) workforce and education plans.	removed but retained in Wales for two further cohorts until 2023. • Contractual changes impacting on T&Cs of junior doctor contract. • Pension changes.	• Trends such as heavy workload, balancing career and personal responsibilities and health resulting in measures to offer more flexible approaches to work and careers for a better work-life balance (part time, portfolio work). • Healthcare inequalities i.e. health provision for children and young people, learning disability. • Patterns of migration to change following Brexit and new immigration system. • Urban/rural geography of Wales resulting in hard to recruit areas. • Impact of different levels of Digital literacy (how to use digital functions and use it properly) is variable amongst different age groups. • Trend towards Agile working.
Technological	**Legal**	**Environmental**
What innovation and technological advancements are available or on the horizon? How will this affect our operations?	*What regulation and laws apply to our business? Do they help/hinder HEIW. Do we understand the laws across HEIW?*	*What are the effects of our geographic location? Are we prepared for future environmental targets?*
• Impact of COVID-19 on the way technological changes have been advanced at pace within the NHS. • *The Topol Review* support the aims of the NHS long term plan and the workforce implementation plan (i.e. creating a digitally ready workforce to ready to use new technology and medicines and to adapt to new ways of working). • Continuing medical advances in technology	• *A Healthier Wales* 2018. • *Well-being of Future Generations (Wales) Act 2015.* • *Nurse Staffing Levels (Wales) Act 2016.* • *Social Services and Well-being (Wales) Act 2014.* • *Equality Act (2010).* • *Welsh Language (Wales) Measure 2011* • *Health and Social Care (Quality and Engagement) (Wales) Bill*. • Education Standards Regulations and Laws	• *Climate Change Act 2008* to reduce carbon emissions, a key contributor to the causes of climate change (50% reduction by 2025 and 80% by 2050. • *The Environment (Wales) Act 2016* requires the government to reduce emissions by 40% by 2020. • Increase the amount of renewable energy used, limit emissions from transport, agriculture, industry and business.

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(AI, miniaturisation, Genomics, bioengineering, digital medicine, robotics) e.g. advances in remote monitoring of patients and enabling service users to use technology will require changes to the education and training of the workforce and the population. • Changes in technology and communications infrastructure will require a change in roles and functions of clinical staff. • Digital solutions to analyse data, improve intelligence. • Digital literacy and digital accessibility in relation to the rapid take up of tools for remote working. • Information Security (NIS) regulation introduced in 2018 sets out a framework for Operators of Essential Services (OES) in areas of healthcare, transport, water etc to respond to cyber incidents affecting operations.	(NMC, GMC, GDC, GOC, HCPC, GPC). • Future changes to immigration system in the UK. • Workforce terms and conditions around changes to the Junior Doctor contract. • The General Data Protection Regulation 2018 data protection and privacy.	• *Wellbeing of Future Generations (Wales) Act 2015* seeks to reduce our environmental impact in line with the meaning that we are low carbon and efficient with our resources. • Introduction of OFGEM DCP228 will mean a rise in energy costs. • Biodiversity duty (S6 Duty of Environment Act) – reporting every 3 years. • The COVID-19 pandemic has seen fewer people travelling for work and a greater awareness of the environment.

3.2 Stakeholder and Staff Engagement in the Development of the Annual Plan

3.2.1 Stakeholder Engagement

The publication of the ten-year national *Workforce Strategy for Health and Care* in partnership with Social Care Wales involved extensive stakeholder engagement, including staff, professional bodies and trade unions, employers, carers, patients, people who access care and support, third sector organisations, commissioners and volunteers. We also undertook extensive engagement on the development of our approvable IMTP through a series of regional workshops across Wales in 2019/20.

Our Annual Plan has been developed on the strong foundations of our last IMTP and refreshed utilising the knowledge and expertise of our Board, senior leaders and staff who have built strong links with our key stakeholders. This is reflected in the PESTLE analysis and the refreshed Strategic Objectives contained within this Annual Plan.

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We have worked closely with the NHS Wales Collaborative to make sure that our Plans and detailed work programmes align. HEIW leads on the transformation and delivery of the workforce models to underpin the new service models across the transformative strategic change programmes led by the Collaborative. This includes

key programmes which underpin the recovery from the pandemic including the national imaging, pathology and endoscopy programmes. To formalise our work with the Collaborative we are in the process of developing and agreeing a Memorandum of Understanding.

We have also undertaken detailed work to share our plans with the NHS Wales Informatics Service and are offering practical support as they become the second Special Health Authority in NHS Wales. As two strategic national enabling bodies we have agreed to engage quarterly with other enabling NHS Wales organisations throughout the year to align the delivery of our plans and the opportunities provided through innovation in workforce and digital technologies and to capitalise on the step-change that has taken place during the pandemic.

These quarterly engagement meetings will include the NHS Wales Shared Services Partnership (NWSSP) and we have also shared our detailed plans with NWSSP as a key partner for us in delivering a sustainable workforce for NHS Wales. Our recent work together on streamlining and Single Lead Employer status for a number of professions have been examples of successful collaboration and delivery.

The Executive Team continues to share and discuss HEIWs plans at a range of national boards, at the Chief Executives Management Team and with the Peer Network Groups. We will use these mechanisms to respond appropriately to any new challenges which arise in-year, building on discussions held in the Autumn with Health Board colleagues and Royal Colleges. We have worked virtually with NHS Wales Directors and Assistant Directors of Planning throughout the planning cycle to ensure that we integrate our plans for the workforce within their plans. In addition, at the request of Welsh Government we gave feedback on the workforce aspects of all organisations' final draft plans. This gave us assurance that our Plan aligned with the system challenges and opportunities.

Following the consideration of the draft Annual Plan by our Board in January we circulated it for comment and feedback to our wide range of stakeholders and we were pleased to receive 19 responses from organisations detailed in **Appendix G**. The themes of the responses are show below:

- A general positive response to the ambition and content of the plan.
- Clear appreciation of approach to wellbeing and the focus on this post-pandemic.
- References to supporting contract reform for independent contractors.
- Need to improve coverage across learning disabilities, PAs, midwifery and Allied Health Professionals.
- Ensure balance of plan across professions.
- Support for continuing to grow the workforce.

It is acknowledged that a number of views were related to profession-specific areas of interest and therefore a proportionate response has been used to strengthen the document to ensure it remains a strategic multi-professional plan. We also acknowledge that, as shown in Chapter 9 the 5-year trajectory is to continue to invest in education and training but there are constraints to growing the workforce, particularly in light of the pandemic response and recovery, that the whole system will need to work together to manage.

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Finally, we have discussed the development of our plans regularly with Welsh Government to update on progress, build relationships and share information about key risks and incorporated the feedback into our Plan as part of this process.

3.2.2 Staff Engagement

We have consulted with our staff on the development of the Plan through ongoing engagement at our monthly Senior Leadership team meetings and our Partnership Forum. We also discussed our Plan at our Staff Winter Event in January 2021, with good feedback from the 141 staff who attended. In this session we asked what new ways of working arising from the pandemic we would want to continue in the next 12 months and the results are shown in the picture in **Appendix I**. As a result we are using the NHS Wales Agile Working Policy and Guidance to agree our own approach to agile working, and as outlined in Chapter 9 we have agreed in our resource plan to invest in our digital infrastructure to support this and also the extensive innovation that has taken place in virtual learning, engagement and quality management during 2020.

3.3 Organisational Strategic Framework

3.3.1 COVID-19 Response and Recovery

There remains significant uncertainty in the health and care system related to the ongoing response to the COVID-19 pandemic and recovery. We will continue to be agile and support the system throughout the year. As described through Chapter 5 we are actively involved in many areas which directly relate to *Covid-19:Looking Forward* and we will pro-actively review our Strategic Objectives on a quarterly basis to ensure we have the agility to support the system as required.

3.3.2 Our Strategic Framework

We have refreshed our Strategic Framework for the next three years in reflection of our purpose, roles and responsibilities, the PESTLE analysis, the *Workforce Strategy for Health and Social Care*, the *National Clinical Framework*, our stakeholder and staff engagement, the learning from the response to the pandemic and the publication of *Covid-19:Looking Forward*, and our achievements and progress in 2020/21. We promote an integrated approach to the planning and development of the workforce across the full range of professional and occupational groups and we have ensured that our Strategic Aims and Objectives are multi-professional in scope. We are clear that by working in this way there are many exciting opportunities for us to transform education and training to underpin new prudent workforce models and to add value to the health and care system in the short, medium and long term.

We formally reviewed our 6 Strategic Aims and the Board agreed that these are still valid and applicable to our functions and priorities for the Annual Plan and the three-year context. Our ongoing work to support the system to remains agile through the COVID-19 pandemic response and recovery is integrated throughout the Strategic Aims so that we have one plan that describes our objectives and deliverables for 2021-22.

Our Six Strategic Aims	
Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	**Strategic Aim 2:** To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

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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 safe, high-quality care
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

3.3.3 Alignment with *A Healthier Wales*, the Wellbeing of Future Generations Act (WBFGA) and the Ministerial Priorities

In **Appendix C** we have included the Plan on a Page for each of the Strategic Objectives under the Strategic Aims. For each Objective we have highlighted how it links to each of the 7 themes of the *Workforce Strategy for Health and Social Care* and identified where each Strategic Objective supports *A Healthier Wales* and the *Wellbeing of Future Generations Act*. More detail on the alignment of our Plan with the WBFGA and the Ministerial Priorities is included in **Appendix E**.

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Chapter 4 – Strategic Aims and Objectives 2021/22

This chapter describes our Strategic Aims and outlines our Strategic Objectives and deliverables for 2021/22. Detailed deliverables and milestones and the high-level deliverables for 2022-24 are included in **Appendix C**.

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

HEIW is the system leader for planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of A Healthier Wales. We will improve continuous professional development for the workforce to ensure that they have the right skills and capabilities and will implement key actions from the Workforce Strategy for Health and Social Care to focus on staff wellbeing. We will lead the development of strategic workforce plans that address current challenges and deficits in key professional and occupational groups and provide strategic leadership for workforce planning and workforce intelligence, setting clear priorities that support service delivery and improvement. We will develop and coordinate careers activities across Wales with a focus on our 'Made in Wales' ethos, identifying and promoting activities for widening access, diversity and inclusion and actively promote health and care careers in Wales.

Strategic Objectives	Deliverables for 2021-22
Strategic Objective 1.1: Lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales.	• Scope current nursing workforce from band 2 to 8 speciality and level of practice. • Publication of current workforce mapping.
Strategic Objective 1.2: Develop a multi-professional Continuous Professional Development (CPD) Strategy and improve CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future.	• Development and Implementation of the CPD Strategy. • Implementation and roll out of the Education Delivery System across HEIW.
Strategic Objective 1.3: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience.	• Scope requirements for the NHS Wales Health and Wellbeing Framework. • Evaluate health and wellbeing initiatives introduced during 2020-21 to assess impact and inform ongoing development. • Scope the development of a Wellbeing in Work Impact Resource (WiWIR). • Develop the Staff Governance Framework. • Further embed flexible training opportunities for medical trainees in Wales and ensure robust return to training support is available for trainees in Wales.

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Strategic Objective 1.4: Improve recruitment and access to careers in the health and care sector in partnership with Social Care Wales (SCW).	• Create a comprehensive digital platform and social media presence to include virtual reality experiences which offer input to SCW • Scope Careers and Widening Access Strategy • Align attendance and contribution of #TrainWorkLive and careers campaigns to maximise reach. • Create and launch the Made in Wales Programme
Strategic Objective 1.5: Develop a range of opportunities to promote and achieve the 'Made in Wales' ethos for careers in health and care.	• Establish the Made in Wales Team • Scope and establish the programme of work to deliver a rolling 3-year work programme • Build the digital content to host the programme content and resources. • Map current activity across Wales which aligns to Made in Wales. • Create and Launch the Made in Wales Programme. • Create targeted retention initiatives aimed initially to the post-55 years old workforce.
Strategic Objective 1.6: Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.	• Develop an outline business case for the establishment of a Centre of Excellence (CoE) for health (and social care subject to engagement with SCW). • Lead work to improve the quality and completeness of workforce data at both local and national levels. • Lead the development of a data strategy and work with the performance team to develop the performance dashboard for HEIW to support the Performance Framework. • Develop capacity and capability to produce and provide workforce intelligence and workforce modelling reports including NHS staff survey and pay modelling. • Scope the programme of work required to build capacity and capability across NHS Wales in workforce data and analytics to inform the development of a Strategy for Workforce Intelligence.
Strategic Objective 1.7: Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system.	• Launch of Workforce Planning (WFP) Capability Matrix. • Evaluation of WFP training (Skills for Health). • Scope development of blended approach for WFP learning & development (cross sector). • Develop online WFP training for Primary Care (Skills for Health) and digital platform (Networks). • Work with the Workforce Intelligence team to identify areas for modelling and contribute to the build of the workforce intelligence platform so that it enables improved and local 'live' workforce planning. • Review and update current workforce planning resources including web based and digital.
Strategic Objective 1.8: Develop effective and ethical international/global mechanisms to enhance workforce supply.	• Build on and promote the #TrainWorkLive (TWL) brand across Wales, UK and Internationally. • Align TWL and careers campaigns to maximise reach. • Complete a review of NHS Wales' end to end recruitment practices. • Assess impact of travel restrictions on overseas recruitment • Research/scope opportunities to develop training posts for International Medical Graduates (IMGs). • Consider links with ongoing overseas networks and initiatives.

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

Education and training is one of our core functions, and we spend the majority of our budget on commissioning undergraduate and postgraduate programmes. Based on the national Workforce Strategy we will develop a enabling Strategy for Education, Learning and Development to set out our principles and objectives for transforming the workforce through the transformative enabler of education. We plan to improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs and delivers value. This will focus on multi-professional models of care, the shift to prevention and care closer to home, digitally and technology enabled care, maximise opportunities for work-based learning and apprenticeships and promote the importance of Welsh Language skills. Improvements will be made in the infrastructure available for education and training across Wales, working closely with NHS colleagues, regulators, professional bodies and education providers locally and nationally. We want to take advantage of, and embed, the new ways of education and training that were put in place in response to the Covid-19 pandemic and promote a reduction in differential attainment in education and training in line with our Strategic Equality Plan. It will also be important to develop and implement modernised funding models to incentivise training and education in NHS Wales

Strategic Objectives	Deliverables for 2021-22
Strategic Objective 2.1: Develop a multi professional Education, Learning and Development Strategy designed to deliver future roles.	• Develop and publish a multi professional Education, Learning and Development Strategy designed to deliver future roles. This will take the form of key principles to support the transformation of the workforce through education, learning and development.
Strategic Objective 2.2: Implement Phase 1 of the Strategic Review of the commissioning of health professional education through a successful procurement process.	• All contracts awarded for each lot / sub-lot • Nursing and Midwifery Council and Health Care Professions Council regulatory approval achieved • Mobilisation plans developed and key milestones achieved • Students offered places on new courses to meet commissioning numbers across all professions.
Strategic Objective 2.3: Plan for Phase 2 of the Strategic Review of the commissioning of health professional education.	• Project plan for the second phase of the strategic review has commenced and the project manager and team are in post. • Governance Framework established and effective mechanisms in place for engagement with stakeholders • Engagement undertaken for Phase 2A of the Strategic Review • Procurement process completed for Phase 2A up to evaluation of bids.
Strategic Objective 2.4: Embed the new ways of education and training that have been put in place in response to the Covid-19 pandemic, including digitally enabled	• Evaluate teaching and training that has been adapted during Covid to enable non face-to-face delivery to consider whether there has been an enhancement or detriment to learning • Scope what could be delivered online for medical and non-medical training this year: for TPDs, trainers, trainees, educators and learners.

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learning, assessment and quality assurance.	• Develop an action plan for online training and education.
Strategic Objective 2.5: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacy (IETP).	• Secure funding from Welsh Government for the 5-year Programme • Programme Governance Framework established • Post-Registration Foundation Pharmacists 2021-22 intake - in partnership with Higher Education Institutions (HEIs) and training providers start delivery of the new pilot transition pathway for IETP to include Independent Prescribing (IP) outcomes and secure funding for delivery • Post-Registration Foundation Pharmacists 2022-23 intake - in partnership with HEIs and training providers review and iterate the transition pathway for IETP to include IP outcomes and secure funding for delivery • Complete negotiations with HEIs regarding the proposed funding of clinical placements within MPharm to support the transition of learning outcomes • Iterative development, continuous improvement and quality management of Pre-Registration Foundation and pilot transition programme alongside IETP developments.
Strategic Objective 2.6: Lead and promote a reduction in differential attainment in education and training in line with the Strategic Equality Plan.	• Lead an approach to reducing differential attainment in medicine by developing a comprehensive education and training programme available for all trainees, non-training grade doctors and educational supervisors • Deliver the programme via the Professional Support Unit in workshops (online or face-to-face) • Share good practice in addressing differential attainment with all disciplines within healthcare via the Differential Attainment Board. • Launch and promote 'Comms4Docs' app • Launch 'Welcome to Wales' e-book for people new to Wales • Develop a business case for a mentorship scheme for 2022.
Strategic Objective 2.7: Maximise opportunities for work-based learning (WBL) and apprenticeships in health.	• Work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs). • Establish a mechanism for keeping up to date with apprenticeship developments in England, at a strategic and operational level • Establish effective tripartite mechanisms for HEIW, NHS organisations and Universities. • Develop core common multi-disciplinary principles for supporting students in practice. • Develop training models for dispersed learning, e-learning and widening access. • Develop a new suite of performance management and student monitoring tools to benchmark, improve knowledge, improvement and to roll-out best practice. • Expand the number and range of qualifications HEIW is permitted to deliver by Agored and City and Guilds. • Scope the infrastructure requirements to support WBL across NHS Wales.

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Strategic Objective 2.8: Improve opportunities for learners to undertake education and training through the medium of Welsh.	• Scope and map current accessibility to Welsh language education provision across all commissioned and HEIW delivered programmes. • Welsh Language awareness incorporated within education contract specification, including the active offer, so that upon qualification students are able to optimise clinical outcomes for Welsh-speaking patients. • Continue to develop more health specific learning resources – in particular, translation apprenticeship qualifications, Welsh Language Skills Certificate (WLSCert) and basic awareness courses for our undergraduate students. • Working with the Coleg Cenedlaethol Cymraeg to increase the number of posts funded across Welsh universities.
Strategic Objective 2.9: Develop and implement a multi-professional education and training quality assurance framework and supporting infrastructure.	• Review of educational infrastructure, funding allocations, models of working and develop recommendations for change • Develop a multi-professional Quality Framework for HEIW • Develop innovative placement capacity solutions for healthcare students • Scope, develop functionality and engage with stakeholders to design an all Wales placement database for healthcare students. • Develop key placements in rural areas, community and primary care.
Strategic Objective 2.10: Implement improvements to ensure equitable access to education and training for Specialty and Associate Specialist (SAS) and locally employed doctors.	• Complete mapping exercise to ascertain numbers of current SAS/non training grade doctors including recruitment and retention data and number of unfilled SAS posts • Scope SAS/non training grade development/support programmes across UK to identify best practice and potential models • Identify at-need specialties in terms of recruitment and retention • Develop team for SAS and non-training grade doctors support and development • Complete an independent evaluation of the current impact of SAS Charter across Wales • Conduct a survey of learning, development and support needs of SAS/non training doctors • Develop SAS/non training support and development programme for SAS/non-training grade doctors • Commence pilot of SAS training and development scheme in 2 specialties in Wales mapped to specialty curriculum
Strategic Objective 2.11: Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education.	• Develop and implement an All-Wales Simulation Strategy and investment plan supported by consultation. • Explore and implement key alternatives to support the recognised deficit in face-to-face training, including the use of immersive technologies and other opportunities • Review standards, accreditation and Quality Assurance requirements and develop a plan to take forward and embed across Wales.

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	• Develop options to improve utilisation, availability and accessibility of facilities, equipment, faculty, and other resources across Wales.
Strategic Objective 2.12: Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with DHCW (for staff who are not digital specialists).	• Engage with Health Education England (HEE) and NHS Education Scotland (NES) to understand their learning and actions in this area and whether these could be adopted or adapted for the NHS Wales workforce. • Deliver a Digital Capability Discovery Tool. • Develop a draft action plan. • Engage with partners on the action plan – including the development of a framework of digital skill competencies and Digital Capability Role Profiles for healthcare roles in NHS Wales. • Define and agree the scope and definition of 'A digital ready workforce' for NHS Wales and agree the action plan.
Strategic Objective 2.13 Improve career pathways and education opportunities for the clinical academic and research workforce.	• Scope current options available for research and education career pathways. • Map competencies against the Learning and Development Framework. • Develop competencies against the enhanced, advanced and consultant pathway to address any gaps.
Strategic Objective 2.14: Develop and implement modernised funding models to incentivise training and education in NHS Wales.	• Make recommendations to improve the efficiency of operation of the Bursary system whilst maintaining the attractiveness and minimising the loss of funded training. • Review existing arrangements for funding study leave and work with NWSSP and others to implement a revised approach including the potential implementation of individual flexible study leave accounts for postgraduate medical and dental trainees. • Review and recommend a revised approach for funding Postgraduate Medical Education and support for libraries and other support services. • Review and recommend a revised approach to the funding of training grade posts across NHS Wales.

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

We will implement our strategy for leadership and succession planning in partnership with others, and will direct and develop the programmes, tools and resources to support implementation. A collective and compassionate approach to leadership will be embedded, with a focus on inclusion, quality improvement, supporting individuals, teams and organisations to deliver on the transformation ambition. Digital platforms and self-service approaches will be a central theme to reinforce a shared and accessible approach to leadership.

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Strategic Objectives	Deliverables for 2021-22

Strategic Objective 3.1 Lead the implementation of the Health and Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.	• Influence the inclusion of the compassionate leadership principles and manager core competences into all leadership and management offerings • Review the diversity of senior and executive leaders actively developing strategies to address underrepresented groups • Develop measures to assess the effectiveness of compassionate leadership and culture within organisations • Develop compassionate leadership resources including those that attract educational credit • Develop and deliver a compassionate leadership module for use within HEIW and wider • Continue to host and support a network of Collective Leadership Champions • Provision of compassionate leadership events that promote and embed compassionate leadership across the system and share best practice. • Continue to partner with experts to ensure HEIW leadership offerings are credible and steeped in evidence base • Establish coaching and mentoring capacity able to support executive and clinical leaders • Increase HEIW profile within the 5 Nations collective leadership network
Strategic Objective 3.2: Lead the implementation and management of the NHS succession planning framework for Tiers 1 -3 and monitor progress.	• Implement the programme deliverables identified by the national Talent Board through the Talent and Succession Operational Group • Develop and implement a standardised, evidence-based approach to the identification and management of Tier 1-2 talent across NHS Wales. • Integration of a self-assessment / diagnostic tool based on the NHS Wales Executive Success Profile into 'Gwella' TM solution. • Design and deliver Executive Director development centre to identify potential successors for prioritised posts. • Develop a range of talent management dashboards for Tiers 1 – 3 • Establish and support networks of 'ready now' and 'ready soon' executive talent. • Implement targeted processes to support Succession Planning, based on intelligence from Workforce and Talent Management dashboards • Provision of a range of master classes and development offers via the aspiring Executive Director Hub. • Support organisations in identifying best practice Talent and Succession processes /frameworks for local application of robust Talent Management. • Scope the option of HEIW playing a leading role in executive leadership recruitment.
Strategic Objective 3.3: Lead the implementation and management of the Digital Leadership portal	• Implement the Shaw Trust accessibility action plan to achieve conformance level AA for the Gwella Leadership Portal • Integrate talent management (TM) software into Gwella Leadership Portal and undertake functional and end user testing

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	• Integrate the Executive Director success profile into Gwella creating a self-assessment and peer assessment on-line process • Continue to curate and enhance bilingual leadership and management resources to widen the resources accessible via Gwella • Continue to market Gwella across NHS Wales and wider to increase access to compassionate leadership resources • Develop analytics to evidence effective use of Gwella and resources • Create compassionate leadership learning pathways within Gwella that attract educational credits • Promote Gwella for the use of all HEIW and organisational leadership and management conferences, networks and programmes Enhance the Gwella leadership portal to collect diversity information and provide equality reporting capability
Strategic Objective 3.4: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.	• Develop and market a suite of inclusive clinical leadership offerings and digital resources • Pilot a multi-disciplinary clinical leadership programme • Review Primary Care succession and leadership requirements • Create clinical leadership alumni and networks to grow vibrant communities of compassionate clinical leaders across NHS Wales. • Lead and deliver the Welsh Clinical Leadership Trainee Fellows scheme from September 2021 • Provide support and governance for the Florence Nightingale Foundation (FNF) Scholars participating in the 2021/22 Leadership and Transformation Programme
Strategic Objective 3.5: Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	• Onboard the new 2021/23 NHS Wales General Management Graduates • Finalise the master's degree content in partnership with the University of South Wales • Organise and facilitate 3 virtual engagement sessions with trainees and organisations • Develop Framework for Onboarding Induction • Establish an organisational 'safari tour' and work experience schedule in partnership with organisations • Develop and agree a performance framework for the graduates • Create a Gwella Graduate network to maintain engagement with the appointed graduates prior to their commencement September 2021 • Review the Graduate marketing and recruitment process and develop lessons learned to inform the next Graduate recruitment process • Develop supplementary leadership offerings to support the graduates' leadership development • Pilot a HEIW internship programme • Establish a HEIW General Management Graduate Programme Alumni • Explore options to establish a joint network with the Finance Academy and Academi Wales

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Strategic Objective 3.6: Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.	• Develop and deliver the HEIW executive compassionate leadership framework. • Develop, deliver and evaluate the 'Leading with Compassion' aspiring executive development programme • Develop in-house capability, skills, and capacity to deliver executive leadership modules. • Publish a scheduled calendar of executive leadership offerings. • Implement a digital learning pathway that aligns to the NHS Wales Executive Success Profile • Establish executive leadership alumni and networks.

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

We will continue to provide NHS Wales with an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery. We want to increase the direct connection and contribution between our functions and the delivery of safe, high quality care for people and will develop a focus on multi-professional training for patient safety, taking a targeted approach to national service priorities such as primary care, mental health, urgent and emergency care, cancer, and eye care. We will support the workforce implications arising from community and integrated models of care and this will require an organisation wide approach to encompass workforce intelligence, workforce planning, education and training, workforce modernisation, careers, leadership development, bilingualism and digital. We will also develop post-registration support, education and training pathways to improve the transition of health care professionals from education to the workforce.

Strategic Objectives	**Deliverables for 2021-22**
Strategic Objective 4.1: Maintain an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery	*Additional deliverables may be added to this Objective in-year as required to support the workforce needs of the emerging reset and recovery plans.*
(a) Care Homes	• Exploration of opportunities to support overseas registrants working in care sector to gain access to Nursing and Midwifery Council (NMC) register • Work with partners to expand training on offer to health workers in care homes • Maintain links with Social Care Wales.
(b) Infection, Prevention and Control	• Recruitment into Infection Prevention and Control (IP&C) post • Establishing relationships in IP&C community specialist workforce/education partners across health and social care • Scope current education and workforce skill mix of IP&C workforce • Review and analysis of new training resources developed in response to Covid and production of report

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(c) Integrated collaborative decision making (ICDM)	• Recruit into 4 training posts • Delivery of Masterclasses for Executive Directors of NHS Wales • Develop project plan for roll-out of programme • Engage with NHS Wales senior leaders to agree roll-out plan.
Strategic Objective 4.2: Support the development and implementation of multi-professional workforce models for primary and community care, in line with the Strategic Programme for Primary Care and Regional Partnership Board plans.	• Framework for the establishment, functions and governance that will support the training, development and transformation of the primary care multidisciplinary workforce, subject to investment. • A revised HEIW project plan to support the workforce models for primary and community care and reflect the RPB plans for integrated working. • Increased numbers of new GP training practices and new trainers to support and physically accommodate the ongoing expansion in numbers of both GP trainees and other learners in that environment. • An established HEIW relationship with Regional Partnership Boards and their workforce agendas for primary care health and social care. • A multi-professional workforce plan to support implementation of new primary and community care workforce model. • Better workforce planning skills and capabilities in primary care. • GP Network Competency Framework. • Digitally enabled compendium of good practice for primary care. • Practice Based Small Group Learning (PBSGL) evaluation report with recommendations for future provision. • Increase in Independent Prescribers working in primary care.
Strategic Objective 4.3: Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health (this includes CAMHS).	• Develop and publish a transformation vision for mental health workforce. • Enable Welsh Government to publish an agreed and costed workforce plan for mental health. • Develop CAMHS education and training plans and commission the required education and training. • Publish pathways for primary care mental health referrals.
Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative and national strategic programmes for: • imaging; • pathology; • endoscopy; • major trauma;	*Additional deliverables may be added to this Objective in-year as required to support any additional strategic programmes arising from the emerging Covid reset and recovery plans. This includes mapping our existing contributions to planned care.* *The NHS Wales Collaborative Workplan also includes work on cardiac services and the delivery of the Sexual Assault Referral Centres. These areas do not have specific deliverables in the Plans on a Page as they are being supported through our core commissioning and medical training functions.*

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• urgent and emergency care; and, • critical care.	
a) Imaging	• Develop an Imaging Strategic Workforce Model in line with the Imaging Statement of Intent and the needs of the national Imaging Programme. • Develop and deliver a range of education/training programmes and qualifications for the Imaging workforce.
(b) Pathology	• Develop the Cellular Pathology Strategic Workforce Plan in line with the Pathology Statement of Intent and the needs of the national Pathology • Develop and deliver a range of education/training and qualifications for the Pathology workforce.
(c) Endoscopy	• Establish the Endoscopy Training Management Group (ETMG) • Develop and deliver a range of training programmes / educational pathways to meet all National Endoscopy Plan (NEP) staffing requirements in line with the NEP action plan 2019-2023 and the recovery plan for stabilising capacity within the workforce • Develop a business case to support the sustainability of the Welsh Institute of Minimal Access Therapy (WIMAT).
(d) Major Trauma	• Engage with WHSSC to address overlaps between the workforce needs of the Major Trauma Network (MTN) and our commissioning processes • Work with the MTN assisting with the identified training requirements and access to appropriate training resources and delivery.
(e) Urgent and Emergency Care	• Establish current workforce models in Emergency Departments (ED) across Wales and best practice in other home nations • Establish the option to adopt the Health Education England (HEE) road map for First Contact Practitioners and adapt for use in Wales to support Contact First/111 • Establish potential for Research Fellows to evaluate/undertake impact study on Contact First/111 • Lead the Workforce and Development (W&D) Sub-Group of the National Urgent and Emergency Care Programme.
(f) Critical Care	• Delivery of a series of options for Health Boards to use in staffing their Critical Care and response areas. • Development of a strategic workforce model for Critical Care including consideration of the potential role of the wider medical associate practitioners in workforce models (once regulated). • Delivery of Critical Care education and training programme with education providers.
Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation	

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related to the health professional workforce including: • optometry; • allied health professionals; • healthcare sciences; • learning disabilities; • the Nurse Staffing Levels (Wales) Act 2016; • nursing standards; and, • Maternity Services	
(a) Optometry	• Develop, publish and consult on a delivery plan (including financial analysis) for mentorship and support for newly qualified optometrists. • Implement an action plan to take the work forward and begin roll out of mentorship and support programme for all newly qualified optometrists. • Integrate reflection and appraisal as part of plan. • Embed education and training infrastructure for optometry and related professionals to include: • A standards and Quality Assurance (QA) template to support the delivery of education and training.
(b) Allied Health Professionals	• Induct programme team into HEIW and establish programme of work. • Develop strategic plan to support workforce and service model development to meet service priorities. • Facilitate access to HEIW Wales Leadership Training Fellowship opportunities. • Scope baseline and best practice infrastructure to inform plan to support advanced & consultant practice. • Support the service to identify best practice service and workforce models to support post COVID-19 Recovery • Develop strategic plan to roll out and implement best practice models for workforce development in primary care considering the development of those already working in / new to Primary Care. • Scope multi-professional learning & development opportunities around service priorities • Scope best practice approaches to AHP workforce capacity & planning and facilitate access to training / development offer to support service leads in workforce capacity & planning. • Coordinate the development of national value-based performance measures for person-centred rehabilitation • Coordinate the development of an implementation plan for the 'AHPs in Public Health UK Strategic Framework' (2019 - 2024) for Wales.

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(c) Healthcare Sciences	• Secure stability for programme team to ensure sustainability of the programme. • Define recruitment strategy for the programme team to include roles to support workforce, research and innovation and digital resources. • Collaborate with workforce team to align the national Workforce Strategy to a 10-year Healthcare Science workforce plan. • Development of a Research and Innovation Strategy for Healthcare Science. • Development of a communications toolkit that aligns to the HEIW communications strategy. • Work with HEIW Leadership team to expand on Practical Skills for Professional Education and Learning (PSEL) and deliver dedicated healthcare science leadership modules for mid-level and senior healthcare scientists to compliment wider HEIW leadership offer. • Secure two Welsh Clinical Leadership Training Fellowship places.
(c) Healthcare Sciences (HCS)	• Secure stability for programme team to ensure sustainability of the programme. • Define recruitment strategy for the programme team to include roles to support workforce, research and innovation and digital resources. • Collaborate with workforce team to align the national Workforce Strategy to a 10-year Healthcare Science workforce plan. • Development of a Research and Innovation Strategy for Healthcare Science. • Development of a communications toolkit that aligns to the HEIW communications strategy. • Work with HEIW Leadership team to expand on Practical Skills for Professional Education and Learning (PSEL) and deliver dedicated healthcare science leadership modules for mid-level and senior healthcare scientists to compliment wider HEIW leadership offer. • Secure two Welsh Clinical Leadership Training Fellowship places.
(d) Nurse Staffing Act	• Recruit digital engineer and Business Intelligence (BI) analyst to undertake scoping and commence integration of systems. • Review and revise programme management and accountabilities to reflect new system arrangements. • Extend the 2nd duty of the Nurse Staffing Levels (Wales) Act to paediatric inpatients • Ensure the capacity of the team is appropriate for the delivery of the work programme.
(e) Nursing Standards	• Building on successful Nursing and Midwifery Council approvals of pre-registration nursing programmes in Wales in 2020, ensure Approved Education Institutions (AEIs) and Placement Providers meet NMC gateway hub criteria for further approvals of Return to Practice, Non-Medical Prescribing and Midwifery programmes of learning. • HEIW to co-ordinate an all Wales approach to common programme elements.

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	• Build on effective tripartite liaison and workstreams between HEIW, Placement Provider organisations and Universities. • Ensure implementation of regulatory standards to support student supervision and assessment. • Develop an all Wales distance learning programme for preparation of practice supervisors and assessors including agreed mechanisms for blended learning options.
(f) Learning Disabilities (LD)	• Develop an All Wales foundation / mandatory learning offer for Learning Disabilities services. • Develop a plan to take forward and embed foundation / mandatory training across Wales. • Implement action plan to roll out mandatory training to Health Boards, Trusts and Primary Care and Social Care providers. • Develop options to improve utilisation of learning across Wales.
(g) Maternity Services	• Support the implementation of the *Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)* through education and training. • Delivery of competency training framework for Newborn and infant Physical Examination (NIPEC).
Strategic Objective 4.6: Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.	• Implement the planned expansion of the Foundation programme for medicine with placements across secondary care, General Practice and the community. • Scope the need for support following registration for all professional groups. • Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas.

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

Our ambition is to be an exemplar employer where staff are motivated and empowered by undertaking interesting and varied work, where skills and talent is developed, and where staff wellbeing is supported by an inclusive and values-based culture, a modern working environment, effective HR function and flexible working patterns. Retention levels are high, turnover and sickness absence low, and vacancies easy to fill with high calibre applicants. Leaders lead with compassion, candour and openness, providing clear direction and supporting staff with effective feedback about performance and development. We want to implement important organisational changes to meet the requirements regarding biodiversity and climate change. We will also expand our capacity and capability for evaluation, innovation and research and protect our work from cyber security issues.

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Strategic Objectives	Deliverables for 2021-22
Strategic Objective 5.1: Finalise and implement the People and Organisational Development (OD) Strategy.	• Launch and Implement the People and OD Strategy. • Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'. • Continue to implement the strategy priorities which include; ○ Embed organisational values in recruitment, career progression and capability.

	○ Identified an organisational talent pool. ○ Continue to measure staff experience. ○ Evaluate the staff recognition approach developed in 2020/21. ○ Complete and evaluate first programme of Compassionate Leadership Management Programme. ○ Establish a Coaching Network. ○ Complete and evaluate the first tranche of two-year apprenticeship programme. ○ Undertake benchmarking of organisational progress against best practice, using research and evidence. • Focussed campaign on maximising the benefits of Electronic Staff Record across HEIW.
Strategic Objective 5.2: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	• Achieve the Bronze Corporate Health Standard accreditation. • Pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales. • Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes. • Develop and implement the HEIW Health and Wellbeing Strategy and Action plan. • Carry out the Health Needs Assessment at regular intervals to inform HEIW's health and wellbeing offering. • Develop project implementation plan to ensure HEIW achieve the Silver Corporate Health Standard accreditation early 2022/23, subject to assessment being available. • Develop and implement regular staff experience feedback mechanisms to inform strategic direction. • Develop and deliver the Time to Change Action plan to maintain accreditation.
Strategic Objective 5.3: Implement and embed the Welsh Language framework within HEIW.	• Complete Public Consultation on Welsh Scheme Consultation. • Launch Welsh Language Scheme. • Continue to deliver training and awareness around the key operational deliverables outlined above. • Continue to improve our translation processes. • Continue to grow staff Welsh language lesson numbers. • Grow internal capabilities. • Continue to increase the profile and use of the Welsh language policy within HEIW. • Launch and grow Apprenticeship scheme and Key Skills Certificate. • Work increasingly with Careers network to improve Welsh. • Continue to share best practice with peer network.
Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and	• Embed the Strategic Equality Plan across the organisation. • Effective partnership working on Equality, Diversity and Inclusion agenda with other Welsh Public Bodies.

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continue partnership working across the public sector.	• Embed the Socio-economic duty (Part 1, Section 1 Equality Act 2010), to ensure compliance across the organisation.
Strategic Objective 5.5: Implement organisational changes to meet the requirements regarding biodiversity and climate change.	• HEIW's first overarching biodiversity and decarbonisation plan produced and published applying the principles of the NHS All Wales Decarbonisation Strategy. • A 3-year action plan developed and implemented in line with the biodiversity and decarbonisation plan. • Specific organisational targets developed and implemented in line with NHS Wales goal of becoming carbon neutral by 2030. • All staff have the opportunity to engage in organisational development to increase knowledge, understanding and requirements. • Programme of active engagement with staff in place to embed thinking and to deliver the biodiversity and decarbonisation and action plans.
Strategic Objective 5.6: Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW.	• Assess priorities and share resources (internal and external) via internal stakeholder group, in collaboration with evaluation, research and innovation to feed into the wider ERIIC remit. • Develop infrastructure to support quality improvement in HEIW. • Train staff in QI and projects across HEIW, including ongoing project support, with a minimum of 35 staff to have undertaken introductory QI training and 3 QI projects commenced. • Develop foundation QI expertise including improvement science capability, Leadership for Improvement and modelling capabilities. • Deliver QI training and project support for HEIW trainees/trainers via the existing QIST programme. • Pilot a project sharing platform. • Include QI in HEIW induction.
Strategic Objective 5.7: Develop the capacity and capability for evaluation, innovation and research.	• Establish an evaluation and research stakeholder group to assess priorities and share resources (internal and external). • Develop infrastructure for evaluation, research and innovation as part of a Collaborative approach ('ERIIC'). • Establish/secure access to a research ethics advisory committee. • Secure external evaluation and research expertise. • Pilot baseline support for evaluation and research projects across areas in HEIW to include ongoing project support. • Scope sharing of evaluation and research via a HEIW platform. • Develop training to provide foundation-level evaluation, research and innovation knowledge and skills. • Scope the delivery of 'Trainees Transforming Training' initiative with innovation focus.

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Strategic Objective 5.8: Reduce the organisational risks regarding cyber security.	• Document, develop, execute and continuously improve a cyber security programme as follows:
	• **Defend**
	  ○ Understand the current state of cyber security.
	  ○ Get cyber hygiene right and build a secure foundation.
	• **Respond**
	  ○ Respond quickly and effectively to cyber security incidents.
	• **Develop**
	  ○ Engage with HEIW functions.
	  ○ Promote a cyber-aware culture.

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

We will continue to build clear networks, mechanisms and communication channels to work closely with a diverse range of partners and key stakeholders to plan ahead to ensure the health and care workforce meets the needs of the people of Wales now and in the future. Partners will seek to involve us at local, national and UK levels because of our reputation and expertise and to further improve in this area we will undertake an organisational network analysis. We will also support NHS Wales by temporarily hosting the Chief Digital Officer's office.

Strategic Objectives	Key Deliverables for 2021-22

Strategic Objective 6.1: Refresh and relaunch the HEIW Communications and Engagement Strategy.	• Refresh and relaunch the HEIW Communications and Engagement Strategy.
	• To support the delivery of HEIW objectives and the refreshed communications and engagement strategy:
	  ○ Engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 1)
	  ○ Scope and plan the delivery of additional functions to the new HEIW website (known as HEIW+).

Strategic Objective 6.2: Improve external engagement and communication through an organisational network analysis.(ONA)	• Research and agree the requirements for an ONA identifying internal and external influencers, super-connectors, leaders and opinion formers in formal and informal systems to support the development of effective communications and engagement. • Procure company to carry out ONA. • Complete Organisational Network Analysis (ONA) of our formal and informal systems. • Report on the ONA. • Use findings of report to plan new channels and methods to support effective organisational communications and engagement and support the delivery of the HEIW communications and engagement strategy.

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	• Implement new channels and methods to increase effectiveness of HEIW communications and engagement.
Strategic Objective 6.3: Scope and agree our future single digital platform.	• Scope the delivery of a single platform for HEIW to support education and training which will bring in a simplified user experience, more manageable systems and end reliance on disparate and legacy systems. • Research and scope the Intrepid system and its services to map its functions to the single platform. • Develop a costed business case and benefits realisation plan for the single platform.
Strategic Objective 6.4: Establish and permanently host the Office of Chief Digital Officer (OCDO) on behalf of Welsh Government	• Establish project group to support establishment and hosting of OCDO • Action plan agreed • OCDO office established & recruitment undertaken • Hosting agreement in place with Welsh Government.

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Chapter 5 – Professional and Occupational Perspectives

The Strategic Objectives and deliverables in Chapter 5 illustrate our principle that we take an integrated and multi-professional approach to all of our work, in line with our vision and with future workforce requirements. This Chapter outlines our multi-professional ethos and also provides a brief summary of what our strategic plans mean for individual professional groups.

5.1 Multi-professional Workforce Transformation and Support

To meet current and future workforce challenges and deliver on key service requirements aimed at shifting the way we deliver health care in Wales, will require new ways of working, new skills, new thinking and a new culture. Engagement with clinical staff is essential to success and we are leading multi-professional strategic workforce redesign and planning because of an ageing workforce, the nature of health care work is changing, and the skills of the current workforce are not well matched to future needs.

Most professionals who will be working in the NHS in ten years' time are working in the NHS today. Workforce redesign needs to focus more on re-training or re-assigning/re-purposing the current workforce, so that they have the skills needed to deliver new models of care. They also need to develop the skills to act as a 'partner' and 'facilitator' rather than an 'authority' and to support care Closer to Home, which will require significant cultural change.

Previous investments in workforce have been heavily weighted to individual professional groups. Clinical staff work within multidisciplinary teams and the quality of teamwork is a major contributor to the quality of patient care. Developing team working may be more important than developing roles of one professional group. Strong teams can also reduce dependence on any single professional group and so work can be shared.

In addition to workforce re-design and planning we are also supporting the workforce to stay in Wales through moving to a Single Lead Employer model in conjunction with NWSSP and we will improve post-graduate support, infrastructure and funding models on a multi-professional basis. In addition we are engaged at strategic discussion on the workforce aspects of contract reform for the independent contractor professions.

5.2 Allied Health Professionals

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.

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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*, the *Workforce Strategy for*

Health and Social Care and the *National Clinical Framework*, to support health and social care reset and recovery 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 smooth transition from education into employment across the health and care system in Wales.

5.3 Healthcare Scientists

Releasing and harnessing the potential of the healthcare science workforce is of fundamental importance if we are to address the challenges that face NHS Wales in the future. The highly specialised scientific knowledge and skill base of the healthcare science workforce is considerable, and whilst more senior healthcare scientists have experience in the management of clinical resources, they lack profile and recognition for this. Despite the spotlight that has been on the profession during the COVID-19 pandemic it is considered that the healthcare science workforce remains an exciting and essential resource which has not had its potential to transform healthcare systems fully realised.

By addressing workforce challenges, enhancing skill sets, communicating effectively with other professions, raising the professional profile and working collaboratively, healthcare scientists can support the transformation of services by using evidence and value-based approaches. HEIW will build on the recent innovations in practice through the delivery of the workforce and training elements of the Healthcare Science in NHS Wales – Looking Forward Framework. In NHS Wales, the radiography workforce is included within healthcare science rather than AHPs. The development of point of care testing, modernisation of the radiology workforce, independent reporting across a number of diagnostic disciplines, delivering the Single Cancer Pathway , bio-engineering, the increasing use of genomic and precision medicine technologies and the analysis and interpretation of complex data sets by data scientists and bioinformaticians demonstrate the increasing role of the healthcare scientist workforce. The ambition is to create an environment in NHS Wales where healthcare science can flourish by establishing universal recognition of the profession, and by promoting its diverse array of rewarding and fulfilling career choices that can make a real difference to the lives of others.

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5.4 Paramedics

HEIW is investing in training in advanced practice to support new models of delivery in primary care. Investment in paramedic roles in changing primary care services is being considered through evaluating the results of several pieces of work in this area including paramedic practitioners supporting GP sustainability working across in hours and out of hours; home visits to assess and report to General Practitioners and visits to assess, treat, refer, resolve. Early assessment is positive in terms of admission avoidance. Nuffield Trust research summary "Shifting the balance of care: Great expectations" identified paramedic triage to the community as providing the most positive evidence of relative strength of evidence of reduction in activity and whole-system cost." We are also pleased with the commitment to increase numbers commissioned by 44% in 2021/22.

5.5 Nurses

Nurses make up the largest part of the NHS workforce and we know that this is one of the most critical shortage areas in the health workforce. Over the next year we will seek to combine the results of improved workforce planning, workforce development, education and training to develop a more sustainable plan for the nursing workforce in Wales and will focus on delivering this plan over the next three years. We will promote career pathways and the development of specialist areas to ensure our nurses have the skills and knowledge for the future.

As outlined in section 6.3.1 HEIW has continued to invest in an increase in nurse commissioned pre-registration training places. Adult nursing places will increase from 1,400 to 1,540 in September 2021 representing a 10% increase. In 2019/20 1,216 adult places were commissioned. Therefore in 2 years the recommendation is for a 26.6% increase in adult nurse training numbers.

Support for nurses working in care homes has increased, this has been facilitated by an exercise to identify overseas staff working in care homes who are registrants in their country of origin but are unable to meeting the NMC standards. Work is now progressing to establish what support is necessary to support the individuals to access the NMC register and what HEIW can do to facilitate this. Furthermore, care home education facilitators (CHEF) are also being introduced to ensure development and educational needs are being increased to meet needs and HEIW has linked with Tec Cymru and the service to identify the training provided to care home registrants by health boards and will work together to up-skill health board staff to deliver the training remotely.

In addition, HEIW is pleased to be facilitating support for four Nurses each year over the next three years with scholars with the Florence nightingale foundation. This is a fantastic development opportunity to link closely with our leadership strategy developing the leaders of the future.

We will also need to consider the continued implementation of safe staffing levels and compliance with the Nurse Staffing Levels (Wales) Act 2016. Undergraduate education will continue to change in line with new Nursing and Midwifery Council standards and our recent strategic review of health professional education. We will be working closely with partners across the NHS, the independent sector, social care and Universities to improve the system and quality of clinical placements. Work will also focus on the preparation of supervisors and assessors and the support to those

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who are newly registered in line with preceptorship principles to deliver the best possible educational outcomes and to manage the future implications of any future change to the bursary arrangements.

5.6 Midwives

Midwifery students are educated at four universities across Wales. Over the next year we will combine the results of improved workforce planning, workforce development, education and training to develop a more sustainable plan for the midwifery workforce in Wales and will focus on delivering this plan over the next three years with an initial increase of 15% (161 to 185) in commissioned numbers. Part of this work includes two outputs of midwifery students annually from some partner education providers in Wales.

We are currently working with our NHS partners and Universities to implement the new Midwifery standards as well as working towards supporting educational needs following the HIW report 2020 phase 1 review of maternity services and Royal College Obstetrics and Gynaecology 2019 report, both highlighting the need for improved education and training within maternity service. Standards for education within Maternity and obstetrics will be a focus working with our partners to establish the priorities.

5.7 Healthcare 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.

5.8 Doctors

HEIW plays a significant role in ensuring that postgraduate medical trainees have a positive experience and excellent training outcomes as this has a critical impact both on patient care and their own wellbeing. Our planned improvements in employment arrangements, study leave, training infrastructure and professional support will be part of this. HEIW will be collaborating with UK partners to progress transformation of medical education and training to support the Future Doctor report which includes ensuring the principles of flexible working are embedded, ensuring a greater focus on trainee and team wellbeing and increasing generic skills across the trainee workforce.

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We also need to ensure that the numbers of doctors we are training at each stage of the medical training pipeline meets the needs of the population in Wales and makes NHS Wales as self-sufficient as possible. We will play an active part in the Welsh Government work on the development of a medical school in North Wales. We will build on the work already being progressed to increase GP trainees and to modernise their training and we will need to align numbers through the pipeline. Staff and

Associate Grade doctors make up between 15 and 20% of the medical workforce and therefore it is important that we provide better development and support to maximise their potential. Global links in terms of medical training will also be explored to support the workforce model in a sustainable way.

5.9 Physician Associates

The role of physician associate (PA) is a relatively new role to NHS Wales. The PA is trained member of the multi-professional team that works alongside the medical team and supervised by a consultant. PAs can work in all clinical areas including primary care, medicine/surgical specialties and mental health. PA training is delivered through a postgraduate MSc course, currently delivered in Wales by Swansea and Bangor Universities. As HEIW, we continue to work with partners across NHS Wales to further support the embedding of this role in both primary and secondary care. We are currently streamlining the recruitment process of PA internships across Wales to have a joined-up approach to workforce requirements and to ensure that PAs trained in Wales find employment.

5.10 Anaesthetic Associates

Anaesthesia Associates (AA) are highly trained, skilled practitioners that work within an anaesthetic team, providing general or regional anaesthesia, under the direction and supervision of a Consultant Anaesthetist. The role of the AA is new to NHS Wales. Only one Health Board, Hywel Dda, has the role embedded within its clinical services. During the last eighteen months HEIW has been working with partners from NHS Wales to explore the further expansion of the role across Wales. We are planning to pilot the role further in two additional Health Boards in Wales. Training these professionals will commence in the latter part of 2021.

For both the physician and anaesthesia associate we are working in partnership to ensure that there is an appropriate educational infrastructure and governance across Wales to support the ongoing development of these professionals and work is progressing to create appropriate career pathways. Furthermore, we continue to work with partners across the UK including the other statutory education bodies, GMC, Association of AAs and Faculty of PAs to support the move to regulation of both groups in early 2022.

5.11 Pharmacists

Pharmacy education and training will change rapidly over the course of the next three years to mirror the pace of change in service models, particularly in primary care. We have successfully implemented our quality assured multi sector pre-registration pharmacist programme in 2020-21, in parallel with increasing the number of pre-registration pharmacist trainees and supporting this with a single lead employer scheme. We will develop a plan to roll out our new model for post-registration foundation pharmacists training in line with UK recognised foundation curricula and the new General Pharmaceutical Council's (GPhC) initial education and training standards for pharmacists. We will be continuing our transition programme to support qualified pharmacists' transition into primary care roles and will be working with other professional groups to expand training opportunities in primary care settings. We will continue to target opportunities to develop extended and advanced practice to meet service needs including Independent Prescribing. We will also be exploring changes to pre-registration training for pharmacy technicians and improvements in the transition from education into practice.

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During 2021, Pharmacy will be commencing a significant planning and implementation process for the roll out of the new GPhC initial education and training standards for pharmacists. The programme of work will be phased over the next five to six years and will transform the skills and competence of pharmacists at the point of registration. From day one of practice, pharmacists will be Independent Prescribers with the skills and ability to work seamlessly within the multi-disciplinary team offering more patient services at any point of care.

5.12 Dentists

A key focus for dental training will be transforming the workforce to deliver on the ambitions set out in *A Healthier Wales*. We will be supporting and developing a workforce for the General Dental Service that is fit for purpose, embeds the principles of prudent healthcare and optimises patient care. This will include upskilling the dental workforce and creating opportunities to develop additional skills. For dentists this will include providing enhanced services in primary care and for dental nurses, hygienists and therapists ensuring they are trained and equipped to deliver the prevention agenda.

We will increase the number of hygienists being trained in Wales to support the use of the wider dental team and increase the training places on the Welsh Dental Therapist Foundation Training Scheme. As apprenticeship development partners with Welsh Government we will work with training providers and colleagues in the All Wales Faculty for Dental Care Professionals (AWFDCP) hosted by Bangor University to improve dental nurse training, both in quality and provision. We will also work with partners in Betsi Cadwaladr Health Board and the AWFDCP to provide training opportunities for dentists and DCPs in North Wales through the creation of the North Wales Dental Academy.

Further developing the existing dental workforce, we will support Welsh Government in rolling out General Dental Services (GDS) contract reform and system changes with training and education for the profession that shifts cultural practices towards innovation and offers leadership training. This will include the development of treatment pathways, remote consultations and embedding quality improvement methodologies in all aspects of service delivery to ensure continuous improvement.

We will be exploring ways of ensuring that we continue to fill our dental foundation, core and specialty training places in Wales, developing innovative General Dental Service Dental Core Training roles to retain young dentists in Wales and continuing to support training with the Single Lead Employer arrangement. We will focus on quality assurance of training and wellbeing for the trainees to ensure their training experience is the best it can be.

5.13 Optometrists

We will continue to build on the work we have 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.

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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 value of CPD in changing practice.

5.14 NHS Managers

Alongside our work on Compassionate and Collective Leadership we will be refreshing management competences and capabilities to inform management development programmes and to develop a Talent Programme, succession planning and career pathways. The reintroduction of the Graduate Management Training programme will provide an additional pipeline of managerial talent.

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Chapter 6 – Education and Training Commissioning and Delivery

6.1 Introduction

HEIW is responsible for setting the strategic direction for education and training across the range of health professions in NHS Wales and we lead the delivery of Postgraduate Medical and Dental Education as well as a range of education and training for other professions. We also lead the commissioning of education and training for NHS Wales to ensure quality and value are achieved for the health and care system and this chapter sets out our progress and commissioning plans in more detail.

There has and continues to be significant redesign of education and training for NHS Wales and sustained growth in education and training places, which is planned to continue in the medium term. In line with the Workforce Strategy, our overall approach is to promote a 'Made in Wales' ethos to promote accessibility to NHS Wales careers across the whole of Wales, improve the economic opportunities for our population, promote bilingualism, improve diversity and ensure a sustainable supply of staff to provide high-quality healthcare in Wales. With the revised bursary approach and the expanded streamlining for Health Professional Education, in 2021/22 we will be continuing our work to align the whole education and training pipeline to deliver a sustainable workforce for NHS Wales including the need to consider the roles required to develop the future workforce of specialised services.

To structure this work we have undertaken a Strategic Review of our commissioning of Health Professional Education, and we will conclude Phase 1 of the implementation in 2021/22 and move into the second phase.

6.2 Progress in 2020-21

Details of progress in 2020/21 across our multi-professional commissioning is detailed in **Appendix H**.

6.3 Education Commissioning Plans for 2021/22

A significant proportion of our recurring budget is spent on the commissioning of health professional education. Through the Strategic Review we are ensuring a value-based approach has been taken to the commissioning plan aligned with the strategic direction of NHS Wales alongside the need to assure quality and to tackle the immediate supply and training issues.

It is also important to highlight the complexity of the environment in which HEIW works. Whilst the overarching process is a continual cycle of planning, analysis, commissioning and contract management, as can be seen from the diagram below, for a particular intake of trainee or students the process will span and cut across a number of financial and academic years increasing the complexity of arrangements, planning and budget allocations.

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Due to the nature of the academic planning cycle the Education Commissioning Plan for 2021-22 has already been approved by Welsh Government and therefore forms an important part of the Annual Plan. In developing the NHS Wales Education Commissioning and Training Plan for 2021-22, HEIW used:

- information from NHS organisations IMTP's and Annual Plans (previous three years),
- workforce modelling and wider available workforce intelligence,
- Welsh Government strategic direction (*A Healthier Wales*) and wider policy requirements,
- capacity within the system to support training/student/trainees,
- opportunities to transform the workforce through innovation/new roles and new ways of working.

This identified the need for a continued increase in investment in education and training across a range of professional and occupational groups. The proposals were supported by a wide range of stakeholders and the increased commissions are outlined in the following sections.

6.3.1 Health Professional Education

The aims of the plan for Health Professional Education are to:

i. Expand the number of health professional education programmes delivered through part time and shortened programmes
ii. Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
iii. Expand the provision of part time places available to the care home sector.
iv. Increase the level of investment in both advanced practice to build clinical careers and health care support worker development. Through our commissioning process HEIW continues to support a number of educational programmes for advanced Practitioners. Optimising the investment and contribution of these senior clinicians is critical to support the reset and recovery agenda across a wide range of health and care services. Advanced Practitioners are key to building workforce capacity and developing new workforce models required to meet population needs. HEIW will work with professional leaders and Advanced Practitioners to help ensure Advanced Practitioners and Consultant Practitioners are working to the top of their licence.

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Specialty	From	To	% Increase
Adult Nursing	1,400	1,540	10%
Mental Health Nursing	356	410	15%
Child Nursing	159	175	10%
Midwifery	161	185	15%
Radiotherapy & Oncology	22	26	18%
Dietetics	52	60	15%
Physiotherapy	164	174	6%
Occupational Therapy	163	179	10%
Podiatry	24	27	12%
Paramedics	52	75	44%
Doctorate in Clinical Psychology places	29	32	10%
Healthcare Science: Scientific Training programme	32	37	17%
Higher Specialist Scientific Training Programme	5	8	60%
Healthcare Science: PTP / BMS	24	25	4%

Note – Where professions are not listed, this is either because the existing numbers meet workforce needs or because there is work to do to achieve previous targets.

6.3.2 Postgraduate Medical Education

Specialty	Agreement	From	to
General Practice:	Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants.	-	-
Emergency Medicine:	5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years 2 additional ACCS posts on the North Wales rotation.	49 (emergency medicine) 21 (ACCS EM)	54 23
Anaesthetics:	3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level. NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.	137	140
Intensive Care Medicine:	4 additional Higher Training posts are required to increase our ICM workforce in Wales.	27	31

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	The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.		
Plastic Surgery:	2 additional Higher Training posts to support the workforce model for the Major Trauma Centre	13	15
General Surgery:	4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments.	54	58
Trauma & Orthopaedics:	No change required following the increase of 4 trainees from the 2019 intake.	45	45
Urology:	4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level.	16	20
Neurosurgery:	A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review.	8	7
Paediatrics:	4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time. This is part of a phased expansion programme across ST1-3. 2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme.	143	149
Obstetrics & Gynaecology workforce:	2 additional ST1 posts in response to '*Maternity Care in Wales, a 5 year vision for the future'* and to address attrition during the early years of the training programme.	93	95
Community Sexual & Reproductive Health (CSRH):	Specialty to be reviewed in 2021.	N/A	N/A
Internal Medicine	15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts	244	259

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	to meet the recommended increase in Higher Training posts.		
Acute Medicine:	4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty.	12	16
Respiratory Medicine:	2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians.	29	31
Gastroenterology:	2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work.	24	26
Renal Medicine:	No change to training numbers and specialty to be reviewed in 2021.	17	17
Diabetes & Endocrinology:	No change to training numbers and specialty to be reviewed in 2021	23	23
Medical Oncology:	3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda	6	9
Clinical Oncology:	4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments.	16	20
Medical Microbiology/Combined Infection Training:	Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.	13	16
Clinical Radiology:	To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021.	82	97 *(estimate based on completion figures accurate March 2021)*

6.3.3 Dental Education

Training	From (2020)	To (2021)	% Change
Dental Foundation Training (DFT)	62 DFT posts entered National Recruitment for Sept 2020 +1 extension to training = 63 posts	64 DFT posts in Wales entered National Recruitment for 2021 entry	+1.6%

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Career Development Dentist (CDD)	6 posts	6 posts	-
Dental Core Training (DCT)	72 posts	72 posts	-
Dental Specialty Training (DST)	22 posts	24 posts across 7 specialities	+9%
Dental Hygiene	18 places	18 places commissioned to train, with expansion of training in North Wales planned	-
Dental Therapy	13 places	13 places commissioned to train	-
Welsh Dental Therapy Foundation Training	6 posts	10 posts available for this programme with intakes in March and September.	+67%

6.3.4 Pharmacy Education

Education	Description
Pre-registration Pharmacist programme	125 trainees enrolled on new model of quality assured centrally employed multi-sector training programme for August 2021 start. This is a slight decrease on the final fill of 132 for 2020 intake. This is set against a challenging recruitment platform of a projected average fill across England and Wales of 50%. Training placements in hospital, GP practice and community pharmacies.
Pre-registration Pharmacy Technician Apprenticeships	63 hospital and minimum of 20 community apprenticeships offered in 2021. Percentage of apprenticeships will be offered as multi-sector training posts across hospital, primary care and GP practice.
Access to pre-registration pharmacy technician apprenticeships	Commission modules of learning to support up to 100 existing pharmacy staff to gain the necessary qualifications to apply for pre-registration technician training.
Clinical Diploma	40 clinical diploma hospital pharmacists two-year training posts funded.
Transition Programme: GP practice pharmacists	30 GP practice pharmacists to be enrolled on transition programme. Supportive programme to provide skills, competence and confidence to practice effectively within GP practice team.
Independent prescribing	100 community pharmacists offered training to support increase in community pharmacy professional services.
Advance Practice	Increase the competency of the existing pharmacy workforce through a range of courses targeted to transform service delivery.

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Foundation Pharmacist Practice- post-registration	Develop and deliver a new programme of learning for emerging registrants which meets the skill gaps between existing and new initial education and training standards.
NVQ level 2 apprenticeships	Support the NHS to offer increasing numbers of NVQ level 2 apprenticeships to healthcare support staff.

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Chapter 7 – The HEIW Workforce

7.1 Developing our people and organisation

Our people are our most precious asset. HEIW's aspiration is to be an exemplar employer and great place to work. This has been one of our six Strategic Aims since we were created in 2018, placing it right at the heart of our work and People and Organisational Development practices. We continue to make good progress towards this aspiration as we enter our third full year of operation.

Having a motivated, engaged and sustainable workforce that is competent, confident and with the appropriate capacity to deliver HEIW's current future priorities is essential. As an education, workforce and improvement body we believe in the importance of continuing to grow our existing staff, and of working together to create a compassionate and collective workplace culture. We have consistently received positive feedback on what it feels like to work in HEIW. Our staff turnover remains low, our engagement scores remain high. Nevertheless, there remains much to do. Our workforce challenges are different to other organisations in NHS Wales both in respect of the skills our staff need, legacy contractual terms and also the number of sessional workers. It has taken some time to wholly understand the staff group make-up and to tailor our corporate approaches to embrace their differing needs. For almost half our staff we are the second employer, their main employment being in a health board or trust. Many of these staff work less than 3 sessions a week for HEIW. In that context we have needed to balance what we need organisationally in areas such as statutory and mandatory training and appraisal with what we can reasonably ask for from these staff.

We will continue to embed our diversity, equality and inclusion agenda which is informed by strong leadership, co-production, collaboration and direct engagement with those who are affected by the decisions we make. Our first Strategic Equality Plan, published in 2020, sets an ambitious agenda for us and one which we are committed to progressing through the plan and underpinning local action plans.

We are working towards ensuring that our organisational Values and Behaviours Framework which was developed in partnership with our staff during 2018 underpins everything we do. We have made good progress in embedding our values in our recruitment and selection processes, Performance Appraisal and Development Reviews and our health and wellbeing programmes. During 2021/22 we will be rolling out compassionate and collective approaches and these will be embedded into our practices and business alongside our values.

Prior to the impact of the pandemic in early 2020 we had introduced a range of bespoke communications to reflect the geographical diversity of our workforce, and to improve the connection with our sessional and/or remote workers. The pandemic led to a rapid change in HEIW's operating model with all office-based staff initially moving to 100% home working. This sudden change led to a substantial step up for most of us in the use of virtual technology for day to day communication and ways of working. This in turn led to remote staff commenting that they felt the playing field had been levelled for them, something we are keen not to lose when we reintroduce an element of office-based working.

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In summer 2020 we reopened Ty Dysgu, our office base, with appropriate measures in place, to enable staff to access the building for wellbeing or business needs and

this was well received by staff. Additionally, during the periods of easement of Government restrictions we actively encouraged staff to return to the office to reconnect with colleagues from other teams and the wider organisation. We are a relatively new organisation and whilst homeworking has been successful in ensuring we continued to deliver our business priorities it has had an impact on 'Team HEIW', our culture and our connectivity to each other. We are actively working on a set of Agile Working principles to describe the way in which we will work in the future and will be engaging with our staff to discuss the approach during Q1. Our view is that an agile approach, underpinned by clear principles maximise the benefits of virtual working with the benefits of continuing to build our HEIW team culture and connectedness.

7.2 Shape of our workforce

When HEIW was established in October 2018, it brought together staff from 3 former organisations – Workforce Education and Development Service, Wales Deanery and the Wales Centre for Pharmacy Professional Education to sit alongside a number of new corporate and business roles. At this point there were 92% of HEIW staff on Cardiff University Terms and Conditions who transferred to HEIW under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements. Most of the former Cardiff University staff are Medical and Dental staff where the terms and conditions, with some variations, essentially mirror NHS terms. However, the non-medical and dental transferred staff continue to be on significantly different contractual terms. Currently circa 20% of non-medical and dental staff remain on Cardiff University contractual terms, a substantial reduction since October 2018.

Our long-term plan remains the harmonisation of terms and conditions across the organisation, and we are working in partnership with our Trade Union colleagues to progress this. In 2020, following consultation with staff and Trade Unions, Statutes and Ordinances (a Cardiff University set of policies for senior staff related to disciplinary and grievance processes) were replaced by HEIW/NHS Wales policies. We have commenced the rationalisation of large numbers of Cardiff University policies where there is no detriment and often benefit to moving to the HEIW equivalents. All newly appointed staff are employed on NHS Terms and Conditions, and staff who wish to transfer from existing University contracts are supported to do so.

Over the past year, we have continued to recruit to our vacancies, we have taken on new or additional functions and our workforce headcount has increased from 400 at January 2020 to 453 at March 2021. Recruitment to our senior leadership team is now complete with several key appointments being made in the last year including our new Directors for Planning Performance and Corporate Services, Director of Digital Services and our Dental Dean to name a few. In parallel with the annual plan development we have reviewed our corporate infrastructure to ensure it reflects the range of statutory functions and support required from these areas – some of which was not known or identified when the original HEIW headcount was fixed pre: October 2018. We have also commenced a rightsizing exercise in respect of requests for additional capacity to deliver the programme of work outlined in this plan. The pace of delivery for some of our objectives will need to be confirmed once we have completed this work and will be subject to ongoing discussions with Welsh Government and/or in-year funding decisions.

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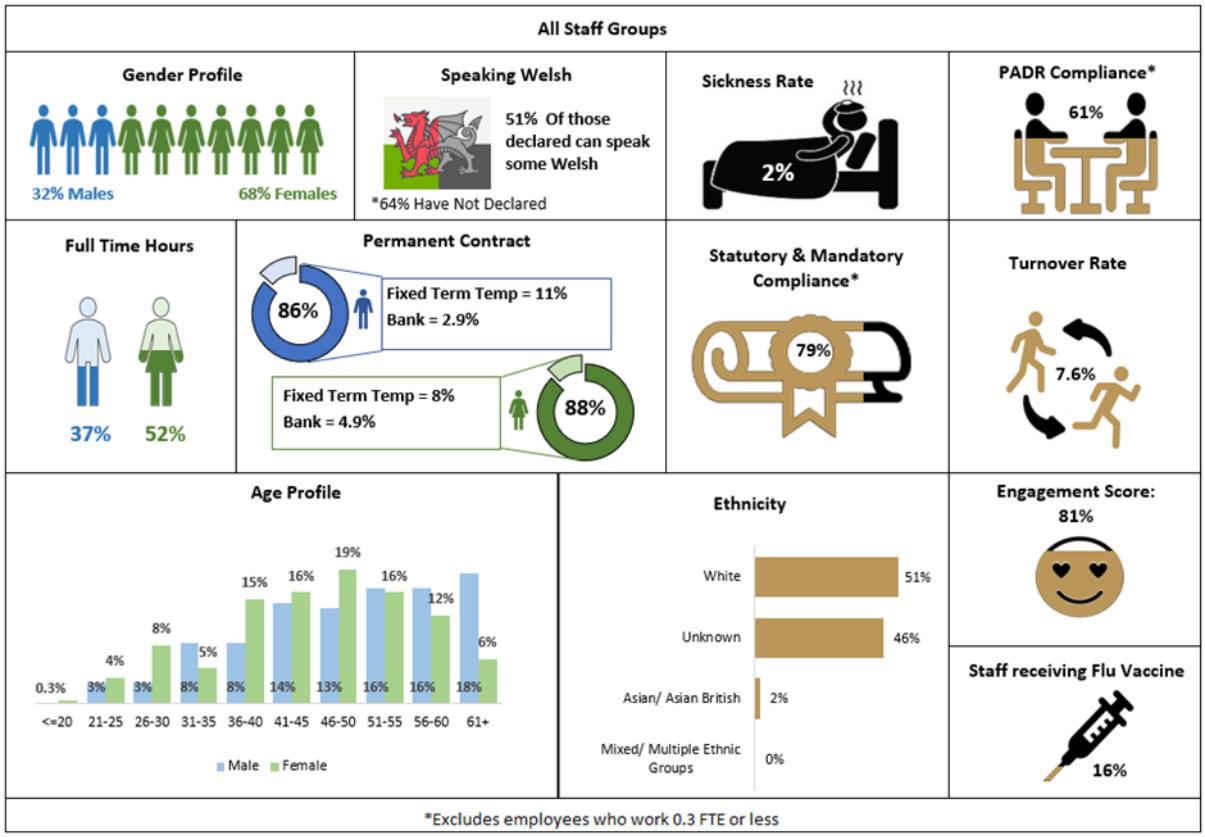
Our current staff profile is shown below:



7.3 Workforce Measures

Figures as at 31 March 2021 are:

- Over the past year, we have continued to recruit to our vacancies, we have taken on new or additional functions and our workforce headcount has increased by 53, from 400 in January 2020 to 451 in March 2021.
- Of the HEIW workforce 68% are female, this is an increase of 1% compared to last year.
- HEIW's sickness absence rate is 2%, well below the Welsh Government target rate.
- The compliance rate for Statutory and Mandatory training for core staff (excluding those sessional staff who work 0.3 FTE or less) is 79% and is a positive increase on last year (71%).
- 79% of Personal Appraisal Development Reviews (PADR) for core staff have been entered into ESR, which is a positive increase on last year (53%).
- In March 2021, 53% (239 headcount) of the total workforce worked less than full time compared to 62% (252 headcount) in March 2020. This change represents a reduction of 13 part time workers between the two periods.

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HEIW Headcount Detail by Full Time (FT) Part Time (PT) March 2021 data)					
Date	**Headcount**	**FT**	**PT**	**% FT**	**% PT**
Mar-20	**406**	**154**	**252**	**38%**	**62%**
Mar-21	**451**	**212**	**239**	**47%**	**53%**

Data Source: ESR BI

HEIW has continued to expand as an organisation and while the numbers of part time workers is reducing slowly the number of full time workers is increasing at a much quicker rate.

Since our creation we have added to our key workforce metrics which sit alongside the Welsh Government required metrics. These will be further reviewed and improved as we implement the new HEIW performance framework. We will also have the opportunity to increase their sophistication as part of the development of our Centre of Excellence for data and analytics by 2023.

The ethnicity data for almost half of our staff is 'unknown' reflecting that this information is incomplete on ESR. We are committed to increasing the information available in respect of the diversity of our workforce and will be encouraging staff to provide us with information. This will enable us to understand and address underrepresentation within our workforce so that we better represent the communities we serve. This will help us shape our 'offer' to staff from diverse backgrounds and increase our workforce diversity so that its more on a par with the communities we support.

7.4 Future Priorities

HEIW was launched following a strong Organisational Development work programme with engagement across the legacy organisations and our newly appointed staff which has continued after establishment. Our work to develop our first People and OD Strategy was initially paused due to the onset of the pandemic but was subsequently resurrected, with a further round of engagement undertaken. Our draft Strategy - framed around the seven themes of the *Workforce Strategy for Health and Social Care* published in autumn 2020 - sets out a range of actions to address our aim of becoming an exemplar employer and a great place to work, as well as what can be expected from our staff. Finalising and implementing our local strategy will be a priority for 2021 and for this reason it has been included in our Annual Plan as Strategic Objective 5.1.

Other workforce priorities include the creation of a detailed Workforce Plan and planning process that encompasses known developments and growth and horizon scanning; embedding the 'Newcomers Group', set up during the pandemic in order to ensure new staff felt welcomed and inducted into the organisation; and implementation of our strategic equality action plan for our internal workforce.

HEIW will be hosting the Office of the Chief Digital Officer on behalf of Welsh Government. The recruitment of the Chief Digital Officer is currently underway.
Under the hosting arrangements, HEIW will provide core corporate services to the CDO and OCDO. These corporate services include corporate governance, workforce & OD, financial management support, procurement, information technology and welsh language services. A bespoke team to oversee the establishment of the OCDO is operational from 1st June 2021 with a remit to manage the recruitment of the CDO and the OCDO staff (circa 30 posts). The go live date of the OCDO is 1st April 2022. The OCDO will be fully funded by Welsh Government.

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Our focus on ensuring our staff feel engaged and that we are listening to their views has been strengthened during the last year, building on a strong engagement platform since 2018. In 2020 we have utilised innovative tools and approaches to measure staff satisfaction and wellbeing. This included four homeworking and wellbeing surveys, two health needs assessments and our second national staff survey which received an engagement score of 81%, up 3.4% from 2018. Facilitated

conversations are taking place across the organisation in line with the implementation of NHS Wales's new 'Healthy Working Relationships' programme and to ensure that staff survey feedback is acted upon locally. In 2021/22 we will build and embed this approach further. We will also be rolling out the new Respect and Resolution Policy for NHS Wales. This represents a significant cultural shift away from traditional grievance and disciplinary policies, much like the transformational approach introduced through the implementation of Managing Attendance at Work in 2019. It will require a new mindset for our managers and staff and will need to be supported through training and awareness events.

7.5 Attraction, recruitment and selection

We aim to be an inclusive employer and want to ensure we recruit the best people, with the right values and behaviours into HEIW. To support this, we want our recruitment experience to be excellent for all prospective employees from their first contact with HEIW.

During 2021/22 we will continue to utilise a variety of attraction methods to advertise our vacancies and embed values-based recruitment across all areas. We have commenced this journey and continue to roll out recruitment and selection training to managers, which also now includes an introduction to recruitment and selection, advanced training and training on unconscious bias. In addition, we will be offering training to help staff prepare for applying for vacancies and this links in with the local implementation requirements of the NHS Wales National Succession Planning Strategy for 2017-2027.

We know that around 80% of our future workforce are with us today. Therefore, we want to ensure that our staff feel included, valued, informed and that their wellbeing is supported. We have led work to curate and develop a range for wellbeing resources which can be accessed by staff across health and social care including our own workforce. In addition, we have made available and/or facilitated bespoke HEIW wellbeing resources. These have been promoted at staff events and fora, team, directorate and other meetings, our health and wellbeing network and via our intranet.

We have continued to press for greater compliance with our values-based Performance Appraisal and Development Review (PADR) policy and procedure. Whilst our compliance rates are not yet where we would like them to be we have improved in 2020/21 and meeting the target is a priority for 2021/22. This will ensure that all staff have timely PADR conversations which enable them to feel supported, valued and developed.

All HEIW staff are required to complete the All Wales statutory and mandatory training in line with NHS Wales Health Boards and Trusts. We are currently at 79% compliance and are working with managers to ensure that we meet the 85% national performance target rate as soon as possible. During 2021 we will be introducing some additional mandatory requirements for HEIW staff reflecting the particular needs of our organisation. We will also be running additional ESR learning and drop-in session to support staff who are less familiar with reporting requirements.

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We have made excellent progress in our national work to develop our compassionate and collective leadership principles and programmes as well as in new talent and succession planning arrangements for NHS Wales. These programmes are being rolled out to HEIW staff as well as across the NHS. The first ever 'Talentbury festival'

for aspiring Executive Directors took place last autumn and included nominees from our staff.

Our relationship with our Trade Union partners is extremely positive. We have a well-established Local Partnership Forum which meets bi-monthly and has been well supported by our trade union representatives. A HEIW steward has been appointed to undertake trade union duties. As described above, in the last year, trade union colleagues have undertaken online staff consultation sessions to discuss moving from Cardiff University Statutes and Ordinances procedures to corresponding NHS Wales employment policies specifically in relation to disciplinary, grievance and capability.

7.6 Equality, Diversity and Inclusion

We have continued to embed the progress made since April 2019, in relation to our diversity, equality and inclusion agenda. Starting with the publication of our first Diversity, Equality and Inclusion policy early in 2020.

We are broadly representative of the overall NHS workforce in terms of the gender profile of the organisation, with nearly 70% of workforce being female, and this includes our senior leaders as represented by the HEIW Board. In respect of our ethnicity profile we have more work to do in representing the ethnicity of the population. Currently those from ethnic minorities make up 2.4% of our workforce which is less than overall NHS Wales profile of 6.6% and 3.2% of the overall population of Wales. Our age profile is more in keeping with NHS Wales workforce overall with the majority of workforce being between 36 and 60. Across younger age brackets we have work to do as our data indicates the younger workforce to be half of the NHS Wales average.

Our network of Inclusion Champions has increased, and we are committed to continuing with this approach through 2021/22. The Champions undertook a wide range of activities throughout the past year starting in January 2020 with Diversity and Inclusion Week, Holocaust Memorial; International Women in Science; LGBT month; St David's Day; International Women's Day; celebrated EID; PRIDE; Black History Project; Tran Health Week; International Men's Day; White Ribbon Day; and Purple Light Up for Disability Month in December 2020

On 1 October 2020 we published our first four-year Strategic Equality Plan (SEP). As part of the development process for the SEP, internal engagement was undertaken utilising focus group methodologies. This allowed us to retest our equality objectives against the new backdrop of the pandemic. Work on individual directorate action plans which hook directly onto high level actions within our SEP has been completed, and these will form the basis of progressing this work as well as monitoring and reporting during 2021/22.

We continue to engage with external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion. Since 2019 we have opted to sign up to:

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- Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff
- Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to your workplace

- Dying to Work TUC – additional employment protection for terminally ill workers
- Anti-Violence Collaboration – sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff
- Communication Access Symbol – 1st organisation in Wales to make a commitment to adopting Communication Access Symbol – giving a voice to people living with a communication disability.

Policy development has continued and last year saw us sign off and implement policies in relation to Domestic Abuse and Mental Wellbeing in the Workplace.

Looking ahead to future work in 2021, most of this will be driven by the implementation of our SEP and local action plans but we also plan to lead on the national review and revision of NHS mandatory training 'Treat me Fairly'; to develop a Transitioning at Work Policy; and to development of Equality and Diversity training packages.

7.7 HEIW workforce: communications and engagement

Effective communications and engagement are the golden thread running through everything that the organisation does. The COVID-19 pandemic meant that our staff switched to a remote-working model and have quickly adapted the way communications and engagement is undertaken across the organisation and we will retain many of these new ways of working in the future. These have included:

- Launching Microsoft Teams to enable colleagues to keep in touch, attend team and project meetings and share files quickly and easily in a safe way;
- In the first wave producing a weekly staff message issued by email and intranet to keep staff up to date on what was happening in relation to COVID-19 nationally and across the organisation;
- Developing an online staff community to enable coffee catchups and watercooler conversations to continue;
- Issuing online health and wellbeing resources and links to external advice and guidance;
- Issuing regular online surveys to monitor health and wellbeing;
- Maintaining staff education and training by moving sessions online;
- Moving wellbeing sessions online;
- Moving HEIW corporate induction for new staff online and into smaller session;
- Moving our monthly staff open forum to Teams providing a monthly opportunity to get together virtually as an organisation;
- Moving staff events online with Teams;
- Continuing to consult and engage with colleagues on shaping policies and strategies via online surveys and feedback sessions;
- Introducing training on webinars and virtual classrooms to further enable online team meetings and external events;
- In COVID-19 wave 2 increasing our online staff open forums to fortnightly, and
- In line with regulations and guidance when appropriate providing safe access to our offices for business and wellbeing support.

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Chapter 8 – Our enabling and corporate functions, risk and governance

Our enabling and corporate functions play a vital role in supporting the organisation to deliver the Strategic Aims and Objectives described within this Annual Plan as well as working with our colleagues in the wider NHS.

8.1 Communicating effectively with people, partners and the public

As an All-Wales strategic organisation, close working with our partners and stakeholders is essential to the way we undertake our business. This includes trainees and students, NHS Wales, Social Care Wales, education providers, regulators, private sector businesses, voluntary sector, professional bodies, the public and Welsh Government. During 2020-21 our communications, engagement and partnership working has been even more important as we work together to meet the challenges presented to us by COVID-19.

As described in Chapter 2, our pandemic response included carrying out immediate actions to support the wider NHS and to minimise the impact on education, training and the workforce of the future. All of this entailed integrated working and innovation in partnership with regulators, other statutory education bodies, education providers, Welsh Government and our colleagues across NHS Wales. In addition, we worked closely with the NHS Wales staff health and wellbeing network, Third Sector partners and Welsh Government to ensure health and social care staff have effective health and wellbeing support during these difficult times. We also worked with partners to create resources for NHS staff to help them care for patients and meet service demands, including workforce planning resources and rehabilitation resources.

In early May 2019, we launched the 'HEIW Roadshows' visiting Health Boards and Trusts across Wales to meet with healthcare trainees, students, educators and those responsible for education. Due to the pandemic, we were not able to continue the Roadshows in person this year, but we moved several of our information and engagement events online to ensure that partners continued to have the opportunity to hear about what we are doing and help shape key national workforce and education programmes.

To maintain openness and transparency our Board meetings and Annual General Meeting have been held in public and online, plus we have held larger virtual events such as:

- the Informing the future of the Mental Health Workforce in Wales conference. A joint virtual conference with Social Care Wales bringing together people from across the mental health workforce to share best practice and influence the shape of the future mental health workforce.
- Talentbury – a four-day virtual festival of leadership and learning for emerging executive leaders in NHS Wales.
- the Education and Training in Primary and Community Care conference aimed at helping to set the direction and shape of future primary and community care education and training.
- Innovation in Challenging Times conference - bringing together medical trainers, trainees and others with an interest in quality improvement to build on and share the new innovative ways of working, learning and training brought about by the pandemic.

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Further partnership and engagement activities this year have included:

- Regular stakeholder bulletins including COVID-19 specific updates.
- Social media to inform and update on HEIW work as well as support national COVID-19 messaging.
- Regular workshops, meetings and virtual working groups to inform and involve everyone in discussions on key topics and shape ongoing HEIW work including:
    - development of the annual education and commissioning plan
    - informing the development of our Annual Plan to ensure it is shaped to meet the needs of the NHS workforce and services across Wales
    - how we could support partners with their response to COVID-19.
- Participation in national boards and all Wales peer network groups.
- Collaboration and co-production of Wales's first Public Body Equality Partnership to develop and delivery Wales' first shared Strategic Equality Plan across public sector bodies.
- Extensive engagement of the strategic review of health professional education.
- Virtual showcase events.
- Virtual consultation on key agenda items such as Welsh Language Scheme and Leadership Principles.
- Trainee webinars, newsletters and regular messages from the Postgraduate Dean.
- Revising face-to-face CPD modules and workshops to be delivered effectively online.
- Guest blogs from partners across Wales highlighting contributions to the COVID-19 response as well as highlighting careers in the NHS.

Working together, understanding each other's needs and how we can best support each other is critical if we are to succeed as individual organisations and as a system. To achieve this, we will continue to innovate, collaborate, communicate, engage and work closely with our partners, stakeholders and the public. We will continue to use many of our new ways of working and will adapt when and how we engage in line with the current pandemic and the commitments of partners.

Our organisational structures within HEIW promote integration and collaboration with NHS Wales. This might involve collaboration through matrix working to join up team members from separate departments with external networking for the purpose of sharing information or joint working with colleagues from other NHS organisations to deliver services or working in partnership with other organisations and public bodies such as Social Care Wales.

Through collaboration, we build successful relationships based on shared goals, shared knowledge, building mutual respect and strong communication which is frequent, timely, accurate and focussed on problem-solving. Successful collaboration is based on the effectiveness of the relational co-ordination of the quality of the communication which depends on the quality of the relationship.

A new Strategic Objective has been included in the Annual Plan to review our current plans for communication and collaboration and to undertake an organisational network analysis that will enable us to design relevant interventions with others to continue to improve our approach to collaboration.

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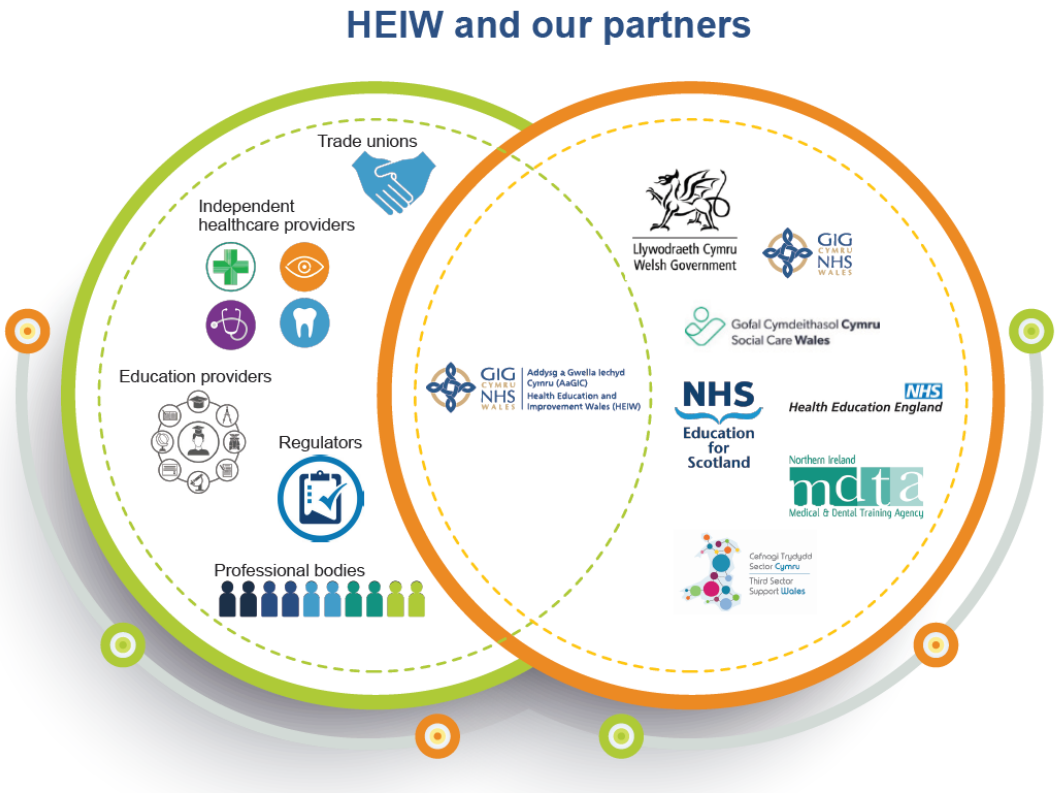
The diagram that follows shows the many partners with whom we collaborate and the complex relationships that we nurture and foster.



8.2 Data analytics and intelligence

During 2021/22 we plan to develop our workforce intelligence support to improve the quality of workforce planning and modelling in Wales (Strategic Objective 1.6). Internally within HEIW the workforce intelligence team will provide analytical support with data, baseline modelling, corporate performance reporting and dashboard improvement.

In terms of corporate and business reporting, the analytics team maintain the local ESR system and work collaboratively with the Finance team to ensure accuracy on reporting of vacancies and resources. As data controllers of ESR, the team supports the whole organisation with ESR related issues and provide reports and analysis across HEIW. From 2020 onwards, the team has been bringing together a range of performance related data in one place to give HEIW deeper understanding of its business and enable more intelligence-led decision-making and this will continue to be developed in the context of the agreed Performance Framework. The team will also implement a training programme to enable staff to become digitally astute in the use of Microsoft Office.

8.3 Digital and information systems

In 2020 the organisation appointed a new Director Digital Development who will proactively identify opportunities to support innovation through new and emerging technologies, and ensure appropriate strategies and plans to deliver are aligned to the organisation's longer term strategic ambitions, and the Workforce Strategy for Health and Social Care. This includes developing strategic and operational digital planning processes, governance, digital roadmaps and frameworks.

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As HEIW has grown over the last two years, the digital team have responded with support in expanding the IT infrastructure and estate. In addition to supporting the infrastructure requirements the Digital team have demonstrated their ability to maximise the digital opportunities and use it to transform how services are delivered.

In 2021/22 the Digital team will work with all departments across HEIW to ensure the digital progress made during the Covid-19 pandemic is continued and maximised. To achieve this the digital team is heavily involved in supporting the delivery of more than 20 Objectives outlined in this Annual Plan that require the delivery of digital enablers. To do this they will continue to lead and support for the development, integration and procurement of new digital solutions for the organisation (e.g. Objective 2.1 the new Course Management System for HEIW).

The team will also take a leading role to ensure that HEIW makes use of current, emerging and future technologies to their fullest potential in the context of enhancing learning, teaching and training. Specifically, for digital in 2020-21 we will undertake the scoping, design and development of an integrated digital platform for NHS Wales which will result in a single portal to access all HEIW services (Strategic Objective 1.5). We will also scope the development and implementation of a digital capability framework (Strategic Objective 2.12).

Working collaboratively with Digital Health and Care Wales (DHCW), the digital team will increase our capacity and capability to ensure the resilience and security of the network, reduce the organisational risks regarding cyber security (objective 5.8). We will also optimise the print, telephone and computer infrastructure and will develop and implement standards and frameworks to improve service management and delivery.

8.4 Ensuring a safe, sustainable and appropriate working environment

The Planning, Performance and Corporate Services Team will continue to contribute to the Strategic Aims and Objectives of the organisation, in particular to Strategic Aim 5: *to be an exemplar employer and a great place to work*. As Ty Dysgu is the main headquarters of the organisation, the team continues to ensure the provision of facilities and equipment and to ensure that the environment is as inclusive as possible for all staff. As flexible working has become embedded, the organisation will develop am Agile Working approach that meets our unique needs, building on feedback from our staff whilst also underpinning our ongoing organisational development.

The organisation will continue to ensure that our staff are safe wherever they are undertaking work on behalf of HEIW and regardless of where their base may be. The Health and Safety Policy and supporting procedures are in place and have been cascaded to our HEIW workforce via the staff intranet and for new staff via the corporate induction. The Health and Safety Committee meets quarterly and reports to the Executive Team.

As described in Chapter 1 the organisation has a revised Crisis and Business Continuity Plan and will use it to guide our crisis response as the pandemic progresses.

8.5 Planning and Performance

Planning and performance arrangements are in place to enable HEIW to achieve our Strategic Aims and to measure our progress and delivery of our business activities.

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8.5.1 Planning

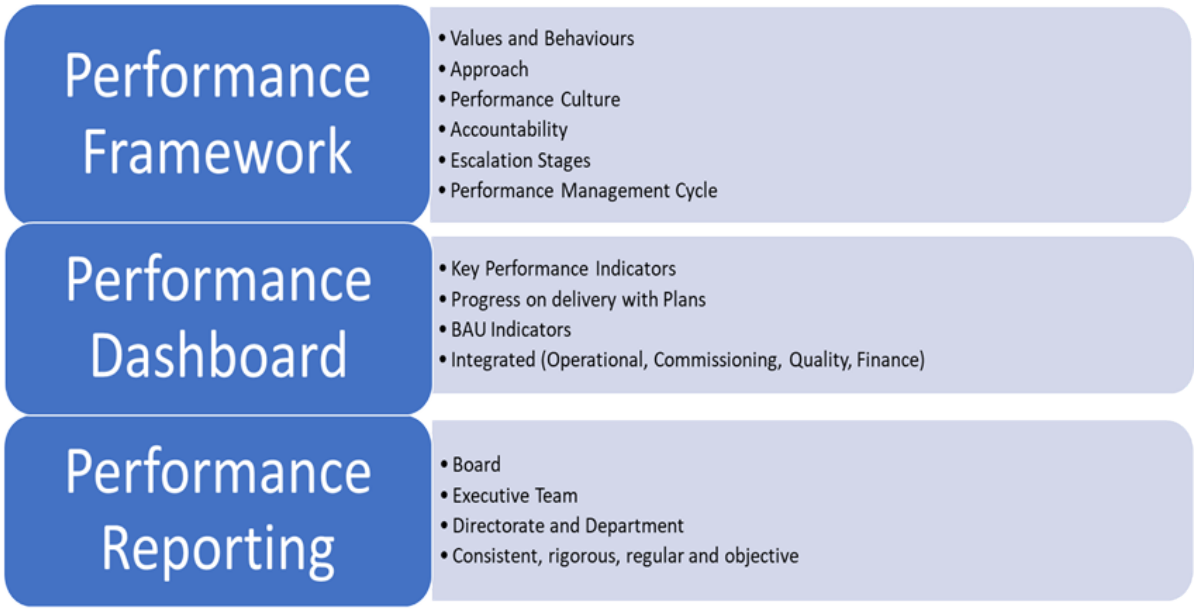
In 2020 the organisation appointed a new Director of Planning, Performance and Corporate Services and we are building on the work done to date to continuously

improve our planning approach and practice. This includes our strategic, operational and business planning. We are developing approaches to supporting teams in the development of departmental delivery plans as well as internal and strategic business cases, ensuring that strong cases are developed that clearly identify the value and benefits that the investment will achieve. In 2021 we will be implementing a systematic approach to programme management and supporting this with a digital planning system. This will also support our strategic planning and performance monitoring and our ongoing focus on value and outcomes.

8.5.2 Performance

The Structured Assessment for 2020 noted that that was good assurance on the monitoring of the delivery of our Plans. However, we are committed to developing a compassionate and collective culture that is underpinned by effective performance management and a focus on improvement. Given the specific nature of our role as a strategic organisation and the demands placed on us by the UK regulators, we are taking a proportionate approach and we largely measure and monitor a different set of performance indicators to the rest of NHS Wales. Our reporting cycle is also different, with a greater focus on academic cycles, annual and quarterly timescales rather than the daily, weekly and monthly beat of other NHS organisations.

We routinely provide our Board with the Performance Dashboard and reports, providing them with assurance on the delivery of our strategic plan, the progress of projects and programmes and core business delivery. In January 2020 the Board approved our Performance Framework which describes the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business As Usual' activities effectively, as shown below.



Our revised approach will further support and embed our service review process in which the Executive Team holds biannual service review meetings with senior leaders and their teams to review the progress of key projects or programmes of work, to help remove any barriers and offer support and guidance where required. In addition, our approach will align with the biannual JET meetings and the Quality and Delivery meetings with Welsh Government.

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8.6 Professional Support Unit

The Professional Support Unit (PSU) is an enabling function for NHS Wales and sits within HEIW. Its role is to provide proactive and comprehensive support and guidance to doctors, dentists and trainers to enable progression in training. Through 1:1 coaching, the team works with the trainee to identify objectives for resolving training and personal concerns to mitigate the impact on trainee progress or patient safety.

In more complex circumstances, the team refer the trainee to a specialist support service to improve well-being and performance. This specialist support is provided by Hammett Street Consultants as part of a formal service level agreement. The range of support includes:

Wellbeing / Physical Health / Mental Health	Time Management / Personal Organisation
Personal / Professional Issues	Decision Making / Problem Solving
Assertiveness / Confidence	Leadership / Team Working
Examination Issues / Study Skills	Communication / Language Skills

Assessment for Dyslexia Assessment is outsourced on case by case basis to local specialist providers.

An integral part of core work for the PSU is the production and delivery of workshops on topics to support trainees and trainers. The sessions aid understanding of the purpose of support and, as a result of better understanding, the rate of referrals and demand has increased significantly. The PSU strive for proactive interventions to minimise adverse effects on training, personal lives and ultimately patients. Data such as referral trends, outcomes and ARCP progress, demonstrates the positive impact the PSU is having on training outcomes and retention. Evidence shows that 90% of trainees supported by the PSU progress with positive outcomes (ARCP Outcome 1 or 6). In other cases, a trainee might decide to leave their training programme, and this can also be a positive outcome for the individual.

The PSU works across HEIW, e.g. Differential Attainment Board, Workforce Equality and Inclusion Unit, Quality Unit and the training programmes to understand and improve outcomes for HEIW trainees. In support of the Differential Attainment Board, during the coming year we will be collecting data and information on this specifically. As well as continuing to reinforce the key role that education supervisors, faculty leads, and heads of school have in supporting trainees.

Within Wales the PSU shares best practice guidance and information with all parties involved in postgraduate medical and dental training. The establishment of HEIW has provided an opportunity to explore how the learning and evidence from the work of the PSU can be used to inform the commissioning and development of our education programmes and approaches to training, and this will also be a priority for us in the next year. There is a PSU in each of the four countries of the UK and we believe that the Wales PSU leads the way with an innovative and proactive service, contributing widely to the medical and dental education authorities nationally and internationally.

English Cathedral
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8.7 Revalidation Support Unit

The aim of the Revalidation Support Unit (RSU) is to support and improve professional standards for healthcare professionals through Continuing Professional Development, appraisal and revalidation. The Unit is a core function within HEIW and works closely with stakeholders including Welsh Government, the regulators and Health Boards to deliver high quality, professionally led systems and resources. The Unit also works in partnership with teams across HEIW, in particular the HEIW digital team which maintains the IT systems to support activity. Our responsibilities include:

- Management of a suite of online resources to support staff and Health Boards though appraisal and revalidation, including the Medical Appraisal Revalidation system (MARS), the Orbit360 patient and colleague feedback system, the Dental Appraisal System (DAS) and the Wales Professional Review for Optometry (WPRO).
- Delivery of CPD events, training, online modules and resources
- Management of the 3D Programme: Discovering, Developing and Delivering in Healthcare.
- Management of the GP Appraisal Process in Wales.
- Leading on a programme of quality management activities and all Wales groups and networks that oversee medical appraisal and revalidation, in order to facilitate a consistent approach to policies, guidance and quality improvement.

The Unit's focus during 2020-21 has been to respond to needs of the workforce and to provide support throughout the COVID-19 pandemic. Key activity includes:

- Releasing over 120 sessions to support Primary Care services across Wales following the GMC's temporary suspension of the Revalidation Process, and the CMO's recommendation to suspend the medical appraisal process in Wales in March 2020.
- Recommencement of the medical appraisal process with a focus on wellbeing from 1st October 2020 in alignment with the four nations.
- Development of new online resources on returning to appraisal, virtual working and mental health
- Adapting to a virtual delivery model to maintain our CPD provision and key functions

The Unit's priorities over the next 12 months are to continue to provide a high quality service, to remain responsive to the needs of the workforce and to provide support through wellbeing focussed appraisal.

8.8 Research, Evaluation and Value

Research and evaluation are a key component in supporting HEIW achieve its vision. HEIW's priorities as defined in the Annual Plan 2021/22 identify evidence-based decision making, promotion of innovation, new initiatives and engagement in continuous evaluation and improvement as the foundation for high quality, accessible healthcare services in Wales. Research and Evaluation are key enablers for these organisational aims and to ensure that we continuously improve quality, enhance our processes for investment in the NHS Wales workforce and provide the evidence base for the decisions we make in planning for our current and future workforce. It is also key to determining the impact that our activity has on the healthcare workforce, practice and ultimately, patient care and safety.

English Catherine
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Relevant evaluation frameworks will be constructed to meet the organisational aims and enable us to determine the extent to which initiatives and schemes resonate with the six Strategic Aims and contribute to the transformation of the workforce for *A Healthier Wales*.

Evaluation frameworks will be developed to enable both summative and formative approach to be employed, and result in assessments of effectiveness and cost-effectiveness, along with the identification of process related factors that contribute to success. The frameworks will also provide opportunity for us to inform the nature and scope of the evaluations and to secure agreement with relevant stakeholders as to the nature of the proposed outcome measures.

Undertaking this work will enable HEIW to actively promote our activities and innovative approaches to education and training and support best practice and learning across national and international forums and through publications in peer-reviewed articles. All of which will support the promotion of Wales as a destination of choice for healthcare professional training and enhance the reputation of HEIW as an innovative, forward thinking organisation.

8.9 Improvement, Innovation and Transformation

In HEIW, our philosophy is that improvement is seen as core to our agenda and throughout all the work that we do. We will be rolling out improvement training as part of the Improving Quality Together programme and alongside this, we will provide development to support change management with particular reference to cultural change when progressing improvement programmes. We also have plans to develop an approach to facilitate and embed research and evaluation to multiple areas of our work. This will focus our attention on measuring the impact, supporting innovation and improvement activity, driving up quality and adding value.

In many areas of our work there are innovative solutions being developed and applied to help resolve system wide issues. Many examples of innovation can be found throughout our Annual Plan, particularly around our themes relating to education and training and supporting quality and safety. The Strategic Review of Education will help to influence the content of education provision here in Wales and is something that hasn't been done elsewhere in the UK. The work being undertaken with partners to roll out of new educational frameworks, workforce models, guidance, roles/extended skills are further examples of our innovative work. Our ability to embed our model of compassionate leadership and succession planning work across NHS Wales is unique here in Wales.

We have developed innovative ways of training (including the Longitudinal Integrated Foundation Training programme) and will use simulation and clinical skills training in the interprofessional workforce development area to, for example, find safe alternatives to face to face training.

We are also going to be utilising new technology to support areas of our work. For example, under the theme relating to a Sustainable Workforce we will be scoping the development of a Wellbeing in Work Impact Resource (WiWIR) and associated toolkit, which assesses the health and wellbeing indicators at the design stage (e.g. job descriptions, care pathways, shift patterns, buildings, services etc). This has not been done previously and is ground-breaking in its approach. We will also be exploring ways to better use our simulation equipment across Wales.

English Committee
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8.10 Organisational Risk and Governance

As an organisation we adhere to the HEIW risk management policy and maintain a risk management system which enables and empowers staff to identify, assess and manage risks to HEIW. Strategic risks are monitored by the Board and managed by the Executive Team and operational risks are managed by teams at the most appropriate level. This enables HEIW to have clear visibility in what might prevent us from delivering our Strategic Aims and Objectives. Since October 2018, new governance arrangements for managing our Strategic Aims and Objectives have been established.

During 2020 HEIW's Board has focussed further on the development of our approach to strategic risk. The updated Risk Management Policy was approved at July Board and HEIW's Strategic Risks confirmed as part of the organisation's Board Assurance Framework at November Board. HEIW's Risk Appetite approach was considered at a Board Development Session in December and is expected to be approved at January Board.

Our risk management policy and practice was assessed by our internal auditors and we received Substantial Assurance on the process being applied. Our Audit and Assurance Committee reviews the Corporate Risk Register on a quarterly basis. At the time of writing there is a sole Red-rated risk (relating to cyber-security) on the Corporate Risk Register and the Plan respond to this through Strategic Objective 5.8.

Following submission of the Annual Plan into Welsh Government at the end of March, the Executive and Senior Leadership Team will be focussing on developing the project and programme plans to support delivery of key actions, as well as articulating the risks and mitigating actions for each objective. HEIW's Corporate Risk Register will be amended in line with the Annual Plan in readiness for the start of the new financial year taking account of the agreed risk appetite.

While innovation requires an appetite for risk this does mean that there is a risk that a project or programme might fail. By taking a well-informed, evidence-based approach to decision making, and operating a risk management approach, we will ensure that any issues relating to the delivery of any Objectives are flagged early and responded to appropriately.

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Chapter 9 – Financial Plan

9.1 Our Approach

The HEIW Financial Plan is designed to enable the programmes and activities established by the Board, in response to our vision of *Transforming the Workforce for A Healthier Wales*, to be taken forward. The identified funding requirement is for the range of functions and programmes agreed with Welsh Government and will be appropriately managed to achieve financial balance in each and every year of the financial plan. The plan recognises that the 'quadruple aims' approach of Improving Health, Enhancing Quality and Access, Higher Value Care and a Motivated and Sustainable Workforce, go hand in hand with achieving good value in the use of public money. The HEIW financial plan has also been designed to support the ambitions articulated in the 6 Strategic Aims, which in turn align with *A Healthier Wales* and the Wellbeing of Future Generations Act.

Delivering value in the use of public money is an important requirement and HEIW will demonstrate value and sustainability of its programmes and activities over the life of the Annual Plan by:

Leadership

- Clear and effective leadership by the Executive Team.
- Timely planning, monitoring, support and action by the Finance Team.
- Integrated working with all Executives, Senior Leaders, Budget Holders and Departments
- Visible and timely intervention and interaction by all Executives, Senior Leaders and Budget Holders.
- Interrogation and collaboration of strategies plans and approaches with our sister organisations across the UK.

Using a Value-Based Approach to Commissioning and Development activities

- Developing a value-based approach to articulate the system benefits of investing resources in Education and Training.
- Developing a robust approach to business case development.

Strong Discipline

- Disciplined financial management of all expenditure commitments.
- Continuous and detailed monitoring and management of the financial position.
- Timely corrective response to any variation from plan.
- Adherence to standards and governance requirements.

Ensuring excellent Assurance and Governance

- Effective budget holder engagement to deliver the Plan and management of budgets.
- Provision of high quality, accurate and timely financial advice for budget holders, the Executive team and HEIW Board.
- Expert support and technical advice to budget holders to enable the development of robust plans and business cases.
- Continuous evaluation of systems to identify areas for improvement and timely actions in response to audit recommendations.

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Engagement with Budget Holders

- Finance team will provide regular timely and informative reports and support for budget holders.
- Promotion of financial behaviours that encourage, incentivise and add value.

Using available tools to demonstrate efficient use of resources where appropriate

- Relevant and timely Performance Reporting aligned to the organisation's Performance Framework.
- Use of relevant NHS Benchmarking.
- Application of Efficiency Framework where possible.

HEIW agreed a three-year IMTP with Welsh Government for 2020-23. The Financial Plan within that IMTP presented the resource requirements and deployment over an extended 5-year planning time frame, in order to ensure that the timescales of the current agreed programmes and those envisaged were presented over their full annual cost commitment. It is important that the scale of the stepped commitment arising from the phasing impact of programmes is understood since the cost increases can be substantial when the additional student/trainee numbers commissioned progress through all the years of their education and training.

The process of developing the financial plan to date has involved a detailed review with individual budget holders of their 2020/21 budgets and WG agreed commitments, which were set following agreement of the 2020-23 IMTP. The emerging in-year financial position and year-end outturn forecast as at month nine was also considered in establishing the new-year starting base. Due to the inherent complexity involved in pay modelling, the exercise has been carried out centrally within the Finance Team, but budget holders have been able to subsequently review their proposed budgeted establishment for accuracy.

All business cases and increases in commissioning budgets that have the approval of Welsh Government or are part of the NHS Wales Education Commissioning and Training Plan 2021/22 have been included. Budget holders were also asked to include within the planning template essential requests for additional funding that may be required to fully deliver the Strategic Objectives set out in within this Annual Plan and the enabling corporate requirements. The resource requirements of these have not been included within the Plan and will be subject to further discussion and agreement with Welsh Government during the 2021/22 year and will be taken forward if and when they are agreed.

The key Pay and Inflation assumptions within the financial plan are as follows:

- Following the end of the 3 year pay agreement (ending 2020-21) for NHS staff an inflationary uplift of 1% on pay scales has been applied for future years.
- A 1% uplift on Cardiff University pay scales has been applied based on current rates.
- A 2.8% uplift on DDRB pay scales has been applied based on current rates.
- A 1% inflationary uplift on non-pay budgets has been applied.

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The five-year summary of the financial plan is set out below:

2021/22 - 2025/26 IMTP Financial Plan

	Annual 2020/21 Budget	Draft 2021/22 Budget	Draft 2022/23 Budget	Draft 2023/24 Budget	Draft 2024/25 Budget	Draft 2025/26 Budget
	£	£	£	£		
Executive Office						
Pay	1,424,926	1,665,659	1,344,457	1,222,554	1,247,856	1,275,509
Non Pay	1,935,211	3,566,717	4,001,550	4,013,235	4,025,046	4,036,976
Total Executive Office	**3,360,137**	**5,232,376**	**5,346,007**	**5,235,788**	**5,272,902**	**5,312,484**
Finance & Corporate Services						
Income	-	-	-	-	-	-
Pay	864,447	948,456	967,938	989,588	1,002,401	1,016,655
Non Pay	103,377	101,596	122,225	123,435	124,670	125,917
Total Finance & Corporate Services	**967,824**	**1,050,052**	**1,023,807**	**1,046,003**	**1,059,380**	**1,074,204**
Digital						
Pay	854,257	1,121,853	1,039,582	1,065,999	1,084,886	1,111,527
Non Pay	3,969,775	4,320,057	3,550,693	3,591,353	3,632,827	3,674,715
Total Digital	**4,824,032**	**5,441,910**	**4,439,327**	**4,504,896**	**4,563,732**	**4,630,721**
Planning, Performance & Corporate Services						
Pay	312,301	320,601	336,694	341,876	347,211	353,946
Non Pay	601,629	1,426,320	1,496,889	1,511,709	1,526,826	1,542,095
Total Planning, Performance & Corporate Services	**913,930**	**1,746,921**	**1,833,583**	**1,853,586**	**1,874,037**	**1,896,041**
Medical Director						
Income	- 598,872	- 522,070	- 537,267	- 542,640	- 548,066	- 553,547
Pay	9,484,965	10,363,698	10,451,038	10,707,822	10,928,882	11,147,567
Non Pay	6,790,499	7,401,566	8,462,715	8,652,085	8,729,306	8,807,299
TGS	52,687,561	56,729,432	64,917,576	76,349,832	90,757,093	106,611,326
GP Training	20,521,467	28,503,572	33,494,642	34,333,383	34,976,104	35,625,253
I&R	231,290	113,602	240,144	242,545	244,970	247,420
PGMDE	4,863,900	4,801,666	4,926,551	5,032,636	5,145,783	5,266,061
WCAT	1,769,573	1,752,737	1,799,063	1,817,054	1,835,225	1,853,577
Pharmacy Commissioning	9,267,236	11,441,164	11,358,038	11,922,457	12,146,286	12,292,998
Dental Commissioning	4,976,400	8,143,357	9,367,720	9,461,397	9,556,011	9,651,571
Relocation Expenses	1,100,000	1,111,000	1,122,110	1,133,331	1,144,664	1,156,111
Total Medical Director	**111,094,019**	**129,839,724**	**145,602,330**	**159,109,903**	**174,916,259**	**192,105,637**
Nursing						
Pay	1,668,508	2,171,296	2,078,049	2,152,982	2,199,827	2,244,237
Non Pay	- 141,627	762,750	- 8,728	- 106,137	- 333,042	- 329,071
Commissioning	119,802,102	124,567,354	141,509,062	152,940,143	157,013,467	159,707,539
Total Nursing	**121,328,983**	**127,501,400**	**143,578,383**	**154,986,988**	**158,880,252**	**161,622,704**
Workforce & OD						
Pay	2,016,162	2,473,433	2,490,419	2,561,086	2,602,740	2,637,364
Non Pay	601,629	965,585	1,597,383	1,050,097	1,376,828	1,585,516
Total Workforce & OD	**2,617,791**	**3,439,018**	**3,965,144**	**3,487,297**	**3,854,444**	**4,096,505**
Grand Total	**239,368,754**	**274,251,401**	**305,788,581**	**330,224,460**	**350,421,004**	**370,738,296**

9.2 Developments and Investments

Through the process of developing the Annual Plan, developments and potential investments to deliver the Plan were identified through the 'Plans on a Page' approach. Some of these have been incorporated into the updated financial plan. However, any further resource requirements identified will be costed and when they are agreed will be subject to further discussion and agreement with Welsh Government in-year.

9.3 Financial Risks and Opportunities

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The financial plan is being developed with the best available information and within the existing policy environment. There is some uncertainty on the scale, length and impact of the COVID-19 pandemic on the educational and training commitments in the early years of the financial plan. Consequently, the basis of the planning assumptions has been conservative.

9.4 Capital

HEIW has a recurrent discretionary Capital Allocation of c.£100k. Although this modest allocation will not initially inhibit the developments set out in the plan, a process will be established that involves budget holders and other partners to determine the capital needs of HEIW in support of its objectives and strategy over the next five years.

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Appendices

Appendix A

Our **values and behaviours** have been developed by us and reflect our thoughts, feelings and beliefs in how we will, and won't, behave and treat others. They reflect how we will carry out our work and support the delivery of health and social care to the people of Wales.

Respect for all - *in every contact we have we have with others.*	**Together as a team** - *we will work with colleagues, across NHS Wales and with partner organisations.*	**Ideas that improve** – *harnessing creativity and continuously innovating, evaluating and improving.*
We Will	**We Will**	**We Will**
• Actively listen – make time to listen, to hear, and respond to everyone's views; • Seek to understand alternative viewpoints and see things from others' perspectives; • Challenge constructively and objectively and deal with disagreement quickly and respectfully maintaining peoples' dignity; • Respect other people's expertise and trust people to do their jobs; • Take personal responsibility for our actions and have the confidence to admit mistakes and apologise; • Treat people fairly and equitably according to their needs; • Value all differences not just professional backgrounds, experience and skills.	• Seek out, recognise and value the knowledge skills and experience of others from within HEIW and across our stakeholders; • Openly receive contributions from colleagues and partners; • Work hard for each other, contribute our best whether we are leading or supporting work; • Work collaboratively; • Be open and transparent and work towards shared objectives; • Have fun.	• Be creative, curious and future thinking; • Challenge the status quo and suggest constructive solutions; • Take a positive approach to challenges and problems; • Drive informed innovation and improvement for patients, staff and learners; • Empower staff, teams and partners with skills to improve; • Seek out and respond to feedback from patients, learners, staff and partners; • Talk up and celebrate success; • Embrace and learn from mistakes; • Focus on the 'whys' - the purpose and the outcome; • Create and protect time and space for reflection and evaluation.
We will not	**We will not**	**We will not**
• Allow challenges or differences of opinion to become personal;	• Withhold important relevant information;	• Behave in a negative or "can't do" way; • Be defensive when challenging existing ways of working;

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• Behave in a way which could be perceived as bullying; • Exclude others; • Behave in a way which could be perceived as prejudicial; • Give preferential treatment; • Dominate discussions or approaches.	• Forget to communicate with each other; • Lack loyalty towards each other and HEIW; • Work rigidly to defined boundaries.	• Think we know best; • Allow obstacles to stop improvement; • Blame others for mistakes.

English,Catherine
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Infrastructure for Delivery – Drivers

Appendix B

HEIW RESOURCE PLAN : DRIVERS FOR CHANGE

Expanding HEIW Infrastructure and resources to provide capacity and capability to deliver our vision of Transforming the Workforce for a Healthier Wales

Additional Roles and Responsibilities	A Maturing Organisation	Covid Response and Recovery and New Ways of Working
Nurse Staffing Programme	Greater understanding of skills and capacity inherited from predecessor organisations	Majority of activities moved online inc homeworking and education and training - big increase in digital support required
Allied Health Professionals Framework	Filling identified gaps in comparison to other NHS organisations, including in statutory compliance	New Covid response functions - IPC training, support to Care Homes, Critical Care training, some of which are becoming BAU
Healthcare Sciences Programme	Maturing governance processes and structures	Leadership and support to the vaccination programme
Hosting the CDO Office	Complying with Audit Recommendations	Support and production of resources for trainees and students
Optometry Training	Developing our Business Partnering approach	Additional national Wellbeing offer
Graduate Training Scheme	Developing our Transformation approach and capacity	
#TrainWorkLive	Using best practice eg PMO, workforce planning, QI, Evaluation and Research	
Meeting Statutory Requirements: eg Welsh Language (Wales) Measure 2011, Socio Economic Duty, EU Transition, Equality Act, Wellbeing of Future Generations (Wales) Act 2016	Expansion in numbers of commissioned HCP students and medical, pharmacy and dental trainees leading to increase in commissioning, training provision, QA and corporate departments workload	
Learning Disabilities Framework	Expansion in direct programmes and functions requiring additional corporate support.	
National Mental Health Workforce Plan	An exemplar employer: ensuring wellbeing, and engagementof our staff	
New national policies: eg Decarbonisation Strategy		
Scoping other Areas: WIMAT		

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

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

Executive Lead: Lisa Llewellyn / SRO: Kerri Eilertsen-Feeney

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Scope current nursing workforce from band 2 to 8 speciality and level of practice. • Publication of current workforce mapping.	**Q1 (April-June)** • Recruit to programme manager, if funded through Case for Change. • Research best practice for nursing workforce models. • Work with Workforce Analytics to scope current nursing workforce from band 2 to 8 speciality and level of practice. • Establish internal HEIW working group.
	Q2 (July-September) • Engage Executive Directors of Nursing (EDONs). • Establish an expert working/steering group. • Engaging with the nursing workforce - "Think Tank" month long event to identify/support future priorities. • Continue to work with Workforce Analytics and Health Boards (HBs) to scope current nursing workforce from band 2 to 8 speciality and level of practice.
	Q3 (October-December) • Analysis of "Think Tank" data from engagement events and process. • Analysis of workforce data and report of findings.
	Q4 (January-March) • Sharing data and information collected. • Engagement with HBs.
High level Deliverables for Year 2 (2022-23)	
• Engagement and consultation events to develop workforce plan, following analysis of workforce data.	
High level Deliverables for Year 3 (2023-24)	
• Deliver and evaluate the workforce plan.	

What does success look like?

An achievable and sustainable national strategic workforce plan to transform the nursing workforce for the future.

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

Strategic Objective 1.2: Lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future

Executive Lead: Push Mangat / SRO: Charlette Middlemiss

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Development and Implementation of the CPD Strategy • Implementation and roll out of the Education Delivery System across HEIW.	**Q1 (April-June)** • Draft version of the CPD Strategy discussed with stakeholders and engagement events undertaken. • Complete procurement for the Education Delivery System (EDS). • Complete implementation plan for EDS. • Staff trained on the system. • Movement of data from existing systems complete.
	Q2 (July-September) • Plan developed for the implementation of the CPD strategy. • Completed roll out of EDS across the organisation. • Communications with users, learners and all stakeholders involved with the EDS complete.
	Q3 (October-December) • Final version of CPD strategy available. • Complete action plan for the CPD strategy and identify actions. • Evaluation of the initial engagement with the EDS.
	Q4 (January-March) • Assessment of the initial uptake for the use of the EDS. • Further develop the scope of EDS to include delivery of content developed externally e.g. HBs. • Complete actions on the CPD Strategy action plan.
High level Deliverables for Year 2 (2022-23)	
• An evaluation of the effectiveness of the CPD strategy. • Implementation of any changes required, because of the evaluation. • Evaluation the use and effectiveness of the EDS and identify any barriers to use. • Development of the EDS further to suit the needs of HEIW.	
High level Deliverables for Year 3 (2023-24)	
• Complete - An implemented and evaluated CPD Strategy and the EDS used across the organisation.	

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What does success look like?

100% of online courses and virtual learning originating in HEIW being delivered through this system. Improved course booking processes and user experience which can be measured by an increase in the number of bookings and by customer satisfaction surveys. Standardised management of CPD. A financial model for CPD. Improved collection and monitoring of Performance Data. Increased delivery of multi-professional CPD with at least 30% of courses being available to a multi-professional audience. Movement of all online CPD courses from systems currently being used in HEIW to the EDS (8000 + courses) by January 2022.

Registration 10,000 healthcare workers enabling them to access on-line CPD by 2022 with the functionality to register up to 160k Health and Social Care workers if required.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Julie Rogers / SRO: Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Scope requirements for the NHS Wales Health and Wellbeing Framework. • Evaluate health and wellbeing initiatives introduced during 2020-21 to assess impact and inform ongoing development. • Scope the development of a Wellbeing in Work Impact Resource (WiWIR). • Develop the Staff Governance Framework. • Further embed flexible training opportunities for medical trainees in Wales and ensure robust return to training support is available for trainees in Wales.	**Q1 (April-June)** • Completed Project Initiation Document for the development of the Health and Wellbeing Framework. • Commence engagement to inform development of the staff governance framework • Evaluation Report and PowerPoint slide pack of the health and wellbeing initiatives developed. • Completed the Project Initiation Document for the development of the WiWIR. • Evaluate the Single Lead Employer arrangements. • Conduct and conclude options appraisal for trainee relocation reimbursement allowance and funding model to support this.
	Q2 (July-September) • Started the engagement/consultation of the development of the NHS Wales Health and Wellbeing Framework. • Consult on the staff governance framework • Based on the findings of the evaluation report, and in collaboration with the NHS Wales Health and Wellbeing Network/Managing Attendance Project Group/Occupational Health Services Project Group, make recommendations to HEIW Executive team for next stage programme plans. • Implement trainee wellbeing and return to work support strategies. • Build on opportunity to increase flexible training opportunities for trainees in Wales including portfolio career opportunities and accreditation of transferable competencies.
	Q3 (October-December) • Commence the Literature Review to inform development of WiWIR. • Launch staff governance framework • Agree revised study leave policy and process for medical and dental trainees in Wales.
	Q4 (January-March) • WiWIR version 1 draft developed. • Health and Wellbeing Framework for NHS Wales draft version agreed. • Implement the new medical and dental study leave policy and process.

High level Deliverables for Year 2 (2022-23)

- Implement the Health and Wellbeing Framework for NHS Wales which will include Information/Resources and Wellbeing Measures
- Version 1 of the WiWIR agreed and testing sites planned.
- Introduce 'in-house' training modules across a number of generic areas.
- Work with NHS Wales partners to implement and evaluate national work programmes relating to health and wellbeing, workplace wellbeing and colleague experience.

Enabling Excellence

- Implement Single Lead Employer arrangements for remaining specialties.
- Promotion and showcasing of good practice on approaches to wellbeing support services.

High level Deliverables for Year 3 (2023-24)

- Test and evaluate the Wellbeing in Work Impact Resource.

What does success look like?

HEIW is providing system leadership in developing and embedding workforce wellbeing and colleagues experience. This is contributing to the ambition of an engaged, healthy and motivated workforce outlined in the Workforce strategy for health and social care. Specifically this means that:

- HEIW are leading the development of specific areas of the Workforce Strategy Implementation plans.
- A health and wellbeing framework to support physical and mental wellbeing has been developed and implemented.
- Information and Resources including toolkits to support managers and staff are widely available and utilised.
- Robust Diagnostic and Evaluation Tools have been developed and are providing evidence of improvement.
- Wellbeing measures are being implemented and monitored to track progress.
- Workforce related policies and practices are being designed with a focus on wellbeing.
- Managers and leaders are focussed and fully committed to ensuring the wellbeing of the workforce.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Julie Rogers / SRO: Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Create a comprehensive digital platform and social media presence to include virtual reality experiences which offer input to SCW. • Scope Careers and Widening Access Strategy. • Align attendance and contribution of #TrainWorkLive and careers campaigns to maximise reach. • Create and launch the Made in Wales Programme.	**Q1 (April-June)** • Complete the move of the *careerswales.nhs* website to Mura. • Identify appropriate digital platform to host 'Careersville' event. • Build the Careersville digital village. • Create internal and external programme arrangements to progress Made in Wales to include partners across NHS Wales, education and professional bodies and trades unions. • Map current activity across Wales which aligns to Made in Wales. • Work with workforce colleagues across NHS Wales to agree process for highlighting retention initiatives to NMC registered staff who are considering retirement/changes of career.
	Q2 (July-September) • Launch the Careersville event on 5 July 2021. • Have a significant presence at key careers and recruitment events. • Hold stakeholder events to develop the Careers and Widening Access Strategy. • Agree the programme of work for the first 3 years of Made in Wales. • Launch targeted retention initiative for AHP staff.
	Q3 (October-December) • Consult on the Careers and Widening Access Strategy. • Further develop the Careers Network links and connections between careers approaches in health and social care to maximise our reach.
	Q4 (January-March) • Complete the Careers and Widening Access Strategy in readiness for April 2022 launch. • Identify further areas for targeted retention initiatives.
High level Deliverables for Year 2 (2022-23)	
• Implement the Careers and Widening Access Strategy (year 1). • Review current schemes and develop targeted schemes for shortage areas focussing particularly on actions to address the diversity of the workforce. • Examine inter-professional learning and working arrangements to support existing staff to change careers.	
High level Deliverables for Year 3 (2023-24)	
• Implement an all Wales Careers and Widening Access Covenant and work experience toolkit. • Develop a Once for Wales approach to use of and development of skills based career choice.	

What does success look like?

A national careers service is in place, providing services that are accessible for all ages and career stages. A recognised brand that aligns with our recruitment offer, attraction campaigns, and is available to Social Care, linked to targeted schemes for shortage areas, student graduation. A careers strategy which includes specific actions in relation to inclusion providing new and innovative ways to access careers in health and care.

English Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Julie Rogers / SRO: Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Establish the Made in Wales Team. • Scope and establish the programme of work to deliver a rolling 3-year work programme. • Build the digital content to host the programme content and resources. • Map current activity across Wales which aligns to Made in Wales. • Create and Launch the Made in Wales Programme. • Create targeted retention initiatives aimed initially to the post-55 years old workforce.	**Q1 (April-June)** • Complete recruitment to the Made in Wales Team. • Map current activity across HEIW which aligns to the Made in Wales approach (e.g. apprenticeships). • Communicate the Made in Wales vision to engage Exec Peer Groups and key stakeholder support. • Establish programme management arrangements. • Create think piece relating to targeted retention initiatives.
	Q2 (July-September) • Scope current activity across Wales which aligns to this approach (e.g. B4 nursing programmes which allow direct access to year 2 of degree). • Scope the component parts of a programme of work which will inform a 3 year rolling work programme in the first instance.
	Q3 (October-December) • Create the digital presence and graphic communication methods. • Agree the programme of work for the first 3 years of Made in Wales to include registered and non-registered HCP pathways.
	Q4 (January-March) • Hold an event to formally launch the Made in Wales Programme.
High level Deliverables for Year 2 (2022-23) • Expand the current 'alternative' programmes available in nursing to other areas. • Engage university providers in seeking recognition for previous learning, qualifications and experience in developing alternative pathway transfer routes (e.g. Physician Associate to medical training).	
High level Deliverables for Year 3 (2023-24)	
• Accelerate/expand the approach into other professional areas including consultant level and non-clinical areas.	

What does success look like?

A career framework which enables staff to enter at multiple points, and then move across and up through the same or different professional lines, through a competence-based approach and recognising acquired and prior learning. Breaking down traditional barriers to learning and pre-registration programmes, and allow career change and career development at all stages of an individual's working life. Identifying future supply, attracting to health careers, providing the appropriate education and training including apprenticeships and internships, planning their ongoing roles through enhanced strategic recruitment, and continuing to support them in their roles through CPD. The development of career pathways at all levels and in all professional areas, including demonstratable widening of access to healthcare careers, reducing the impact of differential attainment increasing the reflection of Welsh Language and culture in our services by recruiting

English Committee 06/04/2021 13:30:15

local people, increasing our workforce supply and reducing reliance on agency and locum expenditure over time. In addition this work will contribute to the social and economic prosperity of Wales.

English Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Julie Rogers / SRO: Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Develop an outline business case for the establishment of a Centre of Excellence (CoE) for health (and social care subject to engagement with SCW). • Lead work to improve the quality and completeness of workforce data at both local and national levels. • Lead the development of a data strategy and work with the performance team to develop the performance dashboard for HEIW to support the Performance Framework. • Develop capacity and capability to produce and provide workforce intelligence and workforce modelling reports including NHS staff survey and pay modelling. • Scope the programme of work required to build capacity and capability across NHS Wales in workforce data and analytics to inform the development of a Strategy for Workforce Intelligence.	**Q1 (April-June)** • Identify key partners to inform the purpose, function, detail and design of the CoE. • Review and agree appropriate alignment of data related roles/activity with statutory functions. • Subject to above, agree a work programme for NHS Wales to improve the quality and completeness of ESR data. • Establish a work programme for HEIW to improve the quality and completeness of ESR data. • With the performance team, support the programme of work to develop the Performance Dashboard on quarterly basis. • Produce a data quality dashboard (internal and external) and associated reporting structure to drive improvement. **Q2 (July-September)** • Engage with key stakeholders to understand the individual partner requirements of the CoE. • Develop high level / protype workforce dashboards to provide workforce planners and modellers a minimum dataset for planning. • Produce a report outlining finding from the datasets audit. • Engage with Social Care Wales to understand the outputs of their new workforce data collection process and results. **Q3 (October-December)** • Engage with NHS and social care workforce planners and modellers to understand the types of data that would enable better workforce decisions to be made. • Identify sources of demand to improve effectiveness of workforce modelling. • Scope datasets and research methods to effectively pay model across NHS Wales. • Research best practice and understand education requirements of workforce analytics. • Undertake a gap analysis of workforce analysts skills. • Evaluate the anticipated benefits of a single platform for HEIW. **Q4 (January-March)** • Produce an outline business case for the establishment of a CoE for health and social care (subject to social care engagement). • Engage with NWSSP in the re-procurement of ESR to influence a single workforce system solution from 2022. • Launch workforce dashboard that provides workforce planners with the appropriate data they need to effectively workforce plan.

English,Catherine
06/04/2021 15:38:55

High level Deliverables for Year 2 (2022-23)

- Develop a full business case for the establishment of the CoE.
- Develop the Strategy for Workforce Intelligence, including a capacity and capability building programme across NHS Wales.
- Deliver year one of the capacity and capability building programme across NHS Wales in workforce data and analytics.
- Further develop data quality metrics across HEIW and NHS Wales. HEIW to be the exemplar organisation in ESR workforce information.
- Evaluate the effectiveness of the data quality dashboard.
- Improve links with Social Care Wales and better understand each others data.
- Develop workforce modelling methodology to populate VENSIM.
- Develop a programme of work to support Staff Survey.
- Undertake an options appraisal for additional workforce data requirements (eg community pharmacy).
- Provide advanced analytics to support the Nursing Act.
- Produce workforce insight reports on specific specialties to support national workforce plans and education commissioning decisions.
- Scope the ability to source improved sources of demand to improve effectiveness of workforce modelling.
    - Interrogate the data to provide insight into a range of issues including Student flows and Succession planning.
- Establish workforce data sharing agreements between NHS Wales and Social care.

High level Deliverables for Year 3 (2023-24)

- Develop capacity in Business Intelligence services and Data Science.
- Agree and develop[dashboard specification for NHS Wales to synergise local and national reporting allowing for accurate comparison and intelligence-based decision making.
- Deliver year 1 of the strategy for workforce intelligence.
- Develop a workforce analytics brand that means HEIW are seen to be system leaders in national workforce intelligence.
- Investigate the feasibility for developing an analytical hub for the smaller organisations to provide capacity and sharing of best practice.

What does success look like?

We have high quality standardised data sets, analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity. This facilitates benchmarking and opportunities to improve efficiency to ultimately help us understand our workforce shape and supply, to inform future workforce need, skills and transformation. Both internally and externally the improvements in our data quality is improving and senior managers are making workforce decisions based on the data, information and intelligence we make available. We are providing added value to the data we receive from our stakeholders, could be value in the collation, visualisation or analysis. We are innovating and moving the workforce analytics agenda forward through the CoE. HEIW has a clear data strategy.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Julie Rogers / SRO: Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Launch of Workforce Planning (WFP) Capability Matrix. • Evaluation of WFP training (Skills for Health). • Scope development of blended approach for WFP learning & development (cross sector). • Develop online WFP training for Primary Care (Skills for Health) and digital platform (Networks). • Work with the Workforce Intelligence team to identify areas for modelling and contribute to the build of the workforce intelligence platform so that it enables improved and local 'live' workforce planning. • Review and update current workforce planning resources including web based and digital.	**Q1 (April-June)** • Communications plan for the launch of the Matrix. • Extension of Skills for Health contract to deliver outstanding training. • Development of online training for Primary Care (Skills for Health). • Continue to build the workforce planners network capability. **Q2 (July-September)** • Engagement on the scope and shape of WFP learning and development required commenced. • Scoping and engaging on the shape of the WFP digital platform. • Commence work to re-shape the website presence for WFP. • Develop the education commissioning plan requirements. **Q3 (October-December)** • Completion of update of existing WFP resources. • Review and revise the workforce planning guidance and templates for IMTP planning guidance. **Q4 (January-March)** • Expansion of the digital training resources.
High level Deliverables for Year 2 (2022-23)	
• Scope the development of academic/accredited WFP training. • Develop integrated workforce intelligence across health and social care to inform the strategic programme for primary care and planning for shortage areas. • Continue to review strategies that are in place locally, developing across the UK and beyond, and to horizon scan for relevant research and developments. • Refine and develop further web based and digital resources. • Develop and build blended online learning and development.	
High level Deliverables for Year 3 (2023-24)	
• Deliver new workforce planning specialist qualification and training.	

What does success look like?

This work is set against a backdrop of a demographic profile that forecasts fewer people of working age available to work in health and social care roles, which presents a significant challenge to health and social care services. By improving strategic workforce planning skills we better understand the shape and supply of our workforce, and the influence on changing medical technologies, and identify where and how key areas need to be addressed, including the ability to deliver our health and care in the Welsh language.

Eadlyn Cameron
9/12/2021 10:38:55

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

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

Executive Lead: Julie Rogers / SRO: Angie Oliver

Key Deliverables for Year 1 (2021-22)	**Key Quarterly Milestones for Year 1 (2021-22)**
• Build on and promote the #TrainWorkLive (TWL) brand across Wales, UK and Internationally. • Align TWL and careers campaigns to maximise reach. • Complete a review of NHS Wales' end to end recruitment practices. • Assess impact of travel restrictions on overseas recruitment. • Research/scope opportunities to develop training posts for International Medical Graduates (IMGs). • Consider links with ongoing overseas networks and initiatives.	**Q1 (April-June)** • Recruit to vacant posts. • Commence negotiation to move the website to HEIW. • Review the TWL campaign at end of year 5 to inform future development. Build schedule of careers / TWL marketing opportunities. • Have a significant presence at key careers and recruitment events.
	Q2 (July-September) • Ensure all collateral from TWL is with HEIW from Welsh Government. • Develop Stage 2 TWL campaign which will commence on completion of the current 5 year agreed programme. • Contribute TWL to the Careersville event on 20th October 2021. • Agree the strategic campaign programme of work for the next 3 years. • Progress GMC sponsorship arrangements for IMGs.
	Q3 (October-December) • Attend 4 major events (RGCP, RCM, RCN, BMJ). • Progress GMC sponsorship arrangements for IMGs. • Consider overseas recruitment priorities for 2022-23 including medical and non-medical specialties.
	Q4 (January-March) • Identify further areas for targeted TWL campaign requirements. • Review campaign management and attendance return of investment to inform future plans.
High level Deliverables for Year 2 (2022-23)	
• Review current schemes and develop targeted schemes for shortage areas focussing particularly on actions to address the diversity of the workforce. • Bring all marketing and communications into HEIW to maximise return on financial investment and copyright.	
High level Deliverables for Year 3 (2023-24)	
• Complete.	

English, Catherine 06/07/2021 11:38:35

What does success look like?

The TWL is currently primarily designed to attract health care professionals to primary care services. We intend to build on this to provide a national/international recruitment campaign service, with distinct and recognisable branding that can be adapted for UK, Wales and local campaigns, providing marketing opportunities that are accessible for all ages and career stages. The recognised brand that aligns with our careers and widening access offer and work programme is linked to targeted schemes for shortage areas as well as student graduation.

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

Executive Lead: Lisa Llewellyn / SRO: Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
Deferred to the Annual Plan • Develop and publish a multi professional Education, Learning and Development Strategy designed to deliver future roles. This will take the form of key principles to support the transformation of the workforce through education, learning and development.	**Q1 (April-June)** • Based on best available national and international evidence (E.G. Future Doctor Report, HEE), scope outline principles to support a multi professional Education, Learning and Development Strategy designed to deliver future roles. • Liaise with Workforce Strategy Colleagues to align priorities (also see stakeholders below).
	Q2 (July-September) • Engage with key stakeholders in respect of the outline principles to support a multi professional Education, Learning and Development Strategy designed to deliver future roles
	Q3 (October-December) • Through consultation events refine recommendations for multi professional Education, Learning and Development Strategy designed to deliver future roles.
	Q4 (January-March) • Publish the Education, Learning and Development Strategy
High level Deliverables for Year 2 (2022-23)	
• Education, Learning and Development Strategy implementation through using the principles to: o Commission excellent and innovative education and training programmes for all students, trainees, and the workforce of Wales. o Review educational infrastructures and the support required. o Deliver education and training that directly benefits the provision of quality care and patient safety. o Be a centre of excellence in high quality healthcare education for workforce and service transformation. o Drive up improvements in the quality of practice-based learning across all programmes. o Promote and support personal and career enhancing learning through both flexible and traditional models of education.	
High level Deliverables for Year 3 (2023-24)	
Complete	

What does success look like?

Publication of a strategy that resonates with the workforce and people of Wales to support HEIW to be known as a centre of excellence in high quality healthcare education for workforce and service transformation. Commissioning of the right programmes to ensure the right professionals are in the right roles to deliver the care needed by the people of Wales.

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

Executive Lead: Lisa Llewellyn / SRO: Martin Riley

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• All contracts awarded for each lot / sub-lot. • Nursing and Midwifery Council and Health Care Professions Council regulatory approval achieved. • Mobilisation plans developed and key milestones achieved. • Students offered places on new courses to meet commissioning numbers across all professions.	**Q1 (April-June)** • Finalise procurement evaluation. • Draft Ratification and Approval Paper. • Governance and Approvals Phase – HEIW, NWSSP and Welsh Government.
	Q2 (July-September) • Bidders notified of outcomes. • Engagement commenced. • Courses marketed / student engagement days run. • HEIW to form part of each Universities mobilisation / implementation boards.
	Q3 (October-December) • Universities to progress though approval "gateways" with NMC / HCPC. • Universities to offer places on courses. • Mechanisms developed to support courses where contracts will expire. • Contract extensions for expiring courses to be finalised.
	Q4 (January-March) • Students recruited. • NMC and HCPC approvals processes completed. • Sign-off from professional bodies. • Performance metrics to be finalised and agreed. • New key themes embedded fully in new programmes.
High level Deliverables for Year 2 (2022-23)	
• New contracts to commence – on time in September 2022. • First cohort of students going through new courses.	
High level Deliverables for Year 3 (2023-24)	
• Contracts embedded and achievement of key performance indicators and quality metrics.	

What does success look like?

All lots and sub-lots are awarded and all key themes embedded, including access, bilingualism, multi-professional learning, diversity and quality. KPIs are met and inter-professional preparation for practice embedded within and across Universities, with simulation / digital learning / digital skills at forefront of education delivery.

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29/04/2021 15:38:55

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

Executive Lead: Lisa Llewellyn / SRO: Christine Love

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Project plan for the second phase of the strategic review will have commenced and the project manager and team are in post. • Governance Framework established and effective mechanisms in place for engagement with stakeholders. • Engagement undertaken for Phase 2A of the Strategic Review. • Procurement process completed for Phase 2A up to evaluation of bids.	**Q1 (April-June)** • Project team in place. • Procurement support in place. **Q2 (July-September)** • Engagement commenced for Phase 2A. **Q3 (October-December)** • ITT/tender documentation developed for those programmes which have undergone consultation. • OJEU notice to trigger procurement. **Q4 (January-March)** • Bids received. • Evaluation of bids phase 2A.
High level Deliverables for Year 2 (2022-23)	
• Evaluate tenders and award contracts for those programmes which have time limited contracts in place. • Commence phase 2B procurement exercise/scoping.	
High level Deliverables for Year 3 (2023-24)	
• Evaluate tenders and award contracts for those Phase 2B programmes which have undergone consultation and ITTs have been developed. • Commence Phase 2C procurement exercise/scoping.	

What does success look like?

HEIW are in a position to award contracts in 2022 to a number of post registration/post graduate programmes and Phase 2 of the Strategic Review is underway.

English,Catherine
06/04/2021 15:38:55

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 2.4: Embed the new ways of education and training that have been put in place in response to the Covid-19 pandemic, including digitally enabled learning, assessment and quality assurance.

Executive Lead: Sian Richards / SRO: Malcolm Gajraj

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Evaluate teaching and training that has been adapted during Covid to enable non face-to-face delivery to consider whether there has been an enhancement or detriment to learning. • Scope what could be delivered online for medical and non-medical training this year: for TPDs, trainers, trainees, educators and learners. • Develop an action plan for online training and eduation.	**Q1 (April-June) Commission evaluation of online learning and gap analysis** • Define evaluation approach and engage with procurement to ascertain a supplier to undertake work. • Include gap analysis to determine what teaching needs to be delivered to i. achieve minimum (prior) delivery and ii. improve delivery.
	Q2 (July-September) • Review evaluation. • Review MDT scoping exercise.
	Q3 (October-December) • Medical and non-medical training scoped. • Action planning underway.
	Q4 (January-March) • Clear action plan for online training.
High level Deliverables for Year 2 (2022-23)	
• Trainee and learner education delivered with online learning where appropriate. Core content for TPD and trainer programmes established.	
High level Deliverables for Year 3 (2023-24)	
• Supplementary modules for TPDs and trainers available. MDT training rollout.	

What does success look like?

High level of satisfaction from trainees, trainers, educators and learners. Feedback scores from modules with evidence of improvement based on intervention to address poor satisfaction. High level of engagement from trainers and educators for revalidation purposes. Core modules accessed by 100% trainers and educators. Additional modules accessed with positive feedback. Over time, ongoing access to non-core modular content with all trainers passing assessments on core topics.

English Catherine
06/04/2021 15:38:55

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

Executive Lead: Push Mangat / SRO: Margaret Allan

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Secure funding from Welsh Government for the 5-year Programme. • Programme Governance Framework established. • Post-Registration Foundation Pharmacists 2021-22 intake - In partnership with HEIs and training providers start delivery of the new pilot transition pathway for IETP to include Independent Prescribing (IP) outcomes and secure funding for delivery. • Post-Registration Foundation Pharmacists 2022-23 intake - In partnership with HEIs and training providers review and iterate the transition pathway for IETP to include IP outcomes and secure funding for delivery. • Complete negotiations with HEIs regarding the proposed funding of clinical placements within MPharm to support the transition of learning outcomes. • Iterative development, continuous improvement and quality management of Pre-Registration Foundation and pilot transition programme alongside IETP developments.	**Q1 (April-June)** • Finalise content and delivery methods for pilot post-registration pathway. • Secure funding for pilot pathway, identify and enrol pharmacists. • Roadmap for implementation of HEI/MPharm changes. • Pre-Registration Foundation Curriculum for 2021/22 intake agreed and approved. • HEIW approval of 5-year Programme Business Case. **Q2 (July-September)** • Commence Post-Registration Foundation pilot transition pathway. • Negotiations concluded with HEIs to start enhanced funded Clinical Placements in Wales (3-4 year Cardiff MPharm students). • Start the iteration Pre-Registration Foundation curriculum to align to IETP for 2022/23 intake. • Welsh Government approval of 5-year Programme Business Case. **Q3 (October-December)** • Start the iteration and development of a Post-Registration Foundation pathway for 2022/23 intake. • Pharmacy planning cycle – engage with internal stakeholder and submit any necessary business cases/change requests. **Q4 (January-March)** • 2021/22 intake – formal external review of Post-Registration Foundation transition pathway to inform changes for 2022/23 intake.
High level Deliverables for Year 2 (2022-23)	
• Develop an IETP pathway for pharmacists with a full IP outcome for 2023/24 intake and secure funding for delivery.	
High level Deliverables for Year 3 (2023-24)	
• Develop an IETP pathway for Pharmacists for 2024-/5 and secure funding for delivery. Intake will result in IP-qualified Pharmacist.	

What does success look like?

The successful transition of Learning Outcomes into MPharm degrees, the delivery of a single training programme that leads to Independent Prescriber qualified Pharmacists at the end of their Foundation Training Year and compliance with regulatory requirements.

Public Catherine
16/07/2021 15:38:55

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

Executive Lead: Push Mangat / SRO: Colette McNally

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Lead an approach to reducing differential attainment in medicine by developing a comprehensive education and training programme available for all trainees, non-training grade doctors and educational supervisors. • Deliver the programme via the Professional Support Unit in workshops (online or face-to-face) • Share good practice in addressing differential attainment with all disciplines within healthcare via the Differential Attainment Board. • Launch and promote 'Comms4Docs' app. • Launch 'Welcome to Wales' e-book for people new to Wales. • Develop a business case for a mentorship scheme for 2022.	**Q1 (April-June)** • Develop the training and education materials. **Q2 (July-September)** • Provide training in differential attainment and related topics via the Professional Support Unit in a workshop format. • Develop a business case for mentorship pilot to start in 2022. **Q3 (October-December)** • Receive feedback on the training package for differential attainment from workshop evaluations and a survey of the Heads of Schools. **Q4 (January-March)** • Refine the programme in light of the feedback. • Launch the Comms4Docs app and Welcome to Wales e-book.
High level Deliverables for Year 2 (2022-23)	
• Review the method of delivery of the training package. If face-to-face is the preferred method of delivery, develop a strategy for ensuring all areas of Wales have an equal and fair amount of training made available. • Rollout the mentorship scheme if the business case is supported.	
High level Deliverables for Year 3 (2023-24)	
• Evaluate the impact of the strategy to reduce differential attainment	

What does success look like?

Reduced attainment gap, measurable by Royal College examination results for postgraduate trainees and training satisfaction, and equivalent for other professional groups.

English,Catherine
06/04/2021 15:38:55

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

Executive Lead: Lisa Llewellyn / SRO: Martin Riley

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs). • Establish a mechanism for keeping up to date with apprenticeship developments in England, at a strategic and operational level. • Establish effective tripartite mechanisms for HEIW, NHS organisations and Universities. • Develop core common multi-disciplinary principles for supporting students in practice. • Develop training models for dispersed learning, e-learning and widening access. • Develop a new suite of performance management and student monitoring tools to benchmark, improve knowledge, improvement and to roll-out best practice. • Expand the number and range of qualifications HEIW is permitted to deliver by Agored and City and Guilds. • Scope the infrastructure requirements to support WBL across NHS Wales.	**Q1 (April-June)** • Develop 'Kite Mark' approval criteria for preferred partner provider list. • Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models, resources, register of assessors and IQAs. • Set up 'Grow Your Own' programme of work. • Identify who is involved in the national work and who from HEIW should be part of that group. • Appoint Band 7 Quality Assurance Manager and Band 6 Assessor Manager. **Q2 (July-September)** • Expand the number and range of qualifications HEIW is permitted to deliver by Agored and City and Guilds. • Introduce and monitor self-evaluation reporting (SAR) for all Health Board Education and Learning departments. **Q3 (October-December)** • Scope the benefit of HEIW co-ordinating a centralised Essential Skills Wales (ESW) delivery co-ordination with direct access to the Wales Essential Skills Toolkit (WEST) through contracted licencing. **Q4 (January-March)** • Evaluate and prioritise next stage requirements. • Establish a Quality Board and reporting structures to support policy, process and Quality Assurance development.

High level Deliverables for Year 2 (2022-23)

- Develop and implemented a new approach to support learning in practice for all students and trainees.
- Provide the quality control systems and processes for NHS Wales education and quality control all e-learning content for work based learning.
- Develop a kite mark for education provision delivered across NHS Wales.
- Review qualification development priorities in line with workforce requirements and apprenticeship framework developments.
- Review effectiveness of Quality Board and review and publish 'Preferred Provider Partner List'.
- Embed SAR policy and processes.
- Continue identifying and establishing detailed tendering requirements for potential submission to WG for a NHS Wales Apprenticeship Frameworks contract.

High level Deliverables for Year 3 (2023-24)

- Submit tender to WG to become a main contractor to draw down Apprenticeship Funding.

What does success look like?

HEIW to be a main contractor to draw down Apprenticeship Funding from Welsh Government and offering a wide range of opportunities across Wales.

English,Catherine
06/04/2021 15:38:55

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

Executive Lead: Dafydd Bebb / SRO: Huw Owen

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Scope and map current accessibility to Welsh language education provision across all commissioned and HEIW delivered programmes. • Welsh Language awareness incorporated within education contract specification, including the active offer, so that upon qualification students are able to optimise clinical outcomes for Welsh-speaking patients. • Continue to develop more health specific learning resources – in particular, translation apprenticeship qualifications, Welsh Language Skills Certificate (WLSCert) and basic awareness courses for our undergraduate students. • Working with the Coleg Cenedlaethol Cymraeg to increase the number of posts funded across Welsh universities.	**Q1 (April-June)** • Continue to scope and map current accessibility to Welsh language education provision and placements across all commissioned and HEIW delivered programmes. • Ensure that Welsh language awareness is incorporated within final education contract. • Start proposed translation apprenticeship with Swansea Gower College. **Q2 (July-September)** • Ensure reporting mechanisms within education contracts are embedded firmly into final contract. • Recruit second cohort of apprentices. **Q3 (October-December)** • Develop learning courses with National Learning Centre. • Develop recruitment work through the Careers Network. **Q4 (January-March)** • Continue to work with Coleg Cymraeg Cenedlaethol across all education courses ready for September 2022. • Expand apprenticeship across NHS Wales.
High level Deliverables for Year 2 (2022-23)	
• Embed first year of reporting on education contracts, ensuring process becomes robust. • Expand apprenticeship reach. • Establish and expand WLSCert.	
High level Deliverables for Year 3 (2023-24)	
• Improve process in second year of reporting on education contracts, ensuring process becomes more robust. • Expand apprenticeship reach and volume – monitor effects on translation numbers across NHS Wales. • Further expand WLSCert. • Look for more nuanced training deliverables, follow same pilot/ dissemination model as before.	

What does success look like?

Better Welsh Language awareness in the NHS workforce and more resilience in the translation workforce across Wales. More posts funded across Welsh universities by Coleg Cenedlaethol Cymraeg.

Enosh Gwynne
09/04/2021 15:38:55

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

Executive Lead: Push Mangat / SRO: Tom Lawson

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Review of educational infrastructure, funding allocations, models of working and develop recommendations for change. • Develop a multi-professional Quality Framework for HEIW. • Develop innovative placement capacity solutions for healthcare students. • Scope, develop functionality and engage with stakeholders to design an all-Wales placement database for healthcare students. • Develop key placements in rural areas, community and primary care.	**Q1 (April-June)** • Scope current educational infrastructure provision across all HEIW areas with internal consultation on various approaches. • Develop cross-directorate working for multi-professional Quality Framework. • Scope options for an all Wales healthcare student placement database. • Scope new opportunities for rural primary care and community placements in medical and non-medical disciplines. • Appoint a Head of Placement Innovation and Experience. • Produce an interim report of the work of the HEIW COVID-19 Healthcare Student Placement Reference Group.
	Q2 (July-September) • Conduct physical educational infrastructure review with external stakeholders, and review funding allocations. • Agree functionality of healthcare student placement database. • Plan for implementation of community/primary care placements. • Receive outcomes from Hywel Dda Pilot in Care Homes. • Review/Monitor placement quality through AEI contract business performance meetings, the All Wales HEIW Placement Reference Group, and All Wales key forum specific reporting.
	Q3 (October-December) • Implement new primary care/community placements for healthcare students. • Collate educational infrastructure review findings. • Evaluate needs – based on outcomes from Hywel Dda Pilot – to consider staffing infra-structure to develop placements in Nursing Homes for nursing, OT and physiotherapy students. • Stakeholder engagement on the student placement database. • Conduct student placement quality assurance as part of Education, Commissioning and Quality Team stakeholder engagement with Universities and practice partners. • Scrutinise National Student Survey (NSS) returns.
	Q4 (January-March) • Produce recommendations from educational infrastructure review. • Publish and implement HEIW multi-professional Quality Framework. • Develop business case to fund student placement database.
High level Deliverables for Year 2 (2022-23)	
• Evaluate impact of professionalisation of Training Programme Director role and review/refine.	

English,Catherine
06/04/2021 15:36:0

- Financial assessment of recommendations of educational infrastructure review and begin implementation.
- Implement multi-professional Quality Framework.
- Procure, award and establish all-Wales healthcare student placement database.
- Evaluate implementation of Care Home Education Facilitator roles across Wales.

High level Deliverables for Year 3 (2023-24)

- Evaluate quality framework.
- Evaluate all Wales placement database.

What does success look like?

Consistent educational infrastructure across all HEIW areas and consistent approach to quality. Functioning student placement database. Increase in community and rural placement across all professional areas (medical and non-medical). A published and implemented HEIW multi-professional Quality Framework.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Push Mangat / SRO: Ian Collings

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Complete mapping exercise to ascertain numbers of current SAS/non training grade doctors including recruitment and retention data and number of unfilled SAS posts. • Scope SAS/non training grade development/support programmes across UK to identify best practice and potential models. • Identify at-need specialties in terms of recruitment and retention. • Develop team for SAS and non-training grade doctors support and development. • Complete an independent evaluation of the current impact of SAS Charter across Wales. • Conduct a survey of learning, development and support needs of SAS/non training doctors. • Develop SAS/non training support and development programme for SAS/non-training grade doctors. • Commence pilot of SAS training and development scheme in 2 specialties in Wales mapped to specialty curriculum.	**Q1 (April-June)** • Complete mapping exercise and UI-wide scoping. • Identify at need specialties related to recruitment and retention. **Q2 (July-September)** • Appoint Associate Dean for non-training grade doctors and 2 x Training Programme Directors for SAS development and support. • Appoint admin support. **Q3 (October-December)** • Identify 2 HBs to commence pilot including trainers and SAS doctors who will be undergoing development. • Commence pilot SAS support and development programme in 2 specialties. **Q4 (January-March)** • Complete an independent evaluation of the current impact of SAS Charter across Wales. • Conduct a survey of learning, development and support needs of SAS/non training doctors.
High level Deliverables for Year 2 (2022-23)	
• Conduct quality management exercise of pilot development programmes. • Interim evaluation of SAS support and development programmes. • Consideration of further expansion of pilot to other specialties including development of educational infrastructure to support development.	
High level Deliverables for Year 3 (2023-24)	
• Further evaluation and quality management of pilot programmes. • Further expansion to other specialties.	

What does success look like?

Increased and highly engaged and motivated SAS workforce in Wales measured via the Medical Engagement Survey. Increased recruitment and retention of SAS doctors in Wales on the 2021/22 baseline. Increased number of SAS doctors following Certificate of Eligibility for Specialist Registration (CESR) route and

being appointed to new Specialist Doctor grade on the 2021/22 baseline. Increased numbers of SAS doctors in leadership roles – e.g. Educational Supervisor, Appraiser, Clinical leadership roles.

English Catherine
06/04/2021 15:38:55

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

Exec Lead: Lisa Llewellyn / SRO: Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Develop and implement an All Wales Simulation Strategy and investment plan supported by consultation. • Explore and implement key alternatives to support the recognised deficit in face to face training, including the use of immersive technologies and other opportunities. • Review standards, accreditation and Quality Assurance (QA) requirements and develop a plan to take forward and embed across Wales. • Develop options to improve utilisation, availability and accessibility of facilities, equipment, faculty, and other resources across Wales.	**Q1 (April-June)** • Develop a strategy development group. • Commence engagement on facility, equipment, faculty and other resources usage, availability, and accessibility. • Engage with the Welsh simulation community regarding approaches to standards and QA in Wales.
	Q2 (July-September) • Develop the draft Simulation Strategy. • Hold the HEIW Simulation Annual Event. • Develop faculty development training materials.
	Q3 (October-December) • Engage and receive feedback on the draft Simulation Strategy. • Action the standards and QA plan. • Release a pilot All Wales Simulation app.
	Q4 (January-March) • Launch the Simulation Strategy and implement action plan. • Produce a report to outline the potential alternatives to face to face training in Wales. • Develop a report of potential options to improve accessibility and deliverability with an action plan on moving forward.

High level Deliverables for Year 2 (2022-23)
• Continue the development of resources to support simulation-based education. • Review actions taken and consider further actions based on the development of new technology over previous years. • Develop a faculty approach for simulation-based education. • Publication of simulation development in Wales in a range of peer reviewed journals/publications. • Enhanced usage of resources and best practice on appropriate virtual platform. • Develop a strategy to support the unrecognised/unacknowledged simulation that is delivered across Wales.
High level Deliverables for Year 3 (2023-24)
• Evaluate impact of simulation strategy together with ERIIC.

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What does success look like?

A clear Simulation Strategy supported by a number of sub-strategy plans, agreed investment, the implementation of alternatives to face to face learning opportunities including the use of immersive technologies, as well as improved and safe access to usage of simulation facilities, equipment, faculty and other resources, contributing to high quality education underpinned by standards.

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

Executive Lead: Sian Richards / SRO: Jay Beavan

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Engage with Health Education England (HEE) and NHS Education Scotland (NES), Digital communities Wales (DCW), Chief Digital Officers to understand their learning and actions in this area and whether these could be adopted or adapted for the NHS Wales workforce. • Commission an eternal review of 'A digital ready workforce' for NHS Wales to prepare the workforce for new digital ways of working • Define and agree the scope and definition of 'A digital ready workforce' for NHS Wales and agree the baseline measures and action plan. • Deliver a Digital Capability Discovery Tool pilot in HEIW • Develop a draft action and resource plan. • Engage with partners on the approach – including the development of a framework of digital skill competencies and Digital Capability Role Profiles for healthcare roles in NHS Wales.	**Q1 (April-June)** • Review work undertaken to date • Open communication with HEE, NES, DCW and CDOs • Review the digital communication discovery tool • Engage across Wales public sector on the definition of 'A digital ready workforce' for NHS Wales and agree the approach for assessments **Q2 (July-September)** • Commission an external review of 'A digital ready workforce' for NHS Wales • Release the digital communication discovery tool as a pilot in HEIW • Review results from the discovery tool **Q3 (October-December)** • Review results of the external review and develop an action plan • Start work on NHS Wales role profiles • Provide learning and support to responders to the engagement • Engage on the action plan **Q4 (January-March)** • Engage on HEIW's digital capabilities role within NHS Wales • Agree the action plan.
High level Deliverables for Year 2 (2022-23)	
• Work with partners in NHS Wales and the wider public sector to implemented the digital capability work undertaken and develop baselines and improvement plans. • Continue to implement action plan, reviewing effectiveness and impact as actions are progressed.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

An agreed digital capability framework for staff who are not digital specialists in NHS Wales.

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

Executive Lead: Lisa Llewellyn / SRO: Gail Harries-Huntley

Key Deliverables for Year 1 (2021-22)	**Key Quarterly Milestones for Year 1 (2021-22)**
• Scope current options available for research and education career pathways. • Map competencies against the Learning and Development Framework. • Develop competencies against the enhanced, advanced and consultant pathway to address any gaps.	**Q1 (April-June)** • Set up specialist group to include staff in research and education posts within NHS Wales. • Identify links to Learning and Development Framework.
	Q2 (July-September) • Develop specific competencies at advanced and consultant level against first pillar i.e. development of self and others.
	Q3 (October-December) • Develop specific competencies against second pillar i.e. professionalism and leadership.
	Q4 (January-March) • Identify any of the professional practice competencies (clinical practice) that apply. • Develop competencies where there are gaps against this pillar.
High level Deliverables for Year 2 (2022-23)	
Identify education to support staff to research and education staff.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

There will be a recognised career pathway for research and education with supporting education to deliver it.

English,Catherine
06/04/2021 15:38:55

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

Executive Lead: Eifion Williams / SRO: Rhiannon Beckett

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Engage with WG on the options to improve the efficiency of operation of the Bursary system whilst maintaining the attractiveness and minimising the loss of funded training. • Review existing arrangements for funding study leave and work with NWSSP and others to implement a revised approach including the potential implementation of individual flexible study leave accounts for postgraduate medical and dental trainees. • Review and recommend a revised approach for funding Postgraduate Medical Education and support for libraries and other support services. • Review and recommend a revised approach to the funding of training grade posts across NHS Wales.	**Q1 (April-June)** • Following the identification of options to improve the efficiency of operation of the Bursary system, whilst maintaining the attractiveness and minimising the loss of funded training, engage with WG to ascertain their consideration of next steps. • Review existing arrangements for funding study leave. **Q2 (July-September)** • Work with NWSSP and others to implement a revised approach including the potential implementation of individual flexible study leave accounts for postgraduate medical and dental trainees. **Q3 (October-December)** • Review and recommend funding Postgraduate Medical Education and support for libraries and other services. **Q4 (January-March)** • Review and recommend a revised approach to the funding of training grade posts across NHS Wales.
High level Deliverables for Year 2 (2022-23)	
• With Welsh Government, determine future funding arrangement for SIFT with the potential that this is transferred to HEIW to allocate to Health Boards. • Working with others, implement new arrangements for the funding of postgraduate training and education. • Working with others, implement agreed new arrangements for the bursary system.	
High level Deliverables for Year 3 (2023-24)	
• Evaluate new arrangements and funding models. • Work with Welsh Government colleagues to update and prioritise recommendations from Scott Review (2013) regarding SIFT in light of current policy priorities	

What does success look like?

Modernised funding system for postgraduate training which incentivises education and training in Wales, in line with our 'Made in Wales' ethos.

English,Catherine
06/04/2021 15:38:55

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

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Influence the inclusion of the compassionate leadership principles and manager core competences into all leadership and management offerings. • Develop measures to assess the effectiveness of compassionate leadership and culture within organisations. • Develop compassionate leadership resources including those that attract educational credit. • Provision of a compassionate leadership module for use within HEIW and Induction. • Continue to lead and support a network of Collective Leadership Champions • Provision of compassionate leadership conference to promote and embed compassionate leadership across the system and share best practice. • Continue to partner with experts to ensure HEIW leadership offerings are credible and steeped in evidence base. • Establish coaching and mentoring capacity able to support executive and clinical leaders. • Increase HEIW profile within the 5 Nations collective leadership network.	**Q1 (April-June)** • Launch the Compassionate Leadership Principles and promote within all leadership offerings across HEIW and NHS Wales. • Launch the compassionate leadership book with Professor Michael West that includes case examples from the UK and Wales. • Production of a range of compassionate leadership assessment measures. **Q2 (July-September)** • Development of Compassionate Leadership module worth 20 credits at Masters level. • Develop a Compassionate Leadership Principles Framework to embed in practice **Q3 (October-December)** • Provision of compassionate leadership national conference that attracts NHS Wales and other sector leaders. • Provision of staff surveys • Host the 5 Nations collective leadership event **Q4 (January-March)** • Complete the Compassionate Leadership Principles Spotlight series
High level Deliverables for Year 2 (2022-23)	
• Create capability and capacity within HEIW to deliver compassionate leadership offerings.. • Continue to develop leadership resources that are available bilingually, pan Wales. • Establish a network /faculty of leadership associates who can support Executive development. • Provide leadership conference and learning events to share best practice. • Review the impact of the NHS Wales Leadership Framework for action.	
High level Deliverables for Year 3 (2023-24)	

- Provision of evidence based compassionate leadership resources, offerings and events.
- HEIW established as credible system leader in the field of compassionate leadership.

What does success look like?

Enhanced leadership capacity and capability at all levels across the system with leaders who prioritise the health and wellbeing of staff, build positive, safe and compassionate environments and create the conditions for teams to flourish. This will in turn generate innovation and continually improve services for the people of Wales whilst promoting NHS Wales as the best place to work.

English,Catherine
06/04/2021 15:38:55

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

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Implement the programme deliverables identified by the national Talent Board through the Talent and Succession Operational Group. • Develop and deliver a standardised, evidence-based approach to the identification and management of Tier 1-2 talent across NHS Wales. • Integration of a self-assessment / diagnostic tool based on the NHS Wales Executive Success Profile into 'Gwella' Talent Management solution. • Design and deliver Executive Director development centre to identify potential successors for prioritised posts. • Develop a range of talent management dashboards for Tiers 1 – 3. • Establish and support networks of 'ready now' and 'ready soon' executive talent. • Implement targeted processes to support Succession Planning, based on intelligence from Workforce and Talent Management dashboards. • Provision of a range of master classes and development offers. • Support organisations in identifying best practice Talent and Succession processes /frameworks for local application of robust Talent Management. • Scope the option of HEIW playing a leading role in executive leadership recruitment.	**Q1 (April-June)** • National Talent Board operational. • Talent management practitioner programme commissioned. • Talentbury 2020 network engaged and supported. • Schedule of succession planning activities and Leadership Masterclasses and Learning Events available. **Q2 (July-September)** • Talent management digital solution implemented. **Q3 (October- December)** • Self-service self-assessment / 360 degree assessment integrated into talent management solution. • A range of talent dashboards developed. • Development Centres designed and commissioned **Q4 (January-March)** • Leadership/Talentbury 2021 Conference event provided • Development Centres Delivered
High level Deliverables for Year 2 (2022-23)	
• Widen access to Executive compassionate leadership development to reflect local population requirements. • Continued delivery of Executive Director development centres to identify possible successors for prioritised posts. • Continued delivery of executive leadership offerings.	
High level Deliverables for Year 3 (2023-24)	

- Continued provision of executive leadership offerings.
- Established talent pools for critical roles across NHS Wales.
- Established alumni's and networks.

What does success look like?

An established talent management process embedded across NHS Wales for Tiers 1-3. Best practice 'Talent Management and Succession Planning' frameworks and toolkit developed for NHS Wales. Ability to identify 'Ready Now' and 'Ready Soon' candidates across NHS Wales with robust aspiring executive talent pools and pipelines established and up to 3 NHS applicants shortlisted for all NHS Wales Executive positions by 2024 (3 minimum by 2027).

English,Catherine
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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 Objective 3.3: Lead the implementation and management of the Digital Leadership portal

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Implement the Shaw Trust accessibility action plan to achieve conformance level AA for the Gwella Leadership Portal. • Integrate talent management (TM) software into Gwella Leadership Portal and undertake functional and end user testing. • Integrate the Executive Director success profile into Gwella to enable self-service access to aspiring executive leadership talent opportunities. • Continue to curate and enhance bilingual leadership and management resources to widen resources accessible via Gwella. • Continue to market Gwella and widen access to compassionate leadership resources. • Develop analytics to evidence effective use of Gwella and resources. • Create compassionate leadership learning pathways within Gwella that attract educational credits. • Promote Gwella for the use of all HEIW and organisational leadership and management conferences, networks and programmes.	**Q1 (April-June)** • Finalise implementation of new leadership portal contract. • Develop a suite of Gwella user analytics and metrics. • Digitisation of Compassionate Leadership Book and resources • Launch Podcast functionality **Q2 (July-September)** • Complete TM functional and user testing • Achieve accessibility level AA for Gwella Leadership Portal. • Deploy an enhanced range of publications to the Gwella resource library. • Integrate and deploy Talent Management (TM) software into Gwella **Q3 (October-December)** • Enhanced portal functionality deployed to Gwella. • Develop compassionate leadership learning pathways. • Development of Talent Management dashboards. • Enhance Gwella to enable collection of diversity data **Q4 (January-March)** • Enhanced range of bilingual leadership and management resources deployed.
High level Deliverables for Year 2 (2022-23)	
• Continue to curate and enhance a range of bilingual leadership and management resources available via the Gwella Leadership portal. • Continue to enhance Gwella through a pipeline of developments that have been informed by users. • Review contract and explore the market in readiness for new contract tender. • Undertake full evaluation of the Gwella Leadership Portal to inform new tender/solution.	
High level Deliverables for Year 3 (2023-24)	
• Implement new contract / internal development of the Gwella Leadership Portal.	

What does success look like?

An inclusive, bilingual digital self-service leadership portal available 24/7 providing open access to a range of up to date, accessible, evidence-based compassionate leadership resources. Gwella extensively used across NHS Wales and wider. A means of effectively managing executive talent and succession.

English Catherine
06/04/2021 15:38:55

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 Objective 3.4: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Develop and market a suite of inclusive clinical leadership offerings and digital resources. • Pilot a multi-disciplinary clinical leadership offering. • Provide action learning sets, coaching, mentoring, conversations etc to supplement clinical leadership offerings. • Review Primary Care Clusters succession and leadership requirements. • Create clinical leadership alumni and networks to grow vibrant communities of compassionate clinical leaders across NHS Wales. • Lead and deliver the Welsh Clinical Leadership Trainee Fellows scheme. • Provide support and governance for the Florence Nightingale Foundation (FNF) Scholars participating in the 2021-22 Leadership and Transformation Programme.	**Q1 (April-June)** • Scope and Develop the HEIW multidisciplinary clinical leadership offer. **Q2 (July-September)** • Market and engage clinical leadership offer across NHS Wales. • Commence clinical leadership module 1. **Q3 (October-December)** • Provision of clinical leadership offer. • Develop the WCLTF 2021-22 Leadership Framework **Q4 (January-March)** • Produce forward looking clinical leadership schedule. • Establish clinical leadership network and alumni. • Evaluate and update clinical programme / offerings. • Recruit to 2022-23 WCLTF Programme. • Market and recruit to the FNF 2022-23 Programme.
High level Deliverables for Year 2 (2022-23)	
• Continue to review and enhance and provide clinical leadership development programmes, alumni and networks. • Explore application of educational credit to clinical leadership programmes. • Review support required to develop and grow leadership capacity within Primary Care.	
High level Deliverables for Year 3 (2023-24)	
• Scheduled provision of clinical leadership offerings, resources and development opportunities. • Vibrant clinical leadership networks and alumni. • Established clinical leadership mentors.	

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What does success look like?

The development of confident clinical leaders able to effectively lead transformational change through a model of compassionate and collective leadership. An established, evidenced based, range of multidisciplinary clinical leadership offerings. An evidence base of clinical improvement projects enabled through Quality improvement expertise and compassionate leadership.

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 Objective 3.5: Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Onboard the new NHS Wales Graduates. • Finalise the master's degree content in partnership with the University of South Wales. • Organise and facilitate 3 virtual engagement sessions with trainees and organisations. • Develop Framework for Onboarding Induction. • Establish an organisational 'safari tour' and work experience schedule in partnership with organisations. • Develop and agree a performance framework for the graduate trainee. • Create a Gwella Graduate network to maintain engagement with the appointed graduates prior to their commencement September 2021. • Review the Graduate marketing and recruitment process and develop lessons learned. • Develop supplementary leadership offerings to support the graduates' leadership development. • Delivery of the HEIW internship programme. • Establish a HEIW Graduate Management Programme Alumni. • Explore options to establish a joint network with the Finance Academy and Academi Wales.	**Q1 (April-June)** • Master's degree content finalised. • Graduate network established. • HEIW Internship complete (phase 1). • Commence series of engagement sessions **Q2 (July-September)** • Graduates successfully onboarded and induction completed • Graduate orientation and work experience schedule complete. • Launch HEIW internship (phase 2). • General Management Graduate Performance Framework established. **Q3 (October-December)** • Master's programme commences. • Evaluate internship programme. • Graduate process complete (from offer to post on-boarding of Trainees). **Q4 (January-March)** • Commence master classes and learning offerings. • Finalise internship programme and scale up. • Final review and reflect of Graduate Programme process and operating model.
High level Deliverables for Year 2 (2022-23)	
• Support the Management Graduate Programme (Programme 1). • Commence the marketing and recruitment process for a new Cohort of graduates to the NHS Wales graduate scheme (Programme 2). • Evaluate graduate programme (1) developing lessons learned to inform improvements to Cohort 2. • Organisation to confirm participation in Cohort 2. • Provision of HEIW internship programme.	
High level Deliverables for Year 3 (2023-24)	
• Onboard new management graduates • Commence the management Graduate Programme Cohort 3.	

- Provision of HEIW internship programme.

What does success look like?

An established NHS Wales graduate leadership programme providing increased capacity of professionally diverse senior and executive leaders across NHS Wales. A sustainable creating a rich and diverse pool of aspiring leaders for senior and executive leadership positions across NHS Wales. An established NHS Wales internship programme that enhances the capacity of the NHS Wales workforce.

English,Catherine
06/04/2021 15:38:55

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 Objective 3.6: Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	**Key Quarterly Milestones for Year 1 (2021-22)**
• Deliver the HEIW executive compassionate leadership offering. • Develop in-house capability, skills, and capacity to deliver executive leadership modules. • Publish a scheduled calendar of executive leadership offering. • Undertake executive leadership development centres to support identification of customised leadership development interventions. • Provide coaching and mentoring capacity to support executive leadership offerings. • Establish executive leadership alumni and networks.	**Q1 (April-June)** • Publish the executive collective and compassionate leadership development offerings. • Launch Cohort 1 Aspiring Executive Leadership Programme. • Provision of executive mentoring programme. **Q2 (July-September)** • Analysis of Executive development needs (determined from Development Centre evaluation). **Q3 (October-December)** • Develop executive coaching and mentoring capacity. **Q4 (January-March)** • Establish alumni and network. • Launch Cohort 2 Aspiring Executive Leadership Programme.
High level Deliverables for Year 2 (2022-23)	
• Monitor, evaluate and continue to grow the executive leadership development offering.	
High level Deliverables for Year 3 (2023-24)	
• Monitor, evaluate and continue to grow the executive leadership development offering.	

What does success look like?

Increased capacity of professionally diverse senior and executive leaders across NHS and public-sector Wales who can create the conditions and infrastructure for continuously improving high quality care. High demand and engagement in HEIW executive leadership offerings with vibrant networks of compassionate leaders influencing system change and who feel well prepared to progress to an Executive level position measured through:

Success Factors Year 1:

100% of senior leaders identifying as ‘Ready Now’ and ‘Ready Soon’ (1-2 years) engaged in development activity aligned to their personal needs analysis and activity choice.

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

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

Executive Lead: Alex Howells / SRO: Charlette Middlemiss

(a) Care Homes

Key Deliverables for Year 1 (2021-22)	**Key Quarterly Milestones for Year 1 (2021-22)**
• Exploration of opportunities to support overseas registrants working in care sector to gain access to Nursing and Midwifery Council (NMC) register. • Work with partners to expand training on offer to health workers in care homes. • Maintain links with Social Care Wales.	**Q1 (April-June)** • Scope options to support overseas registrants to gain registration with NMC. • Scope working with external agencies e.g. TEC Cymru to deliver training on Once for Wales basis. • Matrix working with other HEIW departments including education commissioning regarding increasing the numbers of care home staff undertaking nurse training.
	Q2 (July-September) • Establish what training can be delivered remotely and what must be delivered face to face. • Develop training for care home sector clinical staff. • Develop to options to support overseas registrants to gain registration.
	Q3 (October-December) • Working with Health Boards and TEC Cymru make training available for care homes.
	Q4 (January-March) • Monitor uptake of training. • Review whether further support is needed for the sector.
High level Deliverables for Year 2 (2022-23)	
Review as required.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

Care home sector has well trained and support health care staff, overseas registrants are working towards NMC registration.

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

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

Executive Lead: Alex Howells / SRO: Charlette Middlemiss

(b) Infection, Prevention and Control

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Recruitment into Infection Prevention and Control (IP&C) post. • Establishing relationships in IP&C community specialist workforce/education partners across health and social care. • Scope current education and workforce skill mix of IP&C workforce. • Review and analysis of new training resources developed in response to Covid and production of report.	**Q1 (April-June)** • Complete recruitment/induction into post. • Identify areas of need. • Liaise and build relationships with relevant stakeholders in health and care sectors. • New post holder to undertake research into best practice - workforce models and education for specialist workforce. • Develop process for evaluation of new training models in response to Covid.
	Q2 (July-September) • Establish an IP&C steering group to identify current workforce demographics and current education provision. • Confirm reporting structure for group. • Establish current service provision across health and social care. • Identify and agree alternative education models/options and provision for the specialist workforce.
	Q3 (October-December) • Scoping current workforce structure and skill mix across health and care home sectors. • Scoping current education provision for IP&C specialist staff across health and care home sectors.
	Q4 (January-March) • Deliver report and recommendations on workforce structure and skill mix and on education provision. • Undertake consultation with Directors of Nursing/Therapies and Medical Directors.
High level Deliverables for Year 2 (2022-23)	
• In partnership with the service, care sector and further/higher education develop education programme for specialist service across all levels of staff. • Support recruitment onto education programme and monitor delivery of education. • Support implementation of new workforce model.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

A new model of highly trained and skilled specialist IP&C workforce to advise on IP&C across health and care home sectors.

English Catherine 06/09/2021 15:38:55

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

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

Executive Lead: Alex Howells / SRO: Charlette Middlemiss

(c) Integrated collaborative decision making (ICDM)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Recruit into 4 training posts. • Delivery of Masterclasses for Executive Directors of NHS Wales. • Develop project plan for roll-out of programme. • Engage with NHS Wales senior leaders to agree roll-out plan.	**Q1 (April-June)** • Recruit into ICDM posts. • Deliver Masterclasses for Executive Directors for NHS Wales.
	Q2 (July-September) • Begin training of ICDM trainers (phase 1). • Agree KPIs.
	Q3 (October-December) • Phase 2 training of ICDM trainers. • Develop project roll out plan for each region. • Agree roll out of programme with Health Boards /Trusts.
	Q4 (January-March) • Deliver training under supervision in agreed areas. • Agree roll out of programme across NHS Wales.
High level Deliverables for Year 2 (2022-23)	
• Roll out of programme across NHS Wales HB/Trusts by trained ICDM trainers. • Capture data – how many staff have been trained/change in culture/ impact on service e.g. reduction in waiting lists. • Establish how programme will be delivered in future.	
High level Deliverables for Year 3 (2023-24)	
Review need for programme to continue.	

What does success look like?

The training supports culture change across NHS Wales impacting on clinical practice and decision making, reduction in waiting times, reduced inappropriate referrals and increased co-production.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Alex Howells / SRO: Charlette Middlemiss

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Framework for the establishment, functions and governance that will support the training, development and transformation of the primary care multidisciplinary workforce, subject to investment. • A revised HEIW project plan to support the workforce models for primary and community care and reflect the RPB plans for integrated working. • Increased numbers of new GP training practices and new trainers to support and physically accommodate the ongoing expansion in numbers of both GP trainees and other learners in that environment. • An established HEIW relationship with Regional Partnership Boards and their workforce agendas for primary care health and social care. • A multi-professional workforce plan to support implementation of new primary and community care workforce model. • Better workforce planning skills and capabilities in primary care. • GP Network Competency Framework. • Digitally enabled compendium of good practice for primary care. • Practice Based Small Group Learning (PBSGL) evaluation report with recommendations for future provision. • Increase in Independent Prescribers working in primary care.	**Q1 (April-June)** • Reviewed membership, Terms of Reference and actions of internal HEIW Primary Care group(s). • Approved business case to secure investment for establishment of framework for Primary Care education and training. • Continued recruitment, virtual inspection and accreditation of more new GP training practices • Ongoing increase in numbers, superseding those who will retire, of GPs prepared for on-line Prospective Trainer Courses. • Engagement and open dialogue with RPBs on aspirations and future planning for integrated working. • Publish the new recorded/online workforce planning training for Primary Care on the HEIW website. • GP Network Competency Framework launched. • Project brief for revised compendium of good practice content and design, scoped and agreed with Digital team (HEIW) and external partners (NWSSP). • Evaluation process for PBSGL agreed and designed. • Development of an assessment and evaluation process to establish the numbers of independent prescribers working in primary care. • Develop or commission support needed for integrated workforce models. **Q2 (July-September)** • Implementation and roll out of the online training to Primary Care. • Complete collection of information and resources to populate the good practice guide. • Review of RPB transformation fund proposals to assess workforce implications and models. • Completed evaluation of independent prescribing with recommendations for future provision. **Q3 (October-December)** • Commence work to develop evaluation approach to assess lessons learned from the roll out of the online workforce planning training offer. • Collate content of good practice guide. • Consider options for virtual inspection of new and existing GP training practices and blended learning rather than completely virtual approach to prospective GP trainer courses. **Q4 (January-March)** • Work with the Strategic PC Programme to embed the workforce planning approach within the Cluster IMTP process, working with partners. • Launch of good practice guide. • Consider inviting senior educators from other primary care professions to witness prospective GP trainer courses and actual practice visits. This is with a view to exploring the potential for similar

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	courses for other professions and to promote discussion of more widespread multi-professional supervision in future.
High level Deliverables for Year 2 (2022-23)	
• Consolidate expansion in GP trainee numbers. • Reflect cluster workforce plans in education and commissioning plans. • Establish and begin role out of primary care training, development and governance framework. • Development of a clear all Wales offer to support integrated workforce models in place. • Translate workforce models developed by RPB into a good practice guide.	
High level Deliverables for Year 3 (2023-24)	
• Continue rollout and development of HEIW Primary Care & Community Framework. • Evaluation of vision.	

What does success look like?

A transformed and more sustainable primary care workforce with the right skills delivering integrated care models for local populations and communities.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Lisa Llewellyn / SRO: Kerri Eilertsen-Feeney

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Develop and publish a transformation vision for mental health workforce. • Enable Welsh Government to publish an agreed and costed workforce plan for mental health. • Develop CAMHS education and training plans and commission the required education and training. • Publish pathways for primary care mental health referrals.	**Q1 (April-June)** • Implement engagement plan for mental health workforce. • Engage with Primary Care network for review of current pathways for Primary Care for mental health. • Review educational plan for perinatal mental health professional to meet new standards and support creation of digital learning. • Scope the potential for a dedicated resource for an all Wales approach to deliver for infant mental health • Review priorities for early years educational needs to support children and young people following strategy development and engage with children and young people to establish the need for an equitable core service delivery across Wales. • Set up/join specific service area and service user networking groups. • Set up a Task and Finish Group for developing a mental health peer support network. • Scope specific education provision for individuals working in CAMHS. • Initiate process to commission level 6 and 7 CAMHS course as All Wales offering.
	Q2 (July-September) • Implement engagement plan for mental health workforce. • Set up focus groups relation to part 1 assessment. • Develop Primary Care pathways for Mental Health referrals. • Co-ordinating plan for the delivery of all Wales children and young people core services. • Agree and plan priorities for phase 2 with WG. • Produce an All Wales base level mental health first aid resource. • Commission level 6 and 7 CAMHS course as All Wales offering.
	Q3 (October-December) • Develop primary care pathways for MH referrals. • Implement plan for phase 2 priorities. • Work with careers and commissioning teams to increase access, scope and numbers of identified required education places. • Build workforce planning reporting system for Mental Health workforce plan and immediate response.
	Q4 (January-March) • Develop and publish transformation vision for mental health workforce. • Initiate consultation for mental health workforce transformation vision. • Make recommendations for part 1 assessments. • Publish pathways for primary care mental health referrals.

English,Catherine
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	• Review of the high-level deliverables for year 2.

High level Deliverables for Year 2 (2022-23)
• Implement and evaluate key actions arising from the transformation vision. • Deliver on specified key actions in relation to education and workforce from phase 1 and 2. • Enabling the new strategy for mental health and key deliverables. • Potential for educational need following review of MHA work for new professionals. • Develop workforce plan for children and young people. • Implementation of mental health pathways from primary care. • Develop a training package for MHA work part 1. • Evaluate the need for a Competency framework for CAMHS. Phase 2 priorities confirmed.
High level Deliverables for Year 3 (2023-24)
• Implement actions from workforce transformation vision from children's and young people. • Develop a training package for MHA work part 1. • Deliver training package for MHA part 1 to professionals. • Enable the delivery of competency framework for CAMHS through educational packages. • Expansion of workforce plan for other mental health service areas.

What does success look like?

Success is recruiting sufficient staff to ensure the delivery of key milestones and establish a sustainable and achievable workforce transformation vision for a range of mental health services into the future.

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

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

Executive Lead: Nicola Johnson / SRO: Sarah Bant

(a) Imaging

Key Deliverables for Year 1 (2021-22)	**Key Quarterly Milestones for Year 1 (2021-22)**
• Develop an Imaging Strategic Workforce Model in line with the Imaging Statement of Intent and the needs of the national Imaging Programme. • Develop and deliver a range of education/training programmes and qualifications for the Imaging workforce.	**Q1 (April-June)** • Develop the HEIW response to the Richards Report. • Identify Imaging workforce requirements including medical, Reporting Radiographers and Radiography Advanced Practitioners based on a review and national and international benchmarking. • Establish the governance and engagement structures and scope of workforce model through the Imaging Workforce and Education Group (IWEG).
	Q2 (July-September) • Work with the Imaging Academy to develop digital resources for CT Colonography for Radiographers and other registrants. • Undertake engagement through the IWEG to capture workforce opportunities, gaps and barriers. • Review clinical placements for Radiographer trainees to maximise training capacity.
	Q3 (October-December) • Develop a draft workforce model and undertake engagement through the IWEG. • Re-provision of clinical placements for radiographer trainees to maximise training capacity.
	Q4 (January-March) • IWEG to agree the strategic workforce model. • Review Ultra Sonography training as part of SRPHE Phase 2.
High level Deliverables for Year 2 (2022-23)	
• Agreement of an Imaging Strategic Workforce Plan based on the agreed Workforce Model, including links to IMTP processes where required. • Development of an implementation plan for the Strategic Workforce Plan.	
High level Deliverables for Year 3 (2023-24)	
• Delivery of the implementation plan.	

What does success look like?

A modernised NHS Wales workforce model for Imaging, using prudent and compassionate principles, with all practitioners working to the top of their licence and sustainable implementation plans in place.

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

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

Executive Lead: Nicola Johnson / SRO: Clem Price

(b) Pathology

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Develop the Cellular Pathology Strategic Workforce Plan in line with the Pathology Statement of Intent and the needs of the national Pathology Programme. • Develop and deliver a range of education/training and qualifications for the Pathology workforce.	**Q1 (April-June)** • Registration of the first cohort of the Pathology Level 4 learners on the Healthcare Science Apprenticeship Framework. • Sign off the Level 3 Healthcare Science qualification (Pathology). • Establish governance structure and scope of Cellular Pathology workforce plan through the Pathology Workforce and Education Group (PWEG).
	Q2 (July-September) • Develop the Healthcare Science equivalence route all levels. • Development of interactive career map for Life Sciences. • Undertake engagement through the PWEG to identify workforce opportunities, gaps and barriers.
	Q3 (October-December) • Develop a draft workforce model and undertake engagement through the PWEG.
	Q4 (January-March) • PWEG to agree the strategic workforce model. • Scope and review requirements and opportunities for part time routes for Biomedical Science degrees.
High level Deliverables for Year 2 (2022-23)	
• Agreement of a Cellular Strategic Workforce Plan based on the agreed Workforce Model, including links to IMTP processes where required. • Use the Cellular Pathology approach to develop models and plans for other pathology disciplines (priorities to be agreed by PWEG).	
High level Deliverables for Year 3 (2023-24)	
• Use the Cellular Pathology approach to develop models and plans for other pathology disciplines (priorities to be agreed by PWEG).	

What does success look like?

A modernised NHS Wales workforce model for the priority Pathology disciplines, using prudent and compassionate principles, with all practitioners working to the top of their licence and sustainable implementation plans in place.

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

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

Executive Lead: Nicola Johnson / SRO: Kerri Eilertsen-Feeney

(c) Endoscopy

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Establish the Endoscopy Training Management Group (ETMG). • Develop and deliver a range of training programmes / educational pathways to meet all National Endoscopy Plan (NEP) staffing requirements in line with the NEP action plan 2019-2023 and the recovery plan for stabilising capacity within the workforce. • Develop a business case to support the sustainability of the Welsh Institute of Minimal Access Therapy (WIMAT).	**Q1 (April-June)** • Confirm arrangements for the ETMG. • Commence 2nd cohort of clinical endoscopists. • Initiate review, development and delivery of contents of the training plan through ETMG (including at least therapeutic upskilling programme to accredit additional Screening Colonoscopists; nursing, administrative and managerial staff). • Support the recruitment to the endoscopy training plan. • Continue to develop the WIMAT business case.
	Q2 (July-September) • Support completion of the first cohort of clinical endoscopists. • Complete the first ETMG reporting cycle. • Continue with the review, development and delivery of contents of the training plan through ETMG. • Continue to recruit against training plan. • Agree the preferred option for WIMAT.
	Q3 (October-December) • Review implementation of local workforce actions as part of local endoscopy plans in line with the NEP action plan 2019-2023 and recovery plan. • Develop an implementation plan for the preferred option for WIMAT (if required).
	Q4 (January-March) • Support timely completion of the second cohort of clinical endoscopists. • Complete the ETMG reporting cycle in line with NEP expectations. • Continue with the review, development and delivery of contents of the training plan through ETMG. • Continue with the training of additional staff to sustain capacity across all areas of endoscopy related staffing.
High level Deliverables for Year 2 (2022-23)	
• Evaluate the impact of the national workforce plan and related endoscopy training programme on patient experience and outcomes and continue to support NEP education approaches including incorporating new technology and enhancing the usage of resources on an appropriate web platform. • Review implementation of regional and local workforce as part of national endoscopy plans in line with the NEP action plan 2019-2023 and recovery plan. • Review and agree funding to support and maintain the National Endoscopy Training Programm and WIMAT is on a sustainable footing.	
High level Deliverables for Year 3 (2023-24)	
• Implement the plan for sustainable availability of endoscopy training to support a robust and competent workforce.	

What does success look like?

A HEIW led sustainable governance, faculty and delivery model to support the endoscopy education and training service across Wales.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Nicola Johnson / SRO: Angie Oliver

(d) Major Trauma

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Engage with WHSSC to address overlaps between the workforce needs of the Major Trauma Network (MTN) and our commissioning processes. • Work with the MTN assisting with the identified training requirements and access to appropriate training resources and delivery.	**Q1 (April-June)** • Scope the feasibility of hosting education resources created by the MTN. • Engage with the network on the further development of MTN capability in relation to trainee requirements and extended and advanced roles.
	Q2 (July-September) • Ensure that education requirements are identified in readiness for inclusion in the education commissioning process for advanced and extended practice
	Q3 (October-December) • Identify further appropriate education and training required to support role and professional development.
	Q4 (January-March) • Commission additional identified education programmes.
High level Deliverables for Year 2 (2022-23)	
• Work with the MTN assisting with training requirements and role transformation as identified through the MTN programme.	
High level Deliverables for Year 3 (2023-24)	
• Complete.	

What does success look like?

The MTN will have been supported from an Education and Training perspective by HEIW in respect of improving patient survival and outcomes; enhancing multi-professional training and education; and development new roles and ways of working.

English,Catherine
06/04/2021 15:38:55

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

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

Executive Lead: Nicola Johnson / SRO: Charlette Middlemiss

(e) Urgent and Emergency Care

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Establish current workforce models in Emergency Departments (ED) across Wales and best practice in other home nations. • Establish the option to adopt the Health Education England (HEE) road map for first contact practitioners and adapt for use in Wales to support contact first/111. • Establish potential for Research Fellows to evaluate/undertake impact study on contact first/111. • Lead the Workforce and Development (W&D) Sub-Group of the National Urgent and Emergency Care Programme.	**Q1 (April-June)** • Research and collate best practice from across the UK. • Establish a working group to review and adapt road map for FCP. • Ensure matrix working with other relevant areas including Primary Care and care homes. • Establish the W&D Sub-Group.
	Q2 (July-September) • Identify successful roles in ED across Wales and UK and where they could be adopted. • Identify training already available to support staff development e.g. in relation to FCP. • Recruit research fellows. • Run workforce transformation event to engage on road map etc. • Engage on the W&D priorities of the National Programme.
	Q3 (October-December) • Set objectives /outcomes measures in partnership with research fellow. • Develop resource on workforce models in ED. • Scope accreditation for FCP model/training. • Agree the W&D priorities of the National Programme.
	Q4 (January-March) • Identify priority area for transformation for next year based on USC programme board priorities. • Launch event to engage stakeholders on resource available in relation to ED workforce.
High level Deliverables for Year 2 (2022-23)	
• Lead workforce, education and training development and transformation in the priority areas as identified with the W&D Group of National UEC Programme Board.	
High level Deliverables for Year 3 (2023-24)	
• Lead workforce, education and training development and transformation in the priority areas as identified with the W&D Group of National UEC Programme Board (note will require extension of dedicated UEC programme resource).	

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What does success look like?

NHS Wales will have a model and plans to transform the workforce in ED and a new training programme for First Contact Practitioners as the first priorities.

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

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

Executive Lead: Nicola Johnson / SRO: Clem Price

(f) Critical Care

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Delivery of a series of options for Health Boards to use in staffing their Critical Care and response areas. • Development of a strategic workforce model for Critical Care including consideration of the potential role of the wider medical associate practitioners in workforce models (once regulated). • Delivery of Critical Care education and training programme with education providers.	**Q1 (April-June)** • Complete the desktop review and benchmarking of NHS Wales, national and international workforce roles and models. • Establish engagement and governance processes.
	Q2 (July-September) • Delivery of a pull-down menu of options for Health Boards to use in staffing their Critical Care and response areas. • Undertake engagement to capture workforce opportunities, gaps and barriers. • Identify appropriate education and training required.
	Q3 (October-December) • Develop a draft strategic workforce model. • Identify education and training programme providers.
	Q4 (January-March) • Engage on the strategic workforce model. • Agree the strategic workforce model. • Commission additional identified education programmes.
High level Deliverables for Year 2 (2022-23)	
Complete.	

What does success look like?

A strategic critical care workforce model is in place to assist organisations in planning and implementing best practice in critical care settings, including outreach.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Lisa Llewellyn / SRO: Nik Sheen

(a) Optometry

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Develop, publish and consult on a delivery plan (including financial analysis) for mentorship and support for newly qualified optometrists. • Implement an action plan to take the work forward and begin roll out of mentorship and support programme for all newly qualified optometrists. • Integrate reflection and appraisal as part of plan. • Embed education and training infrastructure for optometry and related professionals to include: • A standards and Quality Assurance (QA) template to support the delivery of education and training.	**Q1 (April-June)** • Consultation and development of delivery plan for mentorship and support programme. • Migration of staff into HEIW complete. • Embed standards and QA delivery templates to support all CPD and education delivery. **Q2 (July-September)** • Publish delivery templates and establish implementation. • Implement courses and CPD using new standards. **Q3 (October-December)** • Begin roll out of mentorship and support programme as necessary integrating appraisal and reflection. • Instigate new multi-professional learning packages within HEIW. • Devise workplan for 2022/23. **Q4 (January-March)** • Continue roll out for all newly qualified optometrists. • Sign off workplan for 2022/23.
High level Deliverables for Year 2 (2022-23)	
• Continuous mentorship and support programme for newly qualified optometrists. • Development of plan to provide higher qualified optometrists with ongoing support programme with appraisal. • Determine benefit/ cost of appraisal for all optometrists in Wales.	
High level Deliverables for Year 3 (2023-24)	
• Establish appraisal for all optometrists in Wales with emphasis on scope of practice.	

What does success look like?

- A programme of support for all optometrists including appraisal linked to scope of practice for the individual with a complete programme of CPD and learning packages for optometrists and support staff which supports their scope of practice and attending multi-professional training events will be normal and not an exception.

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

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Lisa Llewellyn / SRO: Wendy Wilkinson

(b) Allied Health Professionals (AHPs)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Induct programme team into HEIW and establish programme of work. • Develop strategic plan to support workforce and service model development to meet service priorities. • Facilitate access to HEIW Wales Leadership Training Fellowship opportunities. • Scope baseline and best practice infrastructure to inform plan to support advanced & consultant practice. • Support the service to identify best practice service and workforce models to support post COVID-19 Recovery • Develop strategic plan to roll out and implement best practice models for workforce development in primary care considering the development of those already working in / new to Primary Care. • Scope multi-professional learning & development opportunities around service priorities • Scope best practice approaches to AHP workforce capacity & planning and facilitate access to training / development offer to support service leads in workforce capacity & planning. • Coordinate the development of national value-based performance measures for person-centred rehabilitation • Coordinate the development of an implementation plan for the 'AHPs in Public Health UK Strategic Framework' (2019 - 2024) for Wales.	**Q1 (April-June)** • Programme team recruitment and induction into HEIW. • Establish implementation, reference and working groups structures and reporting mechanisms. • Facilitate access to HEIW Wales Leadership Training Fellowship opportunities. HEIW & DoTHS will agree model for All Wales Leadership for Person-centred Rehabilitation and Public Health / Prevention. • Scope multi-professional options to inform offer to enable the service to support new graduates into the workforce. **Q2 (July-September)** • Host stakeholder engagement event(s). • Develop communications & engagement plans. • complete and publish Equality & Inclusivity Assessment • Scope best practice models for person-centred rehabilitation (including Long COVID). • Scope best practice approaches to AHP workforce capacity & planning. • Establish baseline of advanced and consultant practice in Wales. **Q3 (October-December)** • HEIW programme team will prepare and publish report to update priorities. • Scope priorities for multi-professional learning & development opportunities and identify gaps in current offer (if any). • HEIW facilitate access to training / development offer to support service leads in workforce capacity & planning. • Scope best practice infrastructure to support advanced & consultant practice. **Q4 (January-March)** • Develop and publish paper, resources, tools to support service in adopting change. • Prepare and publish Public Health implementation plan for AHPs in Wales. • HEIW will prepare a plan to address any outstanding L&D needs. • Review and update the non-medical consultant framework to support the development of career pathways for consultant practice.

Easthaven 6/10/2021 11:58:53

High level Deliverables for Year 2 (2022-23)
• Co-produce best practice guidance for clinical academic / consultant appointments between health and social care and Higher Education Institutions • Develop interactive career pathway tool / resource for AHPs. • Develop negotiate access to resources, not in current L&D offer, to support First Contact Practitioner, MSK, vocational rehabilitation, Fit Note prescription & mental health, COVID & Post COVID Syndrome, stroke, cancer & dementia.
High level Deliverables for Year 3 (2023-24)
Complete

What does success look like?

Single point of access to multi-professional L&D opportunities to meet AHP learning needs. AHP leaders have access to a range of compassionate learning and development opportunities, at different stages of their career e.g. participation in HEIW Leadership Fellowship scheme. AHP workforce have access to required training to provide high quality and safe services e.g. digital skills including virtual consultation and Welsh language. AHP workforce in primary care have access to required training to provide high quality and safe services e.g. First Contact Practitioner, MSK, vocational rehabilitation, Fit Note prescription & mental health, COVID & Post COVID Syndrome. AHP workforce have access to required training to provide high quality and safe services for specialty areas including stroke, cancer and dementia. Clear workforce development pathways which include consultant and clinical academic practice.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Lisa Llewellyn / SRO: Christine Love

(c) Healthcare Sciences (HCS)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Secure stability for programme team to ensure sustainability of the programme. • Define recruitment strategy for the programme team to include roles to support workforce, research and innovation and digital resources. • Collaborate with workforce team to align the national Workforce Strategy to a 10-year Healthcare Science workforce plan. • Development of a Research and Innovation Strategy for Healthcare Science. • Development of a communications toolkit that aligns to the HEIW communications strategy. • Work with HEIW Leadership team to expand on Practical Skills for Professional Education and Learning (PSEL) and deliver dedicated healthcare science leadership modules for mid-level and senior healthcare scientists to compliment wider HEIW leadership offer. • Secure two Welsh Clinical Leadership Training Fellowship places.	**Q1 (April-June)** • Existing programme team posts secured and build the Healthcare Science Programme Team (recruitment to posts). • Develop a Task and Finish Group to focus on Healthcare Science Support Worker paper. • Publish the NHS Innovation Study Report evidencing how COVID-19 has influenced HCS practice and how healthcare scientists have delivered services differently during COVID-19. • Consult and receive feedback from PSEL leadership programme participants. • Deliver first 'Healthcare Science' seminar in partnership with Welsh Government. **Q2 (July-September)** • Develop options for a bespoke Healthcare Science leadership programme. • Successful appointment of up to two healthcare scientists into the Welsh Clinical Leadership Training Fellowship. • Deliver second 'Healthcare Science' seminar. **Q3 (October-December)** • Develop a dedicated 'Research and Innovation' subgroup. • Develop an underpinning workforce plan to support the required changes as a result of the Neurophysiology Service Specification. • Deliver third 'Healthcare Science' seminar. **Q4 (January-March)** • Design and develop a Healthcare Science Travel Fellowship for Wales. • Launch a suite of digital career pathways on website. • Deliver and evaluate a dedicated healthcare science leadership programme. • Deliver fourth 'Healthcare Science' seminar.
High level Deliverables for Year 2 (2022-23)	
• **Implement elements of HCS Framework as relevant to HEIW** • Continue to develop a 10-year workforce plan for HCS to create a stable and balanced workforce and establish procedures for more coordinated planning informed by workforce demographics. • Continue to work in partnership with NHS R&D Directors and health boards to develop strategic plans for prudent and value-based research, development and innovation.	
High level Deliverables for Year 3 (2023-24)	
• Evaluate impact of Neurophysiology Service Specification and underpinning workforce plan.	

- Review the 10-year workforce plan for HCS to create a stable and balanced workforce and establish procedures for more coordinated planning informed by workforce demographics.

What does success look like?

A stable and balanced workforce, and more coordinated planning measured by workforce demographics with:

- Strategic plans for prudent and value-based research, development and innovation.
- An environment in NHS Wales where healthcare science can flourish by establishing universal recognition of the profession, and by promoting its diverse array of rewarding and fulfilling career choices that will make a real difference to the lives of others.
- Science, technology and evidence-based practice playing a significant role in driving improvement, increasing value, reducing service pressures and enhancing patient outcomes and experiences in years to come.
- Wales' partnerships with key figures and national bodies strengthened, as well as being a vehicle for knowledge dissemination, learning, promotion of 'One Voice' and to raise the professional profile of healthcare science in NHS Wales.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Lisa Llewellyn / SRO: Kerri Eilertsen-Feeney

(d) Nurse Staffing Act

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
Deferred to Annual Plan • Recruit digital engineer and Business Intelligence (BI) analyst to undertake scoping and commence integration of systems. • Review and revise programme management and accountabilities to reflect new system arrangements. • Extend the 2nd duty of the Nurse Staffing Levels (Wales) Act to paediatric inpatients • Ensure the capacity of the team is appropriate for the delivery of the work programme.	**Q1 (April-June 2021)** • Identify the requirements for the Once for Wales Complaints Management System to meet the requirements of the Act. • Finalise operational guidance for paediatric inpatients. • Deliver supportive mechanisms to prepare operational teams for initial testing of the draft Welsh Levels of Care for District Nursing. • Conduct initial (1st phase) testing of the draft Welsh Levels of Care for District Nursing. • Review impact assessments conducted by Health Boards on the draft interim nurse staffing principles for Health visiting.
	Q2 (July-September 2021) • Deliver range of supportive interventions to prepare Health Boards for extension of the 2nd duty of the Act to paediatrics. • Conduct initial (1st phase) testing of draft Welsh Levels of Care for Health visiting. • Analyse the findings of bi-annual audit for adult medical and surgical inpatient areas. • Conduct initial testing of draft Welsh Levels of Care for Mental Health inpatients. • Conduct initial testing of Quality indicators for District Nursing.
	Q3 (October-December 2021) • Analyse results from conduct bi-annual (PJ) audit in mental health inpatient areas. • Analyse results following 1st phase testing phase Welsh Levels of Care for District Nursing.
	Q4 (January -March 2022) • Analyse the findings of bi-annual audit for adult medical and surgical inpatient areas. • Review impact assessments conducted by Health Boards on the draft interim nurse staffing principles for Mental Health inpatients. • Finalise interim nurse staffing principles for Health Visiting. • Analyse the findings following testing of the Quality indicators for District Nursing.
High level Deliverables for Year 2 (2022-23)	
• Continue the work depending on priorities as directed by Welsh Government. • Support the implementation of the interim nurse staffing principles and reporting process for Health Visiting and Mental Health inpatient services. • Implement use of the draft Welsh Levels of Care for Mental Health to further develop the evidence base. • Implement use of the draft Welsh Levels of Care for District Nursing to further develop the evidence base. • Seek agreement to analysis the impact of the implementation of the Act and explore how the data collected can be used to inform future work.	

Public Board Meeting 29.09.21

High level Deliverables for Year 3 (2023-24)
• Seek guidance from Nurse Directors and CNO regarding commencing other workstreams and plans to extend the 2nd duty of the Act. • Prepare Health Boards/ Trusts Support Health Boards to follow the 'Once for Wales' approach when submitting their second tri-annual report to Welsh Government.

What does success look like?

Health Boards adhere to the 'Once for the Wales' approach and have the IT systems and processes in place to enable the organisations to evidence compliance against the requirements of the Nurse Staffing Levels (Wales) Act with:

- Future planning to ensure the programme is sustainable and 'fit for purpose', learning lessons from experience.
- Ensure forward planning and future proof the programme, ensuring that the Nurse Staffing Programme Team has the resources, capacity and support to deliver the national programme. Implementation of interim nurse staffing principles for mental health inpatients and health visiting services.
- Devise Welsh Levels of Care tool for district nursing, health visiting and mental health, developing a sound evidence-based workforce planning tool.
- Key stakeholders are engaged, informed and aligned with the programme of work. The successful implementation of the 2nd duty of the Act to Paediatrics and plans for further extension.
- Delivery of the workstream plans and overarching programme plan within timescales.
- Effective management of the programme and associated risks.
- Positive evaluation of the impact of the Act through analysing data at a local and national level.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Lisa Llewellyn / SRO: Kerri Eilertsen-Feeney

(e) Nursing Standards

Key Deliverables for Year 1 (2021-22)	**Key Quarterly Milestones for Year 1 (2021-22)**
• Building on successful Nursing and Midwifery Council approvals of pre-registration nursing programmes in Wales in 2020, ensure Approved Education Institutions (AEIs) and Placement Providers meet NMC gateway hub criteria for further approvals of Return to Practice, Non-Medical Prescribing and Midwifery programmes of learning. • HEIW to co-ordinate an all Wales approach to common programme elements. • Build on effective tripartite liaison and workstreams between HEIW, Placement Provider organisations and Universities. • Ensure implementation of regulatory standards to support student supervision and assessment. • Develop an all Wales distance learning programme for preparation of practice supervisors and assessors including agreed mechanisms for blended learning options.	**Q1 (April-June)** • All NMC Return to Practice programmes in all five Welsh AEI providers to be approved. • All NMC Non-Medical Prescribing programmes in all five Welsh AEI providers to be approved. • Monthly reporting of the implementation of the NMC Nursing and Midwifery standards to CNO and DoNs. • Programme Mangers report for the All Wales pre-registration Nursing and Midwifery working group. • Quarterly report to key stakeholder reference groups for return to practice and non-medical prescribing implementation. **Q2 (July-September)** • Stakeholder engagement and feedback to be received on the *implementation* of NMC Nursing, Return to Practice and Non-Medical Prescribing Programmes via Contract business meeting - performance and Quality/ Placement Provider reporting. • Benchmark progress on implementation of NMC Future Midwife programmes across Welsh AEI/Placement Providers undertaken through HEIW Programme Manager Education Wales leads. **Q3 (October-December)** • Evaluate the year-in implementation of NMC approved programmes. **Q4 (January-March)** • Scope the benefits of implementation of NMC nursing, Return to Practice and Non-Medical Prescribing programmes.
High level Deliverables for Year 2 (2022-23)	
• All Welsh AEIs will be approved by the Nursing and Midwifery Council to commence Midwifery programmes from Sept 2022. • All AEIs/Placement Providers will review implementation of regulatory requirements for student supervision and assessment. • HEIW will produce a cost-benefit analysis of introducing a national system for Quality Management of the Practice Learning Environment (QMPLE) held by HEIW but which will be overseen locally by PEFs.	
High level Deliverables for Year 3 (2023-24)	
• Establish a monitoring and evaluation mechanism to assess the impact of the introduction of NMC Future nurse programmes commenced September 2020.	

English Catherine 6/9/2021 15:16:54

What does success look like?

Extensive co-production, engagement and sign-up across organisations is in place in response to significant programmes of change. A sustainable workforce of nursing and midwifery registrants who are technically skilled and appropriately equipped for interprofessional contemporary healthcare delivery.

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

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Lisa Llewellyn / SRO: Wendy Wilkinson

(f) Learning Disabilities (LD)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Develop an All Wales foundation / mandatory learning offer for Learning Disabilities services. • Develop a plan to take forward and embed foundation / mandatory training across Wales. • Implement action plan to roll out mandatory training to Health Boards, Trusts and Primary Care and Social Care providers. • Develop options to improve utilisation of learning across Wales.	**Q1 (April-June)** • Commence engagement with clinical and patient representatives and third sector communities • Establish a strategy development group. • Identify training needs, formats and priority populations for training and training providers. **Q2 (July-September)** • Agree content and format for foundation / mandatory package. • Engage with stakeholders regarding coordinating access to training. **Q3 (October-December)** • Design and develop foundation / mandatory training package. • Identify related performance metrics. **Q4 (January-March)** • Launch training and engage stakeholders for access.
High level Deliverables for Year 2 (2022-23)	
• Continue the refinement and development of foundation training resources. • Develop plan for meeting training priorities for enhanced and advanced practice. • Scope existing training offers and providers for enhanced and advanced practice. • Develop plan for meeting required training needs including coordination of existing MDT L&D offers relevant to LD / identify and negotiate ongoing commissioning requirements and performance metrics. • Implementation of plan for enhanced and advanced practice training needs.	
High level Deliverables for Year 3 (2023-24)	
• Continue roll out of all training packages to relevant populations. • Evaluation of training packages and amendments as required.	

What does success look like?

All health and social care staff will have access to education and training (relative to their role) to enable the needs of people with an LD to be identified and met. Training is available in multiple formats to improve and enable access for a wider range of staff. Training portfolio for LD to include improved access to existing MDT L&D offer where appropriate. People with LD report improved experience of health and social care.

Enquiry Catherine 01/12/2021 15:38:55

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

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and **maternity services**.

Executive Lead: Lisa Llewellyn / SRO: Kerri Eilertsen-Feeney

(g) Maternity Services

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Support the implementation of the *Maternity Care in Wales, A Five-year Vision for the Future (2019-2024).* • Delivery of competency training framework for Newborn and infant Physical Examination (NIPEC).	**Q1 (April-June)** • Review sector action plan and identify actions. • Review the Health Inspectorate Wales report and develop related action plan for education and training. • Identify national priorities for educational service needs and learning opportunities within the maternity workforce. • Establish a plan for monitoring education contracts. • Review and publish data interpretations.
	Q2 (July-September) • Initiate engagement activities to establish training needs. • Mapped data interpretations to new standards.
	Q3 (October-December) • Evaluate and publish a plan from engagement activities to establish training needs. • Developed training material appropriate for all NIPEC examiners.
	Q4 (January-March) • Implement action plan for all Wales standards for specified education needs identified through the published report.
High level Deliverables for Year 2 (2022-23)	
• Identify further priorities for investment in education and training to meet service needs. • Following all Wales birth rate plus review work force plan to ensure adequate skill mix and qualification to meet service need.	
High level Deliverables for Year 3 (2023-24)	
Complete	

What does success look like?

Education and training in place to support the needs of midwifery services to provide quality care to mothers and babies as outlined in *Maternity Care in Wales, A Five-year Vision for the Future (2019-2024).*

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

Strategic Objective 4.6: Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.

Executive Lead: Push Mangat / SRO: Kirstie Moons

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
Deferred to Annual Plan • Implement the planned expansion of the Foundation programme for medicine with placements across secondary care, General Practice and the community. • Scope the need for support following registration for all professional groups. • Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas.	**Q1 (April-June)** • Establish steering group with key leads in HEIW and workforce and education. • Develop networks with service and education providers to enable communication channels. • Establish current range of post-registration training pathways available in HEIW and elsewhere in Wales. • Further expand the Foundation Programme with placements across secondary Care, GP and the community.
	Q2 (July-September) • Consolidate information from Q1. • Scope need for additional training pathways and resource available/ consider expansion of existing programmes • Identify key areas to prioritise based on service and workforce need. • Develop plans to establish the return on investment of training programmes, particularly advanced practice/ extended skills.
	Q3 (October-December) • Develop an implementation plan for support following registration should the scoping work identify a need for further work.
	Q4 (January-March) • Support the service with the implementation of the learning and development framework. • Support the service with new workforce models to release the time of senior clinicians and establish the potential for other new roles.
High level Deliverables for Year 2 (2022-23)	
• Final expansion of the Foundation Programme with placements across secondary Care, GP and the community. • Gain recognition as a centre of excellence for workforce transformation. • Increase funding in Advanced practice/extended skills based on demonstration of value achieved in previous years.	
High level Deliverables for Year 3 (2023-24)	
Complete	

Welsh Government 29/04/2021 15:04:55

What does success look like?

The transition from education into the workforce is optimised for all health care professionals and they are fully supported to integrate into services and deliver best care for patients.

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

Strategic Objective 5.1: Finalise and implement the People, Inclusion and Organisational Development (OD) Strategy

Executive Lead: Julie Rogers / SRO: Foula Evans

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)

• Launch and Implement the People, Inclusion and OD Strategy.
• Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'.
• Continue to implement the strategy priorities which include;
  ○ Embed organisational values in recruitment, career progression and capability.
  ○ Identified an organisational talent pool.
  ○ Continue to measure staff experience.
  ○ Evaluate the staff recognition approach developed in 2020/21.
  ○ Complete and evaluate first programme of Compassionate Leadership Management Programme.
  ○ Establish a Coaching Network.
  ○ Complete and evaluate the first tranche of two-year apprenticeship programme.
  ○ Undertake benchmarking of organisational progress against best practice, using research and evidence.
• Focussed campaign on maximising the benefits of Electronic Staff Record across HEIW.
	Q1 (April-June)
	• Due to COVID 19 pandemic, re-consulting with staff to ensure the People & OD Strategy reflects the new ways of working
	• Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'.
	Q2 (July-September)
	• Embed organisational values in recruitment, career progression and capability.
	• Focussed campaign on maximising the benefits of ESR across HEIW.
	• Embed organisational values in recruitment, career progression and capability.
	• Identified an organisational talent pool.
	• Continue to measure staff experience.
	Q3 (October-December)
	• Undertake benchmarking of organisational progress against best practice, using research and evidence e.g. from CIPD.
	• Evaluate the staff recognition approach developed in 2020-21.
	• Launch and Implement the People and OD Strategy.
	• Establish a Coaching Network.
	Q4 (January-March)
	• Complete and evaluate first programme of Compassionate Leadership Management Programme.
	• Complete and evaluate the first tranche of two-year apprenticeship programme.

High level Deliverables for Year 2 (2022-23)	

• Continue to implement the strategy – priorities will include:
  ○ Coordinate the third staff recognition scheme.
  ○ Commence second 2 year apprenticeship programme.	

High level Deliverables for Year 3 (2023-24)	
• Evaluate impact of strategy and begin drafting new strategy in partnership with staff and staff representatives.	

What does success look like?

A happy, inclusive and motivated workforce measured through Staff Surveys. Low sickness absence, good retention, low turnover and attraction of high calibre of diverse people, high numbers applying for vacant roles and positive outcomes from accreditations such as Investors in People and Great Places to Work.

Strategic Aim 5: To be an exemplar employer and a great place to work
Strategic Objective 5.2: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW

Executive Lead: Julie Rogers / SRO: Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Achieve the Bronze Corporate Health Standard accreditation. • Pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales. • Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes. • Develop and implement the HEIW Health and Wellbeing Strategy and Action plan. • Carry out the Health Needs Assessment at regular intervals to inform HEIW's health and wellbeing offering. • Develop project implementation plan to ensure HEIW achieve the Silver Corporate Health Standard accreditation early 2022/23, subject to assessment being available. • Develop and implement regular staff experience feedback mechanisms to inform strategic direction. • Develop and deliver the Time to Change Action plan to maintain accreditation.	**Q1 (April-June)** • Provide detailed evidence which supports achievement of the Corporate Health Standard Bronze Award. • Develop and agree the project initiation document for the development and implementation of the wellbeing strategy and action plan. • Confirm the HEIW Health Promotion Calendar. **Q2 (July-September)** • Engagement/consultation commenced to inform the development of the HEIW Health and Wellbeing Strategy. • Produce a calendar of wellbeing events including training programmes for HEIW staff. • Carry out staff experience survey. **Q3 (October-December)** • Develop project implementation plan to ensure HEIW achieve the Silver Corporate Health Standard accreditation early 2022/23, subject to assessment being available. • Develop an agreed HEIW Health and Wellbeing Strategy. • Evaluate the staff experience feedback mechanism in HEIW. **Q4 (January-March)** • Held the Corporate Health Standard Silver Award mock assessment. • Commence Implementation of the HEIW Health and Wellbeing Strategy and Action Plan. • Time to Change employer status agreed.
High level Deliverables for Year 2 (2022-23)	
• Achieve Corporate Health Standard Silver 2021/22. • Implement year 2 of the HEIW Health and Wellbeing Strategy and Action Plan. • Evaluate the health wellbeing initiatives in the action plan via a Health Needs Assessment, to inform future years locally and nationally.	
• **High level Deliverables for Year 3 (2023-24)**	
• Achieve Corporate Health Standard Gold 2022 – 23. • Implement Year 3 of the Health and Wellbeing Action Plan. • Evaluate the health wellbeing initiatives in the action plan to inform future years, locally and nationally.	

What does success look like?

Health and wellbeing information, resources and evaluation tools developed in HEIW prior to sharing across NHS Wales as well as developing a range of health and wellbeing resources and achievement of the Corporate Health Standard to Bronze level. This will mean that:

- Information and Resources including toolkits to support managers and staff are widely available and utilised.
- Robust Diagnostic and Evaluation Tools have been developed and are providing evidence of improvement.
- Wellbeing measures are being implemented and monitored to track progress.
- Workforce related policies and practices are being designed with a focus on wellbeing.
- Managers and leaders are focussed and fully committed to ensuring the wellbeing of the workforce.

English Catherine
06/04/2021 15:38:55

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

Strategic Objective 5.3: Implement and embed the Welsh Language Framework within HEIW

Executive Lead: Dafydd Bebb / SRO: Huw Owen

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Complete Public Consultation on Welsh Scheme Consultation. • Launch Welsh Language Scheme. • Continue to deliver training and awareness around the key operational deliverables outlined above. • Continue to improve our translation processes. • Continue to grow staff Welsh language lesson numbers. • Grow internal capabilities. • Continue to increase the profile and use of the Welsh language policy within HEIW. • Launch and grow Apprenticeship scheme and Key Skills Certificate. • Work increasingly with Careers network to improve Welsh. • Continue to share best practice with peer network.	**Q1 (April-June)** • New Language Scheme launched. • 10 key areas for the Welsh Language report published • Recruit second Apprenticeship cohort. **Q2 (July-September)** • Consolidate activities around new Language Scheme. **Q3 (October-December)** • 10 Key Areas for Welsh Language Policy report published • New year of Welsh learners start. **Q4 (January-March)** • 10 Key Areas for Welsh Language Policy report published • Second year of Apprenticeship scheme starts.
High level Deliverables for Year 2 (2022-23)	
• Continue to deliver training and awareness around the key operational deliverables outlined above. • Continue to refine our translation processes. • Implement strategic standards. • Internal translation skills grow.	
High level Deliverables for Year 3 (2023-24)	
• Learner numbers continue to grow • Translation skills embedded across all departments.	

What does success look like?

HEIW promotes and actively supports the use of the Welsh Language in our business and our workplace measured through:

- More learners at improving levels and more translation skills embedded within departments.
- High levels of compliance and no customer complaints or investigations by Welsh Language Council

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

Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector.

Executive Lead: Julie Rogers / SRO: Emma Kwaya-James

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Embed the Strategic Equality Plan across the organisation. • Effective partnership working on Equality, Diversity and Inclusion agenda with other Welsh Public Bodies. • Embed the Socio-economic duty (Part 1, Section 1 Equality Act 2010), to ensure compliance across the organisation.	**Q1 (April-June)** • Implement the directorate strategic equality action plans and measures. • Launch our first Welsh Public Body Equality Partnership Strategic Equality Plan. • Develop Public Body Equality Partnership strategic equality action plans. • Review the equality, diversity and inclusion policies. • Review Equality Impact Assessments and internal processes to ensure they reflect the socio-economic duty. • Continue to deliver accreditation pledges Disability Confident, Stonewall Diversity Champion, Dying to Work, Anti-Violence Collaboration.
	Q2 (July-September) • HEIW achieves Disability Confident Employer (Level 2) status. • Review directorate strategic equality action plans.
	Q3 (October-December) • Commence new accreditations which provide in-depth scrutiny of equality, diversity and inclusion within organisations i.e. Great Places to Work; Workplace Inclusion Audit. • Commence year 2 directorate strategic equality action planning.
	Q4 (January-March) • Revised Diversity, Equality and Inclusion Policy published. • Implement the directorate strategic equality action plans and measures. • Review Public Body Equality Partnership strategic equality action plans.
High level Deliverables for Year 2 (2022-23)	
• Review and continue to embed the Strategic Equality Plan across the organisation. • Strengthen partnership working on Equality, Diversity and Inclusion agenda with other Welsh Public Bodies. • Embed and reinforce enactment of the Socio-economic duty (Part 1, Section 1 Equality Act 2010) across the organisation.	
High level Deliverables for Year 3 (2023-24)	
• Review and evaluate impact of Strategic Equality Plan across the organisation. • Evaluate impact of partnership working on Equality, Diversity and Inclusion agenda across the Public Sector. • Review and evaluate impact of enactment of the Socio-economic duty (Part 1, Section 1 Equality Act 2010) across the organisation.	

What does success look like?

Diversity, equality and inclusion is promoted and actively supported throughput our business and our workplace.

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

Strategic Objective 5.5: Implement organisational changes to meet the requirements regarding biodiversity and climate change

Executive Lead: Nicola Johnson / SRO: Chris Payne

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• HEIW's first overarching biodiversity and decarbonisation plan produced and published applying the principles of the NHS All Wales Decarbonisation Strategy. • A 3-year action plan developed and implemented in line with the biodiversity and decarbonisation plan. • Specific organisational targets developed and implemented in line with NHS Wales goal of becoming carbon neutral by 2030. • All staff have the opportunity to engage in organisational development to increase knowledge, understanding and requirements. • Programme of active engagement with staff in place to embed thinking and to deliver the biodiversity and decarbonisation and action plans.	**Q1 (April-June)** • Recruit to new roles. • Review NHS All Wales Decarbonisation Strategy. • Internal consultation on HEIW biodiversity and decarbonisation plan. • Internal process for approving new initiatives. • Research and consider opportunities for initiatives. • Internal and external engagement and communications in line with communications plan. • Local and wider research to benefit HEIW knowledge and decision making.
	Q2 (July-September) • Induct new starters. • Continue review of NHS All Wales Decarbonisation Strategy and implement. • Following internal consultation, baselining of measures and assessment of impact of COVID (in Q1/2), publication of HEIW biodiversity and decarbonisation plan. • Draft 3-year action plan (to include actions from Feb 2020 staff conference). • Develop and approve organisational targets against the 2019/20 baseline. • Research and consider opportunities for initiatives. • Ongoing engagement and communications. • Ongoing research to benefit HEIW knowledge and decision making.
	Q3 (October-December) • Continue implementation of NHS Decarbonisation Strategy. • Approve and implement action plan. • Draft staff training plan for approval. • Commence quarterly performance reporting against targets. • Research and consider opportunities for initiatives. • Business cases for approval as required. • Ongoing engagement and communications. • Ongoing research to benefit HEIW knowledge and decision making. • Commence development of action plan for the next IMTP period.
	Q4 (January-March) • Implement staff training plan. • Quarterly performance reporting in place. • Develop HEIW Decarbonisation Action Plan. • Research and consider opportunities for initiatives.

English,Catherine
06/04/2021 15:38:55

	• Business cases for approval as required. • Ongoing engagement and communications. • Ongoing research to benefit HEIW knowledge and decision making. • Action plan for IMTP 2022-25 approved.
High level Deliverables for Year 2 (2022-23)	
• Review of all plans (biodiversity and decarbonisation plan, action plan and communications plan) (annual). • Implement Decarbonisation Action Plan from April 2022. • Review and reset of performance targets (annual). • Ongoing research and consideration of new opportunities for initiatives. • Business cases for approval as required. • Quarterly performance reporting in place and informing forward action plan. • Ongoing research. • 3-yearly biodiversity report to Welsh Government (following report in Dec 2019).	
High level Deliverables for Year 3 (2023-24)	
• Review of all plans (biodiversity and decarbonisation plan, action plan and communications plan) (annual). • Review and reset of performance targets (annual). • Ongoing research and consideration of opportunities for initiatives. • Business cases for approval as required. • Performance reporting (quarterly). • Ongoing research. • Assessment of opportunities to work towards environmental awards, e.g., the Green Dragon Award.	

What does success look like?

A phased reduction in carbon emissions in line with the NHS All Wales Decarbonisation Strategy to achieve Welsh Government ambition of a carbon neutral public sector in Wales by 2030 (and approved means for off-setting existing/additional emissions) measured through agreed targets. Initiatives in place that:

- contribute to reducing carbon emissions in line with the NHS All Wales Decarbonisation Strategy (overall NHS Wales targets compared to 2018/19 are -16% by 2025 and -34% by 2030); and
- maintain and enhance biodiversity on site in Ty Dysgu and in our local communities that align to the Nature Recovery Action Plan 2015 objectives via our own biodiversity and decarbonisation and action plans.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 5.6: Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW.

Executive Lead: Push Mangat / SRO: Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Assess priorities and share resources (internal and external) via internal stakeholder group, in collaboration with evaluation, research and innovation to feed into the wider Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) remit. • Develop infrastructure to support quality improvement in HEIW. • Train staff in QI and projects across HEIW, including ongoing project support, with a minimum of 35 staff to have undertaken introductory QI training and 3 QI projects commenced. • Develop foundation QI expertise including improvement science capability, Leadership for Improvement and modelling capabilities. • Deliver QI training and project support for HEIW trainees/trainers via the existing QIST programme. • Pilot a project sharing platform. • Include QI in HEIW induction.	**Q1 (April-June)** • Collaborate with internal stakeholder re improvement project sharing. • Submission of business case to support QI infrastructure (staff/non-staff). • Pilot training sessions for HEIW staff and provide project support. **Q2 (July-September)** • Populate platform for project sharing. • Appoint relevant staff to support quality improvement. • Completed priority activity via collaboration group. • Train staff and support projects. **Q3 (October-December)** • Complete QI sharing platform requirement. • Train staff and support projects. **Q4 (January-March)** • Host showcase event.
High level Deliverables for Year 2 (2022-23)	
• Functional Hub supporting and coordinating Evaluation, Research, Innovation and Quality Improvement activity across all sections of HEIW. • Showcase Evaluation, Research, Innovation and Quality Improvement collaborations in Wales and internationally. • Scope available expertise in implementation science and behavioural science to promote upscaling and spread. • 40% of HEIW staff to have completed introductory QI training, with intermediate training also being delivered on a regular basis.	
High level Deliverables for Year 3 (2023-24)	
• Evaluate Hub and achievements both internally and externally.	

English (Canada) 06/04/2021 11:38:33

What does success look like?

- A well supported Evaluation, Research, Improvement and Innovation Collaborative which facilitates the incorporation of evaluation, research, improvement and innovation into all of HEIW activity and a consideration for value added by workstreams with 2021/22 measures being:
  - QI included in every HEIW induction.
  - 35 members of HEIW staff to have undertaken introductory QI training and10 to have undertaken intermediate QI training, with 3 QI projects commenced.

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

Strategic Objective 5.7: Develop the capacity and capability for evaluation, innovation and research.

Executive Lead: Push Mangat / SRO: Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Establish an evaluation and research stakeholder group to assess priorities and share resources (internal and external). • Develop infrastructure for evaluation, research and innovation as part of a Collaborative approach ('ERIIC'). • Establish/secure access to a research ethics advisory committee. • Secure external evaluation and research expertise. • Pilot baseline support for evaluation and research projects across areas in HEIW to include ongoing project support. • Scope sharing of evaluation and research via a HEIW platform. • Develop training to provide foundation-level evaluation, research and innovation knowledge and skills. • Scope the delivery of 'Trainees Transforming Training' initiative with innovation focus.	**Q1 (April-June)** • Collaboration with internal stakeholders regarding evaluation, research and innovation project sharing. • Submission of business case to support evaluation, research and innovation staff and non-staff infrastructure. • Development of tendering specification for procurement of external evaluation expertise • Convene a research ethics advisory committee **Q2 (July-September)** • Pilot evaluation, research and innovation project sharing via platform. • Appoint relevant staff to support evaluation, research and innovation. • Pilot training sessions for HEIW staff. • Completed priority activity via collaboration group. **Q3 (October-December)** • Complete project sharing platform requirement. • Complete procurement of external evaluation via OJEU tender. **Q4 (January-March)** • Host ERIIC event ('showcase').
High level Deliverables for Year 2 (2022-23)	
• Functional Hub supporting and coordinating Evaluation, Research, Innovation and Quality Improvement activity across all sections of HEIW. • Showcase Evaluation, Research, Innovation and Quality Improvement collaborations in Wales and internationally. • Scope available expertise in implementation science and behavioural science to promote upscaling and spread.	
High level Deliverables for Year 3 (2023-24)	
• Evaluate Hub and achievements both internally and externally.	

What does success look like?

A well supported Evaluation, Research, Improvement and Innovation Collaborative which facilitates the incorporation of evaluation, research, improvement and innovation into all HEIW activity and including consideration of value added by workstreams.

Ernst, Catherine
6/10/2021 15:38:55

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

Strategic Objective 5.8: Reduce the organisational risks regarding cyber security.

Executive Lead: Sian Richards / SRO: Ricky Hartland

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)

• Document, develop, execute and continuously improve a cyber security programme as follows:
• **Defend**
  ○ Understand the current state of cyber security.
  ○ Get cyber hygiene right and build a secure foundation.
• **Respond**
  ○ Respond quickly and effectively to cyber security incidents.
• **Develop**
  ○ Engage with HEIW functions.
  ○ Promote a cyber-aware culture.
	Q1 (April-June)
	• Continued roll-out of the cyber security work implementation plan.
	• Report on the progress of the cyber security programme.
	• Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose.
	• Define, document and approve topic specific cyber security policies. Cyber security policies provide the foundation of cyber security, convey management intentions for cyber security and support the implementation of the cyber security programme.
	• Board / Executive Management Cyber Awareness Training.
	• Continued recruitment for cyber security FTE.
	• Topic specific cyber security incident exercise.
	• Document exercise outcomes.

	Q2 (July-September) • Continued roll-out of the cyber security work implementation plan. • Report on the progress of the cyber security programme. • Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. • Schedule specific and specialist cyber incident response training for members of the CIRT. • Host a series of topic specific cyber security workshops for HEIW employees (over a period of 3-5 days – open and interactive forum). • Document and disseminate high level cyber security guidance to HEIW employees (email campaign, intranet, posters etc). • Plan external penetration test. • Topic specific cyber security incident exercise. • Document exercise outcomes.
	Q3 (October-December) • Continued roll-out of the cyber security work implementation plan. • Report on the progress of the cyber security programme. • Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. • Cyber Incident Response Policy review.

English,Catherine
06/04/2021 15:38:55

	• Collect information and feedback from key stakeholders (e.g. CIRT); review documented outcomes from topic specific cyber security exercises; document and execute potential improvements. • Cyber Incident Response Plan review. • Collect information and feedback from key stakeholders (e.g. CIRT); review documented outcomes from topic specific cyber security exercises; document and execute potential improvements. • Plan internal penetration test. • Topic specific cyber security incident exercise. • Document exercise outcomes.
	Q4 (January-March) • Continued roll-out of the cyber security work implementation plan. • Report on the progress of the cyber security programme. • Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. • Complete full cyber security risk assessment - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. • Host a series of topic specific cyber security workshops for HEIW employees (over a period of 3-5 days – open and interactive forum). • Document and disseminate high level cyber security guidance to HEIW employees (email campaign, intranet, posters etc). • Topic specific cyber security incident exercise. • Document exercise outcomes.
• Continued development of the cyber security programme. • Support the continuous improvement of cyber security throughout HEIW.	
High level Deliverables for Year 3 (2023-24)	
• Evaluate the effectiveness of the cyber security programme (3-year review). • Support the continuous improvement of cyber security throughout HEIW.	

What does success look like?

Cyber security is not just about technology, and as such, building and driving forward a cyber security aware culture is a critical success factor of the cyber security programme. Ultimately, the cyber security programme aims to reduce HEIW's cyber security risks to an acceptable level of risk which is within appetite.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 6.1 Refresh and relaunch the HEIW Communications and Engagement Strategy

Executive Lead: Julie Rogers / SRO: Angharad Price

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)

• Refresh and relaunch the HEIW Communications and Engagement Strategy.
• To support the delivery of HEIW objectives and the refreshed communications and engagement strategy:
  ○ Engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 1).
  ○ Scope and plan the delivery of additional functions to the new HEIW website (known as HEIW+).
	Q1 (April-June)
	• Review progress against delivery of HEIW Communications and Engagement Strategy during 2020/21 and develop a progress report for Executive Team by May 2021 and for Board June 2021.
	• Create engagement plan for staff and stakeholders to give their views on refreshing HEIW Communications and Engagement Strategy.
	• With Equality lead carry out Equality Impact Assessment alongside development of strategy.
	• In parallel with the Strategic Equality Plan actions, develop a plan to engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 1).

	Q2 (July-September) • Implement the plan to commence engagement and research with under-represented groups. • Implement plan for staff and stakeholders to give their views on refreshing HEIW Communications and Engagement Strategy. • Collate the feedback to inform the HEIW Communications and Engagement strategy as gathered via staff surveys, meetings with stakeholders etc. • Collate requests and ideas for additional functions to be added to the HEIW website – known as HEIW+.
	Q3 (October-December) • Refresh HEIW Communications and Engagement Strategy and share draft with staff, Executive Team and stakeholders for feedback. • Agree developments for HEIW+ website (with Digital Team). • Develop phased implementation plan (with Digital Team) to support the new HEIW+ website.
	Q4 (January-March) • Final strategy to Executive Team February 2022 and Board March 2022. • Launch refreshed strategy following Board approval.

High level Deliverables for Year 2 (2022-23)
• Continue to implement Strategy • Progress report against HEIW Communications and Engagement Strategy during 2021/22. • Begin development of HEIW+ website with Digital Team. • Engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 2).
High level Deliverables for Year 3 (2023-24)
• Continue to implement strategy. • Progress report against HEIW Communications and Engagement Strategy during 2022-23.

- Continue to develop HEIW+ website (Phase 2).

What does success look like?

More effective communications and engagement activities and an increased understanding of who we are and what we do by HEIW workforce. Increase in stakeholders having a comprehensive understanding of the functions we carry out, our areas of expertise and the support we can offer leading to greater collaboration as people recognise us as a key player, influencer and expert.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 6.2: Support the development of effective communication and engagement through an organisational network analysis (ONA).

Executive Lead: Julie Rogers / SRO: Angharad Price

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Research and agree the requirements for an ONA identifying internal and external influencers, super-connectors, leaders and opinion formers in formal and informal systems to support the development of effective communications and engagement. • Procure company to carry out ONA. • Complete Organisational Network Analysis (ONA) of our formal and informal systems. • Report on the ONA. • Use findings of report to plan new channels and methods to support effective organisational communications and engagement and support the delivery of the HEIW communications and engagement strategy. • Implement new channels and methods to increase effectiveness of HEIW communications and engagement.	**Q1 (April-June)** • Research and agree requirements for an ONA identifying internal and external influencers, super-connectors, leaders and opinion formers in formal and informal systems to support the development of effective communications and engagement. • Research existence of companies able to carry out analysis. • With procurement colleagues identify appropriate procurement process for ONA. • Agree ONA specification. • Procure ONA. **Q2 (July-September)** • Company to carry out and complete ONA. **Q3 (October-December)** • Report on findings of the ONA. • Use findings of report to plan new channels and methods to support effective organisational communications and engagement and support the delivery of the our communications and engagement strategy. • Use results to inform refresh of HEIW Communications and Engagement Strategy - see objective 6.1. **Q4 (January-March)** • Implement new channels and methods to increase effectiveness of HEIW communications and engagement.
High level Deliverables for Year 2 (2022-23)	
• Implement new channels and methods to increase effectiveness of HEIW communications and engagement.	
High level Deliverables for Year 3 (2023-24)	
• Carry out follow-up ONA to see how landscape has changed over 12 – 18 months and identify any changes in influencers, super-connectors, leaders and opinion formers.	

What does success look like?

More effective communications and engagement activities and an increased understanding of who we are and what we do by HEIW workforce. Increase in stakeholders having a comprehensive understanding of the functions we carry out, our areas of expertise and the support we can offer leading to greater collaboration as people recognise us as a key player, influencer and expert.

English, Catherine
06/07/2021 15:38:55

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

Strategic Objective 6.3: Scope and agree our future single digital platform.

Executive Lead: Sian Richards / SRO: Jay Beavan

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
• Scope the delivery of a single platform for HEIW to support education and training which will bring in a simplified user experience, more manageable systems and end reliance on disparate and legacy systems. • Research and scope the Intrepid system and its services to map its functions to the single platform. • Develop a costed business case and benefits realisation plan for the single platform.	**Q1 (April-June)** • Research HEE and NES implementations and lessons learned. • Start MARS design and development. **Q2 (July-September)** • Review and map current Hicom Intrepid system and its services. **Q3 (October-December)** • Continue Intrepid review and mapping. **Q4 (January-March)** • Develop business case and benefits plan for single platform. • Create prototypes/mock-ups to support the business case.
High level Deliverables for Year 2 (2022-23)	
• Create system architecture plan for the single platform taking into account a phased approach.	
High level Deliverables for Year 3 (2023-24)	
• Start Phase 1 development of single platform.	

What does success look like?

A comprehensive scoping exercise undertaken to ascertain the merits and requirements for the development of a Single Platform to provide a roadmap to consolidate and meet the operational requirements of HEIW.

English,Catherine
06/04/2021 15:38:55

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

Strategic Objective 6.4: Establish and permanently host the Office of Chief Digital Officer (OCDO) on behalf of Welsh Government

Executive Lead: Julie Rogers / SRO: Foula Evans

Key Deliverables for Year 1 (2021-22)	**Key Quarterly Milestones for Year 1 (2021-22)**
• Establishment and permanent hosting of the Office of Chief Digital Officer (OCDO) on behalf of Welsh Government • Establish Joint project between HEIW and Welsh Government to progress hosting arrangements. • Recruitment of the Chief Digital Officer and circa 30 posts for OCDO • Hosting Agreement confirmed and in place • Go live 1st April 2022.	**Q1 (April-June)** • CDO recruitment campaign launched • Joint project team with Welsh Government and HEIW established from 1st June 2021 • Establishment of HEIW Steering Group to oversee project and agree project plan
	Q2 (July-September) • Assessment centre and interview of CDO • Further drafting of job descriptions, job evaluation and recruitment of senior posts of OCDO structure
	Q3 (October-December) • Appointment of the CDO • Hosting agreement confirmed and in place between Welsh Government and HEIW • Wider recruitment of OCDO staffing structure circa 30 staff • Induction of OCDO staff (virtual) • Commencement of OD programme for OCDO staff
	Q4 (January-March) • Appointment of OCDO staff • Launch of Office of Chief Digital Officer on 1st April 2022
High level Deliverables for Year 2 (2022-23)	
Permanent hosting of Office of Chief Digital Officer from 1st April 2022	
High level Deliverables for Year 3 (2023-24)	
Permanent hosting arrangements will be ongoing	

What does success look like?

The establishment and hosting arrangements of the OCDO, set up efficiently by 1st April 2022.

English,Catherine
06/04/2021 15:38:55

The Workforce Strategy for Health and Social Care Wales

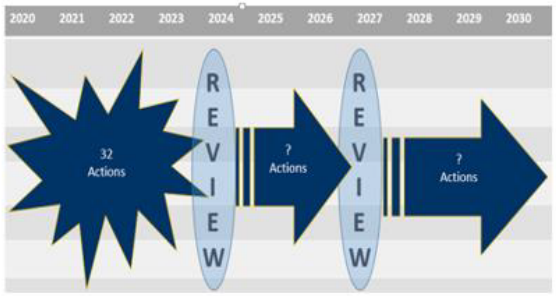
What will be different

- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Workforce language, culture and diversity reflects our population
- Potential shortage areas are known earlier and targeted effectively
- Widespread values based and inclusive recruitment ensures we have the right people
- Common competences are identified and underpin new and different ways of working
- Learning is delivered through flexible and accessible routes
- Widespread digital skills capability underpins care delivery
- National bi-lingual careers service is widening access to careers in health and care for all ages

The Ambition – 2030

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

Implementation



What success will look like

- Very high levels of staff engagement, motivation, wellbeing and satisfaction
- Better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
- Increased levels of Welsh language skills in the health and care workforce
- Flexible education opportunities and career development
- Intelligence led workforce planning enabling us to change our workforce to meet our population need
- A compassionate culture, role modelled by excellent leaders and managers

The Legislative Framework

Engagement & Consultation – what we heard

Gofal Cymdeithasol Cymru
Social Care Wales

English Catherine
06/04/2021 15:38:55

Appendix E

Wellbeing of Future Generations Act and the Ministerial Priorities

1. Examples of the Five Ways of Working

The Five Ways of Working	How they have been applied in HEIW
Long term The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.	• Professional CPD strategy for the NHS workforce to ensure that our existing workforce has the skills and capabilities required for the future. • Sustainable national workforce plans for key shortage professional areas to achieve a better match between demand and supply in Wales. • Support workforce and workplace wellbeing for the NHS including trainees and students. • Improve access to careers in the Health and Care sector in partnership with Social Care Wales. • Workforce intelligence support to improve the quality of workforce planning and modelling in Wales. • Education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system. • The Strategic Review of Education and Training – a 10-year commissioning framework which included our impact as a member of the foundational economy.
Prevention How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.	• Wellness Strategy being implemented within the organisation. It is a system that supports and anticipates health needs, prevents illness and reduces the impact of poor health. • Preventative approaches across all functions and services and in particular how we plan to shift services, workforce and resources to support them. • AHP and HCS Frameworks, Future Doctor, Designed to Smile and Pharmacy IETP programme all promoting preventative approaches.
Integration Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.	• Development and implementation of the *Workforce Strategy for Health and Social Care Wales* • Bursary and streamlining approach to integrating the education and employment pipeline across the NHS, social care and Higher Education • Support workforce and workplace wellbeing for the NHS, including trainees and students. • Wellbeing strategy for all staff employed by HEIW. • Integrating health along with social care.
Collaboration Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.	• Collaboration and partnership working with our many stakeholders, matrix working internally within HEIW. • Co-production of the national *Workforce Strategy for Health and Social Care in Wales* and stronger working relations with Social Care Wales. • Understanding what our stakeholders and service users need from us, and how we can best support them. • Communicating and engaging with our partners and on a regular basis, and through various channels.

English Catherine 06/04/2021 15:38:55

Involvement The importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the body serves.	• Involving trainees and students in developing plans for education and training and quality management of training • Welsh Health Student Forum and the Trainee Think Tank, the BMA Junior Doctors Committee. • Wales first Public-Sector Equality Group to look at developing a suite of shared high-level strategic Objectives across the sector. • Estalbishment of the Differential Attainment Board • Lead the Staff Survey, promoting staff engagement in NHS Wales

2. Delivery of 2021-22 Plans in line with the Ministerial Priorities

HEIW is an integral part of the Welsh healthcare system. Our Strategic Objectives and deliverables directly contribute to the Ministerial priorities, and support other organisations, to deliver as shown below.

Our approach to **Prevention** can be seen in our approach to health and wellbeing being implemented within the organisation and nationally. It is a system that supports and anticipates health needs, prevents illness and reduces the impact of poor health. Preventative approaches are taken widely across all of our functions and services e.g. our education and CPD strategies, our Advanced Practice programme; Infection Prevention and Control training and outbreak management; our internally focussed approach to decarbonisation and in particular how we plan to transform services, workforce and resources to support them.

As an organisation we do not have a population health responsibility, but the health workforce represents a significant component of local communities. Therefore, we can contribute to **Reducing Health Inequalities** through our careers work, 'Made in Wales' and our plans to widen access to employment in the NHS by meaningful engagement with under-represented and marginalised groups in our society, continuing to provide more locally accessible and flexible routes into education and focusing on the well-being of staff in general. It is also evidenced by our work to deliver our Strategic Equality Plan.

English Cath Comments
06/04/2021 15:16:15

Our strategic aim in respect of leading the transformation and modernisation of the multi-professional healthcare workforce in line with national priorities focuses on interventions to support the **primary and community care** in respect of workforce

as part of the strategic programme for primary care. We are expanding our primary and community care programme.

We have set an objective to develop a **mental health** workforce programme in collaboration with WG and Social Care Wales to support implementation of Together for Mental Health (including CAMHS). We recognise that the National Clinical Plan and the Quality and Engagement (Wales) Bill are likely to impact on our plans as they evolve over the next few months. We are undertaking some significant work through our national leader of and internal work on **Wellbeing.**

HEIW has taken a number of steps to improve **timely access to care**. This is evidenced by the development of a sustainable workforce plan and the development of a plethora of new workforce models to support those areas of the service most under pressure for example, Urgent and Emergency Care, Cancer, MTN, Maternity, Critical Care and Learning Disabilities and through improvements to the urgent primary care out of hours workforce model, eye care and urgent and emergency care. We are working closely with partners to improve their digital capability and to improve the access to patient care through the medium of Welsh.

We are also addressing the additional priority area of **Decarbonisation**. This is really important to us and therefore our strategic objective around climate change and biodiversity outlines the approach we are taking. Our Strategic Objective relating to the implementation of the Strategic Equality Plan is a good example of our contribution towards the additional priority area of **Social Partnership.** This is also evidenced by our work in partnership with Social Care Wales and our work in response to COVID-19 associated with Care Homes and the Vaccination programme roll out.

English,Catherine
06/04/2021 15:38:55

Appendix F

The PESTLE Analysis

Political and Legal

The Wellbeing of Future Generations (Wales) Act has become more important than ever as describing the core strategic principles for the public sector in Wales as the impact of the pandemic has highlighted societal inequalities in many ways. The Act aligns with HEIW's ambitions to develop a more sustainable workforce that meets the needs of future service models, and to reduce the reliance on short term, expensive solutions which often have a negative impact on the well-being of staff.

Education, training and workforce development are critical to this, recognising the importance of supporting our existing workforce to acquire new skills as well as ensuring that the pipeline into health careers is as wide as possible. The NHS is a significant employer for many local communities and widening access into training and employment opportunities can support the development of health and prosperity in these areas.

The 'ways of working' are clearly embedded in our PEOPLE principles as described in Chapter 1 and the *Workforce Strategy for Health and Social Care*. We recognise that we have levers and tools though our commissioning and leadership functions to generate opportunities to support people to have better health and wellbeing throughout their lives and to improve the prosperity of local communities. We have articulated throughout the Objectives in Chapter 5 where we see a clear alignment between the actions we are proposing and the 5 ways of working.

A Healthier Wales continues to challenge HEIW along with other NHS organisations to develop sustainable plans and actions to deliver care closer to home, through strengthening primary and community services, and refocusing on prevention. The learning from the pandemic has accelerated many of these aims which have been reiterated through the supplementary Primary and Community Care 2021-22 Annual Planning Framework.

It also emphasises the importance of quality improvement in a transformational system, and the need to maximise the opportunities of digital and other technology. This is an area which has seen a step-change in delivery in response to COVID-19. The development of new models of seamless local health and social care are being taken forward through the Regional Partnership Boards and it is intended that the funding provided by the national Transformation Programme will ensure that change happens quickly. There is an opportunity for HEIW to contribute to the removal of the barriers between different healthcare providers to make more efficient use of resources in order to find better outcomes for patients.

The *National Clinical Framework* was published in 2021 and it sets out the vision for the strategic and local development of NHS clinical services. Its intent is to improve patient outcomes and support the planning and delivery of the resilient clinical services. The Framework sits at the centre of the system of NHS planning. In addition, the reset and recovery plan for *Health and Social Care in Wales – Covid-19: Looking Forward* was also published in March 2021. The document describes the impact on health and social care, some of the lessons learnt and priorities as we move towards recovery.

English gathering 04/06/2021 15:08:53

The Four Harms are the quality framework for planning for 2021-22 to ensure that the mitigation of harm from COVID-19 is balanced with the non COVID-19 harms of the pandemic response. The quadruple aim which underpins this plan also highlights the critical

importance of staff engagement and well-being which are a key focus for HEIW. The prudent healthcare principles have been embraced by HEIW in line with the *National Clinical Framework* and have an important influence on how we design our roles and teams to get maximum value. In particular, we ensure that the education and training commissioned or delivered by us supports these principles.

The Nurse Staffing Levels (Wales) Act 2016 describes the need to both provide sufficient nurses and to allow nurses time to care for patients sensitively in both provided and commissioned services. Interim nurse staffing principles for paediatric inpatient wards were published in July 2019. The aim of these principles is in part to prepare paediatric inpatient wards for the inevitable full extension of the Act to that setting before the end of this government term. As we are now responsible for rolling out this work, this is being carefully factored into our workforce planning and education commissioning planning.

In June 2019, the *Health and Social Care (Quality and Engagement) (Wales) Bill 2019* set out the intention to strengthen the existing duty of quality and to establish an organisational duty of candour. From a HEIW perspective this is being embedded in our education and training programmes and in our leadership development work.

The purpose of the *Socio-Economic Duty, Part 1, Section1 of the Equality Act 2010* which comes into force on the 31 March 2021, is to achieve a more equal Wales, and highlights Welsh Government's commitment to safeguarding equality and human rights. As such, we will continue to pay due regard to the assessment of the socio-economic impact of our strategic decisions, and whether the outcome is going to reduce the inequalities associated with socio-economic disadvantage, thus contributing to the levelling the playing field. This has become increasingly important and highlighted further in the light of COVID-19 and Brexit. HEIW has developed an integrated approach to equality impact assessments, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions might help to help reduce health inequalities associated with socio-economic disadvantage. Whilst being reflective and aligning with not only *A Healthier Wales (2018)* but also *Is Wales Fairer? (2018)* and the *Well-being and Future Generations Act (2015)* to further ensure we embed actions towards a more equal Wales.

There is considerable concern about the mental health and wellbeing of the workforce as a result of the pandemic which will have an impact in terms of resourcing support needs and work will be guided by the *Together for Mental Health* Delivery Plan.

On the 30 July 2020, NHS England published the *We are the NHS: People Plan for 2020-21 – action for us all* which provides a focus for developing the sustainability of high-quality health and care services. This long-term plan sets out clear ambitions and proposals for the workforce and has implications for the workforce agenda in Wales and requires us to understand the implications of these in relation to our plans. The plan focusses on key shortage areas of nursing (for which there is a global crisis), general practitioners and the medical workforce shortages caused by the UK Government pension legislation. The development of new roles across the UK can affect what happens in Wales and needs to be closely monitored. In some instances, this helps us accelerate local developments (for example, in relation to Physicians Associates). In others, we may have a different policy direction which results in different approaches, for example the Nursing Associate role which has been introduced over the last few years in England.

English, Catherine
06/04/2021 15:34:55

At the UK level, there continues to be uncertainty caused by Brexit but we will continue to look for opportunities offered by this change to support workforce challenges. The UK

Government's significant majority means that there is an increased likelihood of political stability in England for the next few years and an expectation amongst counterparts in England that this will lead to greater potential for driving the implementation of the People Plan. In Wales, the situation is less stable than last year given the outcome of the forthcoming Senedd election in May 2021. COVID-19 has highlighted the need for closer working with the four nations in the context of our field of work, such as the Code of Practice for International Recruitment.

Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all four UK Governments. The Department of Health consulted on the need to reform professional regulation in England and Wales to help maximise public protection while supporting workforce development and improved clinical practice. This recognises the need for regulation to adapt and change to new service models and requirements, in particular the development of multi-disciplinary teams and extended roles. It will be important for HEIW to continue to foster good working relationships with the regulators and to influence this agenda where possible, in close cooperation with Welsh Government and employers.

Education and training standards for many healthcare professions changed in 2020 and we will need to respond to these changes to education standards. The implementation of New Nursing Standards by the Nursing and Midwifery Council (NMC), has led to a focus on core competences being embedded in curricula which may increase levels of supervision and placement capacity needed. However, the standards also extend the range of professionals who can supervise practice which is a positive change. Work is ongoing across Wales on the development of curricula to support the new Midwifery Standards due to be implemented across Wales in 2022.

The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to 'Bachelor degree with honours'. From 1 September 2021, HCPC will withdraw approval from existing programmes delivered below the new threshold level. This will have a direct impact in Wales where the programme is currently at diploma level.

In Optometry, the General Optical Council, is in the process of an Education Strategic Review for the profession. They have proposed a new outcomes-based approach offering the benefits of greater freedom and flexibility and a robust approach to approval and quality assurance of relevant optical education. This will change the delivery of education in optometry including undergraduate, pre-qualifying and postgraduate training.

A new set of Initial Education and Training Standards (IETP) for Pharmacists were agreed by GPhC Council in December 2020. All education and training will need to be compliant with the standards by 2026 with an agreed transition plan in place between 2021 and 2026. The outcomes of the overall change are that pharmacists will have an earlier and greater involvement in direct patient care and clinical contribution to multi-professional teams across primary and secondary care. The change is designed to enable pharmacists to be integral to the transformation and transference of patient services from secondary to primary care as described in *A Healthier Wales*.

English Committee
06/04/2021 08:38:55

The General Data Protection Regulation (2018) on data protection and privacy applies to the work of all NHS organisations including HEIW.

Economic

In Wales, the key driver for economic change is the Welsh Government national strategy to build the Welsh economy entitled *'Prosperity for All: Economic Action'*. This plan is an attempt to address the huge challenges around deindustrialisation, unstable and insecure employment, accelerating technological change, costly sickness and in work illness rates and the challenge of an ageing population. There is a need to be ever more efficient with the money that the nation spends and demand for NHS services has never been higher. The challenge for HEIW is to commission the future workforce to provide the services to meet this demand whilst ensuring quality and value through the prudent healthcare principles. We need to think of value in terms of achieving desired outcomes that matter to individuals whilst considering the relative impact of cost that achieving those outcomes will have.

Concerns have arisen about the economic forecast for the UK given the impact of COVID-19 and future unemployment and whether this will this impact the supply of jobs for our future trainees and students. However current thinking is this is unlikely due to the high vacancy rate in many professions and the need to reduce variable pay.

Uncertainty persists around the setting of student fees which will have a potential impact upon student demand and the delivery of programmes by Higher Education Institutions. It is also widely recognised that there is financial uncertainty around the adult social care sector following central funding cuts to local authorities, combined with an increased demand for social care services which has been highlighted again by the pandemic. Unless funding levels within social care sector are increased or new models are introduced this could lead to a significant reduction in the quality of care for the people they support.

Previous changes to the NHS Bursary System in England resulted in the withdrawal of funding for nursing, midwifery or Allied Health Professional courses which led to the reduction of student applications on some courses in England. The UK Government has since reintroduced a non-repayable grant in England. The Welsh Government retained the bursary arrangements in Wales including a 2-year tie-in to working in Wales and extended arrangements for another two academic cohorts until 2023 for nurses, midwives and allied health professionals. The system is currently being reviewed as it is acknowledged that it will have an impact on workforce supply, and further developments have taken place in 2020 with regard to matching commissioned student numbers into posts at the end of courses.

Social

COVID-19 has led to enormous challenges and its impact on society in Wales has been huge. This has led to widespread changes for people and communities and has had a massive impact on the NHS workforce in Wales.

In Wales, the growing and ageing population (with more complex health needs) is placing increasing demand on services. The impact of an older, sicker and poorer population in Wales compared to other parts of the UK may have contributed to the high impact of COVID-19 in Wales. We have an ageing population with the number of people aged 65 and over projected increase by as much as 34% in the next 20 years presenting a challenge to the health and social care system as well as on the economy. The ageing population is also having an impact on the workforce and generating pressures in terms of staff shortages for example shortages of GPs and Dentists in certain parts of Wales. The age profile within nursing shows that 19% of the workforce are now aged 55 and over and are eligible to opt for voluntary early retirement.

English (United Kingdom) 08/10/2021 15:08:55

There has been a change in attitudes towards work and careers with the need to find a work-life balance becoming an increasingly important requirement for people. It is widely accepted that work has become more intense than it was a decade ago, people are working longer hours under increasing levels of pressure and this is making work very stressful. The knock-on effect is having a detrimental effect on people's overall physical and psychological health which often impacts on their family life too. In recognition of this, people are looking for opportunities to find a better balance between their personal life, professional life and family life through flexible working arrangements. People are more likely in the future to want to retain some of the benefits afforded them through remote working.

Patterns of migration are changing in the UK as a result of the uncertainty of the impact of Brexit and are likely to change further with the introduction of a new immigration system which will have an impact on jobs (in terms of supply and demand) and pay. The UK Government has engaged across the UK and internationally to listen to the views of stakeholders, to shape the future immigration system that will be implemented in a phased approach from January 2021.

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 for education and training to bring the different strands of the workforce together and to consider innovative ways of developing, recruiting and re-training the workforce in rural and remote areas. On the upside, the pandemic has highlighted a strong interest in careers in the health and care sectors which has led to increased recruitment into training and employment in these sectors.

We also need to ensure that we conduct our business in accordance with the *Equality Act (2010)* and the Welsh specific duties contained within *The Equality Act (2010) (statutory duties) (Wales) Regulations 2011*. The pandemic has had a differential impact on people from Black and Ethnic Minority (BAME) backgrounds and we are also highly engaged in work on differential attainment in higher education. We have already commenced work on this by engaging with people from protected characteristic groups or their representatives in the development and co-production of our Strategic Equality Plan; ensuring COVID-19 risk assessments were undertaken for BAME staff and trainees; undertaking and publishing Integrated Equality Impact Assessments; publication of Equality Objectives; preparation of an annual report and four yearly reviews; provision of accessible information; collection of information on the protected characteristics and training staff and through leadership on differential attainment at a national level. We will act to ensure equality of opportunity through our implementation plans and Objectives to meet the needs of people with one or more protected characteristics, embed the citizens voice and consider the needs of the current and future diverse workforce and service users.

As a newly established organisation, HEIW has already adopted its own Welsh Language policy which is based on the need to meet the statutory requirements set out in the *Welsh Language (Wales) Measure 2011*. While HEIW does not currently come under the Welsh Language Standards, we are currently engaging with the Welsh Government and the Welsh Language Commissioner to ensure that the appropriate set of standards are applied. In the meantime, it is our intention to implement and embed the HEIW Welsh Language policy as prescribed by the Welsh Language Act 1993. Key to this will be the delivery of Objectives and actions set out in the *More than just words Action Plan for 2019-20, A Healthier Wales and The HEIW/ Social Care Wales Workforce Strategy.*

English Committee 06/12/20 21:30:33

Technological

The COVID-19 pandemic has had a huge impact on facilitating rapid changes to NHS technology. A large number of NHS digital projects have been accelerated and funding made available for them to be introduce at pace. For example, the availability of laptops and access to Microsoft Teams meant that office-based NHS staff had the flexibility to work anywhere. Training and education had to adapt to simulation-based education in place of the enormous amount of face-to-face learning that is delivered across the NHS. The roll out of video conferencing tools and e-learning platforms such as Gwella have helped to support patient consultations and enabled recruitment and assessment processes to continue.
The Topol Review supports the aims of the NHS long term plan and the workforce implementation plan to create a digitally ready workforce able to use new technology and medicines and to adapt to new ways of working. This will have consequences for selection, curricula, education, training and development and lifelong learning of current and future NHS workforce. There is a lot to do to prepare the workforce in Wales for a digital future. Starting with digital literacy which is essentially how people gain an understanding of the range of digital technology functions (e.g. the use of databases, spreadsheets, search engines and social media channels) and use them properly. However, we know that there are different levels of adoption and accessibility to these functions and this variation is particularly noteworthy amongst different age groups and needs to be addressed.

Topol also points to the continuing medical advances in technology (including genomics, artificial intelligence, digital medicine, robotics) that will require changes to the roles and functions of clinical staff and also to the education and training of the workforce. For example, advances in remote monitoring of patients and enabling service users to use technology will require education of the population. Changes within technology and communications infrastructure has adapted rapidly as a result of the pandemic and will continue to require changes in roles and functions of clinical staff. More sophisticated digital solutions will be required to analyse data to improve intelligence. In addition, the NHS will need to respond to the *Network and Information Security (NIS) regulation introduced in 2018* which sets out a framework to respond to cyber incidents affecting their operations.

The Health and Social Services Minister plans to transform digital health and care in Wales and this has involved creating the role of Chief Digital Officer for Health and Care and a new NHS Wales Strategic Health Authority to deliver national digital services in Wales. This will result in the transition of NHS Wales Informatics Service to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. We are developing strong links with this new special health authority to recognise the close connections between the two national strategic enabling organisations.

Environmental

In Wales, *The Environment (Wales) Act 2016* required Welsh Government to set new emission reduction targets, reducing emissions by 40% by 2020. In 2020-21 we committed to action towards addressing the effects of climate change and maintaining and enhancing the resilience of biodiversity via a dedicated strategic objective, and we continue to be committed to this moving forward. We are actively working towards Welsh Government's ambition for a carbon neutral public sector in Wales by 2030, in line with the decarbonisation priority outlined in the NHS Wales Annual Planning Framework, 2021-2022. The COVID-19 pandemic has seen fewer people travelling for work or for leisure and a greater awareness of nature and the environment and presents us with the opportunity to make measurable progress towards these goals in the future.

Original Received 06/04/2021 10:32:55

We have already implemented a range of initiatives in Ty Dysgu to reduce our carbon emissions, including LED lighting throughout, a comprehensive recycling scheme, and 100% green energy supplies (via NHS Wales Shared Services Partnership). In 2021-22, we will be actively consulting with staff on HEIW's biodiversity plan and on organisational targets to further reduce carbon emissions in areas where we will have the greatest and most immediate impact.

In addition, for the first time from 2021-22, we will be reviewing all strategic Objectives in relation to *The Environment (Wales) Act 2016* and the S6 Duty to maintain and enhance the resilience of biodiversity. This is in line with HEIW's intention to make the organisational change required to embed the thinking and implement the mitigation in to all our operations, activities and planning.

Our commitment to this agenda is evidenced through Strategic Objective 5.5 articulated in Chapter 5. The Environment (Wales) Act 2016 also introduced an enhanced biodiversity and resilience of ecosystems duty (the Section 6 duty) for public authorities in the exercise of functions in relation to Wales.

English,Catherine
06/04/2021 15:38:55

Stakeholder Feedback Received Appendix G

Plan Circulated to	Response Received
Association of Optometrists	Academy of Medical Royal Colleges Wales
Association of Pharmacy Technicians UK	BCUHB - via Executive Director of Nursing
British and Irish Orthoptic Society (BIOS)	British Dental Association
British Dental Association	British Medical Association
British Dietetic Association (BDA)	Cardiff & Vale - Via Assistant Director of Therapies
British Medical Association	Cardiff & Vale - Via Medical Director
Chartered Society of Physiotherapy	Chartered Society of Physiotherapy
Directors of Nursing & Therapies	College of Podiatry
Directors of Planning	Cwm Taf Morgannwg -Via Executive Director of Nursing
Directors of Workforce	General Medical Council
General Medical Council	Nursing & Midwifery Council
General Optical Council	Royal Pharmaceutical Society
General Pharmaceutical Council	Royal College of Speech & Language Therapy
Medical Directors	Royal College of Nursing
Medical Royal Colleges	Royal College of Paediatrics and Child Health
NHS Wales Health Boards and Trusts	Royal College of Physicians
Nursing & Midwifery Council	Optometry Wales
Optometry Wales	WAST – Via Executive Director of Quality & Nursing
Royal College of General Practitioners	WHSCC – Via ADOP
Royal College of Occupational Therapists (RCOT)	
Royal Pharmaceutical Society	
Social Care Wales	
Society and College of Radiographers	
The College of Podiatry (COP)	
The Royal College of Speech and Language Therapists (RCSLT)	

English,Catherine
06/04/2021 15:38:55

Nursing and Allied Health Professions (Health Professional Education)
We commission education for student groups including nursing, midwifery, community nursing, all allied health professions and health sciences. We refer to this as Health Professional Education. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked.

The COVID-19 pandemic has highlighted the need for a flexible, sustainable and responsive workforce, which can transform and transition across sectors of practice. The commissioning of all education and training has been prioritised to ensure the whole workforce has the skills to respond to a rapidly changing landscape. Wales is leading in embracing and adopting the positive learning from the COVID-19 and encouraging the use of innovative methods of training, including upskilling staff in critical care and use of digital technologies.

In learning from the pandemic NHS Wales is expanding apprenticeship models at all levels and increasing multi-professional and multi-agency placements and workplace experiences. We were delighted that Welsh Government agreed for HEIW to become the development partner for Health Apprenticeship frameworks taking on the role previously undertaken by Skills for Health. HEIW will continue to work with the service, regulatory bodies and Universities to continue to develop new ways of delivering education and assessment through blended learning with a much greater focus on digital methods and simulation. Changes are being made in the way that students and trainees are supported, including examinations, which have been undertaken through digital solutions while ensuring competence is fully assessed.

Section 6.3 highlights a selection of Health Professional pre-registration commissions across nursing, midwifery, allied health professions and healthcare science. Overall, in September 2021 we will see an increase in commissions of 9.2% from September 2020 to 3,480. This increase will represent the highest ever level of health professional commissioning in Wales. In addition, there has been further investment in both Health Care Support Worker funding and Health Professional Post-Registration funding with a particular emphasis on supporting staff with confidence, skills and knowledge to support to Wales during this pandemic.

Medical Training
For August 2020 HEIW commissioned 3,211 medical training posts as follows:

- 691 in Foundation Training years 1 and 2
- 1,779 across the 58 different training programmes within Secondary Care
- 741 in General Practice training.

English Catherine 06/04/2021 15:38:33

These posts and programmes were occupied by 2,284 trainees, 93% of whom were actively in training posts and 7% were out of programme either for parental leave or training and development opportunities outside of the structured programme environment. During the height of

the COVID-19 pandemic earlier this year a substantial number of those trainees who were out of programme returned to support clinical activity where required.

In August 2020, 347 trainees commenced on the Foundation Training Programme and 566 new trainees commenced on Secondary Care Specialty Programmes, an increase of 4% for specialty training compared to August 2019. Notable increases in fill rates were seen for a number of specialties following the 2020 recruitment round including Combined Infection training and Higher Emergency Medicine. Recruitment challenges remain across higher Psychiatry and Medicine training programmes which is largely as a result of historical low fill rates through earlier stages of the training pipeline for a number of years. August 2020 saw the continued roll out of new approved training curricula with an impact on training programme configuration and duration. Further changes will be implemented over the coming years; this is likely to impact the number of vacancies advertised and along with applicant behaviour. The Foundation Programme has seen the first increase of 12 Foundation Year 1 training posts as part of the five-year expansion plan to meet medical school output in Wales and increase our Foundation places to 450 by August 2024. An increase of nearly 33% on previous foundation places.

	Number of F1 posts	F1 increase	Number of F2 posts	F2 increase
August 2019	339		339	
August 2020	351	12	339	0
August 2021	381	30	351	12
August 2022	411	30	381	30
August 2023	450	39	411	30
August 2024	450	0	450	39

This significant expansion will enable us to increase community placements across Wales with dedicated time for Foundation trainees to spend in General Practice and community settings.

A total of 200 GP Trainees accepted training places in Wales in the 2020 recruitment round for posts commencing in August 2020 and February 2021. The 1+2 model of GP training, whereby trainees undertake a total of 1 year in hospital posts and 2 years in GP training posts, was introduced in the Bangor, Dyffryn Clwyd, Wrexham, Gwent and Cardiff GP Training Schemes in August 2019 was rolled out across the remaining 6 Schemes in Wales training Schemes in Wales from August 2020. In order to accommodate the increased numbers of trainees based in general practice, an increase in new trainers and training practices was required. COVID-19 interrupted plans to offer the traditional face to face Prospective Trainers Courses (PTC) however an online version of the PTC was developed and launched in June 2020 and this allowed us to increase the number of new trainers from 328 in August 2019 to 457 in August 2020 and new training practices from 147 to 179 in August 2020.

Elizabeth Catherine
08/02/2021 15:38:15

Of the total number training, 494 trainees across all grades and programmes (Secondary Care, General Practice and Foundation Training) were registered with HEIW to train on a less than full time (LTFT) basis in August 2020 which is an increase of 18.5% compared with the

same time in 2019. Over the last 12 months we have seen significant increase in requests for LTFT arrangements as an increasing number of trainees reviewed their working hours to support the COVID-19 pandemic. An increasing number of trainees have applied this year to train less than full time as a result of wellbeing or personal work life balance reasons. Those specialties that attract high proportions of less than full time trainees include Paediatrics, Emergency Medicine and Public Health medicine.

Each year, trainees have two windows in which to submit an Inter-Deanery Transfer. Strict eligibility criteria govern this UK process in which trainees can apply to transfer into the same programme in an alternative region. In February 2020, 5 trainees transferred out and 10 trainees transferred into Wales. Later that year, in August 2020, 6 trainees transferred out of Wales and 6 trainees transferred into Wales.

Between 7 August 2019 and 4 August 2020, 3,232 Annual Reviews of Competence Progression (ARCPs) were undertaken across Foundation, General Practice and Secondary Care training programmes. These ARCPs determine whether trainees have made satisfactory progress within their training programmes. Through this process trainees were 'signed off' as having completed the following training programmes between the 2019-2020 training year with the performance as follows:

- 319 trainees satisfactorily completed Foundation training.
- 262 trainees satisfactorily completed Core and Higher Training programmes enabling progression either to the next level of training or Consultant positions.
- 81 trainees satisfactorily completed General Practice training programmes.

As a result of COVID-19, two new training ARCP outcomes (10.1 and 10.2) were issued to reflect the impact COVID had on training. These recognised that the trainee was achieving progress and developing competences/capabilities at the expected rate prior to COVID-19, but that acquisition of some capabilities had been delayed by the impact of COVID-19. Twenty-four trainees in General Practice and 304 trainees in Secondary Care were awarded Outcome 10s during the summer ARCPs.

Dental

In August 2020, 62 trainees commenced the Dental Foundation Training (DFT) Programme, with a fill rate of 100%, and 72 trainees commenced the Dental Core Training Programmes (DCT1, DCT2 and DCT3), with a fill rate of 100%. In Dental Specialty Training, 21 of the 22 posts across the various specialties were occupied in August 2020, with a 95.5% fill rate.

English,Catherine
06/07/2021 15:38:25

Six Dental Specialty trainees were registered with HEIW to train on a less than full time (LTFT) basis in August 2020. There were no LTFT trainees on the DFT and DCT schemes in August 2020.

A total of 292 Reviews of Competence Progression (RCPs) were undertaken across Dental Foundation, Dental Core and Dental Specialty training programmes (interim and annual). These RCPs determine whether trainees have made satisfactory progress within their training

programmes. Between August 2019 and August 2020, the following number of trainees were 'signed off' as having satisfactorily competed their training:

- 68 trainees satisfactorily completed Foundation Training
- 62 trainees satisfactorily completed Dental Core Training Programmes (i.e. DCT1, DCT2 and DCT3)
- 11 trainees satisfactorily completed Dental Specialty Training.

Pharmacy

For 2020-21, the number of HEIW commissioned training posts commenced and ongoing was 340. The breakdown of the posts are as follows:

- 132 Pre-registration Pharmacists -An increase of 39%
- 121 year 1 and year 2 Pre-registration Pharmacy Technicians
- 78 year 1 and year 2 Clinical Diploma Pharmacists an increase of 2 on the numbers associated with the 2019 and 2018 intake.

During 2020-21, 48 Independent Prescribers (IP) course have been commissioned for community pharmacists from the pharmacy budget. IP courses for hospital pharmacists were commissioned from the non-medical education budget.

Advanced practice commissioning for pharmacy currently sits within the pharmacy and non-medical education budget. In 2022-23, all pharmacy commissioned programmes will be held within the pharmacy budget.

129 advanced practice courses were commissioned from pharmacy budget during 2020-21. The breakdown of course are as follows:

- BTEC Level 4 Professional Diploma in Pharmacy Clinical Services: 10
- HEI 20 credit research module: 15
- HEI Minor ailment modules: 29
- Ear and Eye specific training course for NHS111 staff: 45
- GP Pharmacists transition programme: 30

COVID-19 has impacted on the completion of programmes of learning and the Pharmacy Deanery team has supported learners and tutors/assessors to maintain training progress during the pandemic. The most seriously affected were the 2019-20 intake of pre-registration pharmacists who should have registered in July 2020. The GPhC decided to delay the June 2020 registration assessment and develop an online assessment which will be held in March 2021. Therefore, currently there is no data for the completion of this programme due to the requirement to successfully complete the GPhC registration assessment. However, all 65 HEIW commissioned 2019-20 pre-registration pharmacist trainees did complete their competency sign-off and were able to move into employment posts as provisional registrants. HEIW has continued to support the provisional registrants until the March GPhC assessment.

English,Catherine
06/04/2021 15:38:55

English Catherine
06/04/2021 15:38:55

2021/22 PLANNING MINIMUM DATASET

SUMMARY OF CONTENTS

Organisation	HEIW

For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

Checklist (click section name to jump to relevant sheet)	Sections Complete (dropdown available)
BEDPLAN	
WORKFORCE WTE	Yes
TEST TRACE PROTECT	
COVID-19 VACCINATION	
CORE ACTIVITY	
SCREENING PROGRAMMES	
REVENUE PLAN	Yes
INCOME ASSUMPTIONS	Yes
IN YEAR COST BASE	Yes
NET EXPENDITURE	Yes
SAVINGS TRACKER	
COVID-19 ADDITIONAL SPEND	Yes
RISK & OPPORTUNITIES	
NHS WALES INCOME	Yes
CAPITAL	Yes
ASSET INVESTMENT	Yes

Comments

Tabs completed as applicable to HEIW at the time of submission.

English,Catherine
06/04/2021 15:38:55

General Notes

Please only fill in the lightly yellow shaded cells.

Tab	Completion order	Instructions
BEDPLAN	ANY	Populate as normal as this tab is not linked to other tabs.
WORKFORCE WTE	ANY	Populate all workforce sections as dictated by their section titles Including COVID-19 staff in the staff type sections. Then break the WTE down by project for triangulation with COVID-19 additional spend.
TEST TRACE PROTECT	ANY	Populate as normal as this tab is not linked to other tabs. Line 74 should reconcile back to total TTP spend included in tab 6.) COVID-19 Additional Spend.
COVID-19 VACCINATION	ANY	Populate vaccination activity & populate capital costs on line 60. Vaccination WTE is picked up from the WORKFORCE tab. Vaccination costs are mainly picked up from tab 6.) COVID-19 Additional Spend.
CORE ACTIVITY	ANY	Populate as normal this tab is not linked to other tabs.
SCREENING PROGRAMMES	ANY	Populate as normal this tab is not linked to other tabs.
1.) REVENUE PLAN	6	Populate all cells coloured yellow. All gold coloured tabs are linked with subsequent tabs.
2.) INCOME ASSUMPTIONS	5	Populate as normal this tab is not linked to other tabs.
3.) IN YEAR COST BASE	1	Enter values as negative. Populate each general and local investment (yellow shaded cells are free text lines to include investments not already listed.) breaking down the individual investement by expenditure category splitting by in year and FYE in columns C-P. These figures feed lines 40-48 in 1.) Revenue Plan tab. Secondly profile out each investment in columns T-AE.
4.) NET EXPENDITURE	4	Lines 11-34 are a summarized version of the tables in lines 40-158. Cells coloured in gold are automatically populated from lines in COVID-19 Additional Spend and Savings Tracker Tabs. Populate cells coloured in yellow manually.
5.) SAVINGS TRACKER	2	This tab is mirrored from the savings tracker utilised in the MMR returns. Please fill in lines 26 and below relevant to how many savings schemes in the organisation. If the scheme is an income generation scheme leave the cell in column P (MMR Category) blank. Check for error messages in columns AD - AH which highlights areas of the tracker filled incorrectly. Gold cells in lines 9 -22 are automatically populated from the tracker.
6.) COVID-19 ADDITIONAL SPEND	3	This tab reflects the information collected in table B3 in the MMR returns. Please fill out yellow coloured cells. This tab feeds Vaccination, Revenue Plan and Net Expenditure Tabs.
7.) RISK & OPPORTUNITIES	7	Populate as normal as this tab is not linked to other tabs.
8.) NHS WALES INCOME	8	Populate as normal as this tab is not linked to other tabs.
9.) CAPITAL	9	Populate as normal as this tab is not linked to other tabs.
10.) ASSET INVESTMENT	10	Populate as normal as this tab is not linked to other tabs.

For further guidance on completion please contact:
HSS-PlanningTeam@gov.wales

English,Catherine
06/04/2021 15:38:55

HEIW														
Please fill in the lightly yellow shaded cells with bed numbers (for all sites).														
BEDPLAN - ALL SITES	**PLANNED AVAILABLE BEDS**		**BED PROFILE**											
	Baseline as @ 31/3/2020	Baseline as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
METRIC	**NUMBER OF BEDS**													
Invasive ventilated beds in critical care environment														
Invasive ventilated beds in hospital but outside of a critical care environment														
Designated COVID-19 hospital beds - Health Board sites (inc surge beds)														
Non designated COVID-19 hospital beds - Health Board sites (inc Surge beds)														
Designated COVID-19 hospital beds Field Hospital Sites														
Non designated COVID-19 hospital beds Field Hospital Sites														
TOTAL BED CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-	-

English,Catherine
06/04/2021 15:38:55

HEIW

Please fill in the lightly yellow shaded cells with WTEs.
Section 1 is intended to capture the organisations total workforce plan in whole time equivalent (WTE's) as at the end of each month.
Section 2 is intended to capture organisations key workforce information in relation to BAME assessments and anticipated absences.
Section 3 is a memorandum (subset) table of the total WTE's included in Section 1, specifically intended to capture workforce plans relating to the key major projects in the COVID-19 response.
Please ensure your narrative plan captures details in respect of the organisations ability to flex the available workforce to address the varying COVID-19 scenarios in the coming twelve months.
More specifically within the narrative plan, organisations are asked to indicate 1) Any areas/staff groups anticipating high levels of retirements, 2) Any areas/staff groups experiencing high levels of long term vacancies
3) Any areas/staff groups experiencing increase flexible working and reduction of the participation rate 4) Any areas/staff groups where you are planning to develop alternative clinical practitioners or the multi-disciplinary team
5) Any areas/staff groups where you are planning to develop the support worker workforce.

WORKFORCE PLANS - WTE	ACTUAL WTE		WORKFORCE PROFILE @ END OF MONTH											
	ACTUAL as @ 31/3/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Section 1			**WTE**											
ESTABLISHMENT & BANK ADDITIONAL HOURS														
Administrative, Clerical & Board Members	183,0	228,0	228,0	228,0	228,0	228,0	228,0	228,0	228,0	228,0	228,0	228,0	228,0	228,0
Medical & Dental	178,0	177,0	177,0	177,0	177,0	177,0	177,0	177,0	177,0	177,0	177,0	177,0	177,0	177,0
Nursing & Midwifery Registered	3,0	3,0	3,0	3,0	3,0	3,0	3,0	3,0	3,0	3,0	3,0	3,0	3,0	3,0
Prof Scientific & Technical	38,0	38,0	38,0	38,0	38,0	38,0	38,0	38,0	38,0	38,0	38,0	38,0	38,0	38,0
Additional Clinical Services	4,0	4,0	4,0	4,0	4,0	4,0	4,0	4,0	4,0	4,0	4,0	4,0	4,0	4,0
Allied Health Professionals		1,0	1,0	1,0	1,0	1,0	1,0	1,0	1,0	1,0	1,0	1,0	1,0	1,0
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	406,0	451,0	451,0	451,0	451,0	451,0	451,0	451,0	451,0	451,0	451,0	451,0	451,0	451,0
AGENCY														
Administrative, Clerical & Board Members	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL AGENCY	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0
RETURNERS (Former Employees)														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	2,0	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL RETURNERS	-	2,0	-	-	-	-	-	-	-	-	-	-	-	-
STUDENTS														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL STUDENTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER TEMP STAFF														
Administrative, Clerical & Board Members	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER TEMP STAFF	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0	15,0
Section 2			**WTE**											
COVID-19 ANTICIPATED ABSENCE DATA (Profiled BY MONTH for remaining year)														
Anticipated sickness rate (%)	2%	2%	2%	1%	1%	1%	1%	2%	3%	3%	3%	1%	2%	2%
Anticipated COVID 19 sickness (headcount)	8,0	-	-	-	-	-	-	-	-	-	-	-	-	-
Anticipated Self Isolation (headcount)	37,0	-	-	-	-	-	-	-	-	-	-	-	-	-
Anticipated Shielding (headcount)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Section 3			**WTE**											
COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)														

Public Board - 29 April 2021 - 15 (i) - Workforce Plan

TEST, TRACE & PROTECT														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MASS VACCINATIONS														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SURGE CAPACITY/FIELD HOSPITALS														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CLEANING STANDARDS														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER COVID RELATED WTE														
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL COVID RELATED WTE														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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This section captures a summarised position of Test, Trace and Protect (TTP) monitoring. The data is collected monthly through policy leads via the monthly monitoring return process.

TEST, TRACE, PROTECT METRIC	MONTHLY PROFILE (ACTUAL / PLANNED) M12 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
ANTIGEN													
DEMAND	**POPULATION DEMAND - No's**												
Hospital Staff													
Hospital Patients													
Care Homes - Staff and Patients													
Symptomatic Population													
Community - Closed settings (incl. outbreaks)													
Other - please specify below:													
SUB TOTAL ANTIGEN DEMAND	-	-	-	-	-	-	-	-	-	-	-	-	-
SAMPLING	**SAMPLING SITES (NUMBER OF SITES)**												
Community Testing Units (CTU's)													
Mobile Testing Units (MTU's)													
Population Sampling Centres (PSCs)													
SUB TOTAL ANTIGEN SAMPLING SITES	-	-	-	-	-	-	-	-	-	-	-	-	-
SAMPLING	**SAMPLING SITE CAPACITY**												
Community Testing Units (CTUs)													
Mobile Testing Units (MTUs)													
Population Sampling Centres (PSCs)													
Home Testing													
Other - please specify below:													
SUB TOTAL ANTIGEN SAMPLING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-
TESTING	**TESTING CAPACITY**												
Laboratory Tests (Planned Monthly Laboratory Tests)													
Point of Care Tests (Planned Monthly POCT)													
SUB TOTAL ANTIGEN TESTING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-
% Positive Test Rates													
Monthly Index Cases													
ANTIBODY													
DEMAND	**POPULATION DEMAND**												
Education Staff													
Health Care Workers													
Other - please specify below:													
SUB TOTAL ANTIBODY DEMAND	-	-	-	-	-	-	-	-	-	-	-	-	-
SAMPLING	**SAMPLING CAPACITY**												
Serology Antibody Testing - Phlebotomy Service													
Antibody - Point of Care Testing													
Other - please specify below:													
SUB TOTAL ANTIBODY SAMPLING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-
TESTING	**TESTING CAPACITY**												
Laboratory Tests (Planned Monthly Laboratory Tests)													
Point of Care Tests (Planned Monthly POCT)													
SUB TOTAL ANTIBODY TESTING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-

TTP PROGRAMME COSTS OPERATIONAL EXPENDITURE - £'000	M12 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Planned year-end position
Testing (including Sampling) - Antigen														-
Contact Tracing - Health Board Costs														-
Contact Tracing - Local Authority Costs														-
Testing (including Sampling) - Antibody														-
Protect														-

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All Wales Team														-
TOTAL TTP PROGRAMME COSTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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This section is intended to collate information on population, activity, workforce.
The finance section is automatically populated from the COVID-19 Additional Expenditure sheet other than intended capital expenditure which should be entered here.
The workforce numbers are also populated form the workforce sheet.

VACCINATION PROGRAMME		FORECAST PROFILE												
METRIC	Actual as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
Mass Vaccination Centre's														
Total number of COVID-19 vaccinations supplied and administered														-
Total number of population fully vaccinated														-
Total number of COVID-19 vaccinations planned														-
COVID-19 vaccinations of populations 2021-22 Actual and End of Year Target														
Care Homes - Staff and Patients														-
Ages 80+ and Health and Social Care Staff														-
Ages 75+														-
Ages 70+														-
Ages 65+														-
High Risk Adults under 65														-
Moderate Risk Adults Under 65														-
Remaining 60+														-
Ages 55+														-
Ages 50+														-
Remaining Population														-
Mass Vaccination Workforce WTE														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Programme Workforce WTE	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care Setting														
Total number of COVID-19 vaccinations supplied and administered														-
Total number of population fully vaccinated														-
Total number of COVID-19 vaccinations planned														-
COVID-19 vaccinations of populations 2021-22 Actual and End of Year Target														
Care Homes - Staff and Patients														-
Ages 80+ and Health and Social Care Staff														-
Ages 75+														-
Ages 70+														-
Ages 65+														-
High Risk Adults under 65														-
Moderate Risk Adults Under 65														-
Remaining 60+														-
Ages 55+														-
Ages 50+														-
Remaining Population														-
Vaccination programme Expenditure														
£'000														
Pay Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non Pay Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Expenditure														-
Primary Care Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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This section collects information in respect of the core activity that organisations' aim to deliver over the coming twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and Ambulance Services against key priorities areas.
This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider organisational deliverables.

DELIVERY OF ESSENTIAL SERVICES IN PRIMARY & COMMUNITY CARE			Forecast Profile												
	FY % 31/03/2020	FY % 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC								%							
1. Essential prevention of adverse outcomes against tier 1 targets															
% of Babies six week check complete															
% of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months															
% of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months															
% of current smokers with any of the following conditions: CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15 months															
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
								No's							
2. Responsive urgent care															
Dental: Number of Aerosol Generating Procedures															-
Dental: Number of courses of treatment															-
Optometry: Acute eye care presentations (EHEW band 1)															-
Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1).															-
Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1).															-
Optometry: number of patients seen															-
GP: In hours GP demand vs capacity: No. of GP practices at escalation levels 3 and 4															-
GPS demand vs capacity: No. of community pharmacy services at escalation levels 3 and 4															-
GP: Ambulatory sensitive conditions referral numbers (interface with secondary care)															-
GP: Urgent Cancer OPD referral numbers															-
GP: Urgent non-Cancer OPD referral numbers															-
GP: Total number of referrals for termination of pregnancy															-
Community: Total number of tests relating to sexual health conditions (Syphilis and Chlamydia)															-
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
								No's							
3. Essential management of chronic conditions															
Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma															-
Number of COPD/asthma patients managed by the community team/pulmonary rehab team															-
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
								No's							
4. Timely diagnosis of new problems															
Optometry: number of practices open at least 75% of normal pre Covid-19 hours															-
METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
								No's							
5. Proactive management															
DES for Care Homes – compliance rate (%)															
No. of advanced care plans in place for palliative care															-
Number of whole system clinical pathways available for Primary Care clinicians to use															-
Number of patients who die in the community (planned deaths – e.g. having used rapid discharge/ palliative care teams / community resources etc.)															-
MENTAL HEALTH			Forecast Profile												
	FY as @ 31/03/2020 No's	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC								No's							
Mental Health															
Number of Part 1a and 1b referrals															-
Number of Mental Health Crisis referrals (Crisis Resolution Home Treatment)															-
Number of Child and Adolescent Mental Health (CAMHS) Crisis referrals and assessments															-
Number of Memory assessment service (MAS) referrals and assessments															-
Part 2 duty - % of total caseloads with a valid care and treatment plan (%)															
ACUTE CARE - UNSCHEDULED CARE			Forecast Profile												
	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC								No's							
1. Unscheduled Care Activity															
A&E Attendances															-
Emergency admissions															-
ELECTIVE CARE	Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC								No's							
2. Elective Care Activity															

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OPA First appointment - face to face															-
OPA First appointment - virtual (non face to face)															-
OPA Follow up - face to face															-
OPA Follow up - virtual (non face to face)															-
Compliance with eye care measure for new and follow up patients (%)															-
Number of inpatient procedures															-
Number of day case procedures															-
OUTSOURCED ACTIVITY	Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC	**No's**														
3. Outsourced Activity															
Number of inpatient procedures															-
Number of day case procedures															-
CANCER CARE	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC	**No's**														
Cancer															
Anticipated new referrals															-
Number of cancer patients starting treatment															-
Single cancer pathway performance (62 day) (% compliance with)															
DIAGNOSTICS	Backlog @ 31/03/2020	Backlog @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC	**No. px waiting > 8 weeks**		**Activity no's**												
Diagnostics Anticipated Activity															
Cardiology:															
Blood Pressures Monitoring															-
Cardiac CT															-
Cardiac MR															-
Diagnostic Angiography															-
Diagnostic Electrophysiology															-
Dobutamine Stress Echocardiogram															-
Echo															-
Heart Rhythm Recording															-
Myocardial Perfusion Scanning															-
Stress Test															-
Trans Oesophageal Echocardiogram															-
Endoscopy:															
Bronchoscopy															-
Colonoscopy															-
Cystoscopy															-
Flexi sigmoidoscopy															-
Gastroscopy															-
Imaging:															
Fluoroscopy															-
Neurophysiology:															-
Electromyography															-
Nerve Conduction Studies															-
Radiology:															
Barium Enema															-
Non-cardiac CT															-
Non-cardiac MR															-
NOUS															-
Nuclear Medicine															-
Physiological Measure:															
Urodynamic Tests															-
Vascular Technology															-
AMBULANCE	FY 31/03/2020	FY 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC	**No's**														
Ambulance															
Goal 2 (signposting, information & assistance) Forecasting 111 online & symptom checker impacts or web hits															-
Goal 2 (signposting, information & assistance) Predicted levels of 111 resolution without referral to ED (%)															
Goal 3 (preventing unnecessary attendance & admission) What are the predicted levels of hear & treat to prevent conveyance/attendance/admission															-
Incident volume															
Total incident volume															-
No. of which relates to fallers															-
No. of which relates to Breathing difficulties															-
No. of which originate from Care and Nursing homes															-
No. of which relates to Mental health (Psychiatric Call only)															-
% Incident Volume															
% of which relates to Fallers															
% of which relates to Breathing difficulties															
% of which originate from Care and Nursing homes															
% of which relates to Mental health (Psychiatric Call only)															
% conveyance, by condition, of patients to Emergency Departments (verified incident demand)															
% of falls incidents resulting in conveyance to an Emergency Department															
% of Breathing difficulties incidents resulting in conveyance to an Emergency Department															
% of Care and Nursing Home residents conveyance to an Emergency Department															
% of Mental health (Psychiatric Call only) conveyance to an Emergency Department															

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Please fill in the lightly yellow shaded cells This section is intended to cover anticipated % delivery of each metric, at the period end stated for areas identified as Essential Services.														
SCREENING PROGRAMMES	%		PROFILE @ END OF MONTH											
	ACTUAL as @ 31/03/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
METRIC	%													
SCREENING PROGRAMME														
% Uptake of bowel cancer screening programmes														
% Uptake of AAA screening programmes														
% - Breast Test Results sent within 2 weeks of scan (Target 95%)														
% - Breast Test Assessment Invitations within 3 weeks of Screening Date (Target 70%)														
% - Diabetic Eye Screening Letters within 3 wks of screen date (target 50%)														
% - Waiting Time within 4 Weeks for a Colposcopy Appointment (CSW direct ref with abnormal cytology) (Target 95%)														
% - Waiting Time within 4 Weeks from Sample to Cervical Screening Test Result (Target 98%)														
% - Babies who complete New-born Hearing Screening programme within 4 weeks (Target 98%)														
% - Babies who complete New-born Hearing Assessment Procedure by 3 months (Target 85%)														

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Please fill in the lightly yellow shaded cells.		
MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN	In Year Effect	FYE of
	£'000	
B/F ULD from Previous Year (Negative Value for Deficits):		
Primary Care	0	0
Mental Health	0	0
Continuing HealthCare	0	0
Commissioned Services	0	0
Scheduled Care	0	0
Unscheduled Care	0	0
Children & Women's	0	0
Community Services	0	0
Specialised Services	0	0
Executive / Corporate Areas	0	0
Support Services (inc. Estates & Facilities)	0	0
Total: B/F ULD from Previous Year	**0**	**0**
Revenue (Enter as positive values):		
Core Cost and Demand Uplift (Allocation Paper Table A3)		
Pharmacy Additional Contract Funding (Allocation Paper Table E)		
Mental Health Pay Core Cost and Demand Uplift (Allocation Paper Table 2)		
Other Confirmed Funding in allocation paper, offsetting cost pressures above (list below)		
WG Funding	(29 997)	(29 997)
WG Revenue/Funding - Anticipated on Income Assumptions	**(29 997)**	**(29 997)**
Trust Income		
LTA/SLA Inflation		
New Services / Changes to Existing Services		
Total: Provider Income	**0**	**0**
Total: Revenue	**(29 997)**	**(29 997)**
In Year Net Cost Base (Non-COVID-19): (Populated from sheet 3.) In Year Cost Base (please complete)		
Pay	2 439	2 439
Non Pay	3 734	3 734
Primary Care Drugs	0	0
Secondary Care Drugs	0	0
CHC/FNC	0	0
Primary Care Contractor	0	0
Commissioned Services	23 824	23 824
Total: In-Year Net Cost Base (Non-COVID-19)	**29 997**	**29 997**
Opening Cost Pressures	**0**	**0**
Identified Savings Plans: (Populated from sheet 5.) Savings Tracker (please complete)		
Pay	0	0
Non Pay	0	0
Primary Care Drugs	0	0
Secondary Care Drugs	0	0
CHC/FNC	0	0
Primary Care Contractor	0	0
Commissioned Services	0	0
Total: Identified Savings Plans	**0**	**0**
Red Rated Pipeline Schemes (Populated from sheet 5.) Savings Tracker (please complete)	**0**	**0**
Planning Assumptions still to be finalised (positive value)		
Net Income Generation (Profit Element Only) (Populated from sheet 5.) Savings Tracker (please complete)	**0**	**0**
Forecast Outturn before COVID-19	**0**	**0**
Net Additionality - COVID-19 Impact: (Populated from sheet 6.) COVID-19 Additionality (please complete)		
Additional Expenditure Increases	0	
Non-Delivery of Planned Savings	0	

Public Board Meeting 26/01/21 Agenda Item 3.3

Operational Expenditure Reductions	0	
Slippage on Investments	0	
Total: COVID-19 Impact	**0**	
Net Financial Challenge after COVID-19	**0**	

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The anticipated items should only be allocations that have been confirmed by WG. Details should be provided and substantiated within the narrative plan where organisations are anticipating income.

The items should be analysed between the two columns depending on whether the cost pressures they are offsetting are included in Revenue Plan (Gross).

REVENUE RESOURCE LIMIT ASSUMPTIONS (HB/SHA)/INCOME (TRUST) ASSUMPTIONS	Cost Pressures Gross in Rev	Cost Pressures Net in Rev Plan
METRIC	**£'000**	**£'000**
AGREED REVENUE RESOURCE LIMIT /INCOME REPORTED as per allocation paper / letter	244 228	
FUTURE FUNDING ASSUMPTION		
RECURRING		
PLEASE ENTER BELOW		
2021/22 Additional Funding	29 997	
Deprecation & Income Adjustment	26	
SUB TOTAL	30 023	0
NON RECURRING		
PLEASE ENTER BELOW		
SUB TOTAL	0	0
AME		
Donated Depreciation		
Impairments		
PLEASE ENTER BELOW		
SUB TOTAL	0	0
Total RRL/INCOME used in SCNE/I profiled analysis	274 251	0

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NET COST BASE/PRESSURES & INVESTMENTS	Pay		Non Pay		Primary Care Drugs		Secondary Care Drugs		CHC/FNC		Primary Care Contractor		Commissioned Services		Total		2021/22 PLAN PROFILE											
																	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring												
General Cost Pressures & Investments	£'000																£'000											
Pay Award	275	275											790	790	1 065	1 065	89	89	89	89	89	89	89	89	89	89	89	89
Pensions															0	0	0	0	0	0	0	0	0	0	0	0	0	0
RTT/Performance															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Safer Staffing Act															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Increments	89	89													89	89	7	7	7	7	7	7	7	7	7	7	7	7
Utility Increases															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Product Inflation			136	136									7	7	143	143	12	12	12	12	12	12	12	12	12	12	12	12
NICE & New High Cost Drugs															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Volume of CHC Packages															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acuity of CHC Packages															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh Risk Pool															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Services - Direct															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Services - via WHSSC															0	0	0	0	0	0	0	0	0	0	0	0	0	0
English Contracts															0	0	0	0	0	0	0	0	0	0	0	0	0	0
EASC															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prescribing															0	0	0	0	0	0	0	0	0	0	0	0	0	0
GMS															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (please specify):																												
															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	0	0	0	0	0	0
															0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total General Investments/Cost Pressures	364	364	136	136	0	0	0	0	0	0	0	0	797	797	1 297	1 297	108	108	108	108	108	108	108	108	108	108	108	108
Local Cost Pressures/Investments (please specify):																												
Pay Modelling Adjustment	1 508	1 508													1 508	1 508	126	126	126	126	126	126	126	126	126	126	126	126
Agreed Business Cases	142	142	3 003	3 003									574	574	3 719	3 719	310	310	310	310	310	310	310	310	310	310	310	310
Additional Investment	140	140	697	697											837	837	70	70	70	70	70	70	70	70	70	70	70	70
Other Adjustments			105	105									158	158	263	263	22	22	22	22	22	22	22	22	22	22	22	22
Commissioning Plan Increase			20	20									21 875	21 875	21 895	21 895	1 825	1 825	1 825	1 825	1 825	1 825	1 825	1 825	1 825	1 825	1 825	1 825
2020/21 uplift for Clinical Posts / Inc. 1.8%			22	22									1 504	1 504	1 526	1 526	127	127	127	127	127	127	127	127	127	127	127	127
Reclassification of costs /Budget Adj	285	285	(249)	(249)									(1 084)	(1 084)	(1 048)	(1 048)	(87)	(87)	(87)	(87)	(87)	(87)	(87)	(87)	(87)	(87)	(87)	(87)
															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	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	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	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	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	0	0
Total Local Cost Pressures/Investments	2 075	2 075	3 598	3 598	0	0	0	0	0	0	0	0	23 027	23 027	28 700	28 700	2 392	2 392	2 392	2 392	2 392	2 392	2 392	2 392	2 392	2 392	2 392	2 392
Total Net Cost Base/Pressures & Investments	**2 439**	**2 439**	**3 734**	**3 734**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**23 824**	**23 824**	**29 997**	**29 997**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**

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NET EXPENDITURE PROFILE ANALYSIS	£ ACTUAL 2019/20	£ ACTUAL 2020/21	FORECAST PROFILE Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
METRIC		£'000													
MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE/INCOME															
Revenue Resource Limit	213 103	232 345	22 854	22 854	22 854	22 854	22 854	22 854	22 854	22 854	22 854	22 854	22 854	22 854	274 251
Miscellaneous Income - Capital Donation\Government Grant Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous Income - Other (including non resource limited income)	487	464	39	39	39	39	39	39	39	39	39	39	39	39	467
Welsh NHS Local Health Boards & Trusts Income	111	55	5	5	5	5	5	5	5	5	5	5	5	5	55
WHSSC Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh Government Income	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB TOTAL INCOME	213 801	232 864	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	274 773
Primary Care Contractor (excluding drugs, including non resource limited expenditure) (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care - Drugs & Appliances (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Provided Services - Pay (populated from below)	14 656	16 242	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	19 065
Provider Services - Non Pay (excluding drugs & depreciation) (populated from below)	12 947	12 756	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	18 019
Secondary Care - Drugs (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuing Care and Funded Nursing Care (populated from below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Private & Voluntary Sector	185 624	203 366	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	237 164
Joint Financing and Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DEL Depreciation\Accelerated Depreciation\Impairments	490	500	44	44	44	44	44	44	44	44	44	44	44	44	525
AME Donated Depreciation\Impairments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Allocated Contingency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Profit\Loss Disposal of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB TOTAL EXPENDITURE	213 717	232 864	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	274 773
TOTAL DEFICIT/SURPLUS	84	0	0	0	0	0	0	0	0	0	0	0	0	0	0

EXPENDITURE CATEGORY	£ ACTUAL 2019/20	£ ACTUAL 2020/21	FORECAST PROFILE Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
METRIC		£'000													
PROVIDER PAY EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	14 656	16 055	1 386	1 386	1 386	1 386	1 386	1 386	1 386	1 386	1 386	1 386	1 386	1 386	16 626
New cost pressures/funded spend not related to COVID-19 (positive value)	0	35	203	203	203	203	203	203	203	203	203	203	203	203	2 439
Identified savings (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONAL COST BASE	14 656	16 090	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	19 065
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Administrative, Clerical & Board Members		152	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical & Dental		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing & Midwifery Registered		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prof Scientific & Technical		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Clinical Services		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allied Health Professionals		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Scientists		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estates & Ancillary		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAY EXPENDITURE IMPACT DUE TO COVID-19		152	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Savings due to COVID-19 (positive value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slippage on Investments (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT NET PAY FORECAST	14 656	16 242	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	1 589	19 065
NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	12 947	19 851	1 190	1 190	1 190	1 190	1 190	1 190	1 190	1 190	1 190	1 190	1 190	1 190	14 285
New cost pressures/funded spend not related to COVID-19 (positive value)	0	(7 095)	311	311	311	311	311	311	311	311	311	311	311	311	3 734
Identified savings (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONAL COST BASE	12 947	12 756	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	18 019
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															

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Clinical Service & Supplies		0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Supplies & Services		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Establishment Expenses		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premises & Fixed Plant		0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Contract Staffing & Consultancy		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (total)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY EXPENDITURE IMPACT DUE TO COVID-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Savings due to COVID-19 (positive value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slippage on Investments (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT NET NON PAY PLAN	12 947	12 756	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	1 502	18 019
PRIMARY CARE DRUGS EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New cost pressures/funded spend not related to COVID-19 (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified savings (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE DRUG SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Savings due to COVID-19 (positive value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slippage on Investments (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT NET PRIMARY CARE DRUGS PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECONDARY CARE DRUGS EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New cost pressures/funded spend not related to COVID-19 (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified savings (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECONDARY CARE INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Savings due to COVID-19 (positive value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slippage on Investments (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT NET SECONDARY CARE DRUGS PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE CONTRACTOR (EXCL DRUGS, INCL NON RESOURCE LIMITED) EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New cost pressures/funded spend not related to COVID-19 (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified savings (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Primary Care Contractor		0	0	0	0	0	0	0	0	0	0	0	0	0	0
COVID-19 Vaccination Programme		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE CONTRACTOR EXPENDITURE IMPACT DUE TO COVID-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Savings due to COVID-19 (positive value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slippage on Investments (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT NET PRIMARY CARE CONTRACTOR PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTINUING HEALTHCARE / FUNDED NURSING CARE EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New cost pressures/funded spend not related to COVID-19 (positive value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified savings (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONAL COST BASE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHC/FNC EXPENDITURE IMPACT DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Savings due to COVID-19 (positive value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slippage on Investments (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

Enquiry Number: 2023-0001-15-2316

CURRENT NET CHC/FNC PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES (HEALTH CARE & NON HEALTH CARE) EXPENDITURE ANALYSIS - (INCLUDES JOINT FINANCING, VOLUNTARY SECTOR & OTHER PRIVATE PROVIDERS) £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value's):	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HealthCare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non HealthCare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Private & Voluntary	185 624	209 441	17 778	17 778	17 778	17 778	17 778	17 778	17 778	17 778	17 778	17 778	17 778	17 778	213 340
Joint Financing & Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New cost pressures/funded spend not related to COVID-19 (positive value)	0	(5 356)	1 985	1 985	1 985	1 985	1 985	1 985	1 985	1 985	1 985	1 985	1 985	1 985	23 824
Identified savings (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONAL COST BASE	185 624	204 085	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	237 164
SPEND INCREASES DUE TO COVID-19 positive value's)															
Purchase Of Health Care Services From Other non NHS bodies		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority (Joint Financing and Other)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Services From Other Nhs Bodies		0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES EXPENDITURE IMPACT DUE TO COVID-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spend Decreases due to COVID-19 (negative value)		(719)	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Finalised Savings due to COVID-19 (positive value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slippage on Investments (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT NET COMMISSIONED SERVICES PLAN	185 624	203 366	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	19 764	237 164
INCOME ANALYSIS £'000															
IMTP Annual total income including RRL (before COVID-19)	213 801	245 347	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	244 771
WG Allocations / Income Anticipated	0	(567)	0	0	0	0	0	0	0	0	0	0	0	0	0
Loss of Planned Income (excluding Dental Patient Charges as part of Primary Care net spend) due to COVID-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Finalised Income Generation due to COVID-19		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL INCOME SUB TOTAL AFTER IMPACT OF COVID-19	213 801	244 780	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	20 398	244 771
Planned Income Generation	0	(80)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(21)
Additional In Year WG Allocations / Income Received NOT related to COVID-19		(11 836)	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional WG Allocations / Income Anticipated NOT related to COVID-19		0	2 502	2 502	2 502	2 502	2 502	2 502	2 502	2 502	2 502	2 502	2 502	2 502	30 023
CURRENT INCOME PLAN	213 801	232 864	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	22 898	274 773

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Please fill in the lightly yellow shaded cells

Savings Tracker Summary	Cash-Releasing Saving	Cost Avoidance	Savings Total	Income Generation
£'000 (All Positive Entries)				
Planned Care	0	0	0	0
Unscheduled Care	0	0	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	0
Mental Health	0	0	0	0
Clinical Support	0	0	0	0
Non Clinical Support (Facilities/Estates/Corporate)	0	0	0	0
Commissioning	0	0	0	0
Across Service Areas	0	0	0	0
CHC	0	0	0	0
Prescribing	0	0	0	0
Medicine Management (Secondary Care)	0	0	0	0
Green & Amber Sub-Total	0	0	0	0
Red Schemes	0	0	0	0
Grand Total	0	0	0	0

Savings Forecast Profile	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL	NON RECURRING	RECURRING	FYE OF RECURRING
£'000 (All Positive Entries)																
Planned Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unscheduled Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary and Community Care (Excl Prescribing)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Clinical Support (Facilities/Estates/Corporate)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Commissioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Across Service Areas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prescribing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicine Management (Secondary Care)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Green & Amber Sub-Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Red Schemes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Organisation	Division	Business Unit	Savings Scheme Number (i.e. 1A1 onwards)	Scheme / Opportunity Title	Recurrent (R) / Non Recurrent (NR)	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Scheme Start Date	Date Scheme Expected to go Green	Scheme R&G rating (incl. Income Generation)	Service Area	Scheme Type	Definition	MMR Category - Savings only - Do not complete for IG	Apr Plan £'000	May Plan £'000	Jun Plan £'000	Jul Plan £'000	Aug Plan £'000	Sep Plan £'000	Oct Plan £'000	Nov Plan £'000	Dec Plan £'000	Jan Plan £'000	Feb Plan £'000	Mar Plan £'000	Annual Plan £'000	All fields to be completed if scheme has value	Is Scheme Number Unique?	Monitoring Return Category selected for Savings	Monitoring Return Category not selected for AG/IG	Is FYE of R Schemes >= in Year Plan	Has FYE been entered on NR Scheme?
HEIW						0																					0						

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Please fill in the lightly yellow shaded cells.														
PROJECT	£	FORECAST PROFILE												
	2020/21 ACTUAL	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
METRIC	£'000													
TEST, TRACE & PROTECT														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members														0
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	£'000													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														
														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL TTP EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COVID-19 VACCINATION PROGRAMME														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members														0
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	£'000													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														0
														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MASS VACCINATIONS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SURGE CAPACITY/FIELD HOSPITALS														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members														0
Medical & Dental														0

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Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	**£'000**													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														
														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SURGE CAPACITY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLEANING STANDARDS														
PAY (positive values)	**£'000**													
Administrative, Clerical & Board Members														0
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	**£'000**													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														
														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER COVID RELATED SPEND														
PAY (positive values)	**£'000**													
Administrative, Clerical & Board Members	152													0
Medical & Dental														0
Nursing & Midwifery Registered														0
Prof Scientific & Technical														0
Additional Clinical Services														0
Allied Health Professionals														0
Healthcare Scientists														0
Estates & Ancillary														0
SUB TOTAL PAY EXPENDITURE	152	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)	**£'000**													
Primary Care drugs														0
Secondary Care Drugs														0

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Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies														0
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies														0
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
PPE														0
Other Non Pay Expenditure outside the above categories:														
														0
														0
														0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OTHER COVID-19 RELATED EXPENDITURE	152	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 RELATED PAY SPEND	152	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 RELATED NON PAY SPEND	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 ADDITIONAL SPEND	152	0	0	0	0	0	0	0	0	0	0	0	0	0
NON DELIVERY OF PLANNED SAVINGS DUE TO COVID-19														
Non Delivery of Planned Savings (Due to COVID-19) (positive values)	**£'000**													
Non Delivery of Finalised Savings														0
Non Delivery of Savings Not Finalised														0
TOTAL NON DELIVERY OF SAVINGS DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNED OPERATIONAL EXPENDITURE REDUCTIONS DUE TO COVID-19														
Expenditure Reductions (due to COVID-19) (negative values)	**£'000 Negative Values**													
Reduction of non pay costs due to reduced elective activity														0
Reduction of outsourcing costs due to reduced planned activity														0
Reduction of travel and expenses														0
Other (please specify):														
														0
														0
														0
														0
TOTAL EXPENDITURE REDUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLIPPAGE ON PLANNED INVESTMENTS/REPURPOSING OF DEVELOPMENT INITIATIVES DUE TO COVID-19														
Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to COVID-19) Please List Below (negative values) :	**£'000 Negative Values**													
														0
														0
														0
														0
														0
														0
														0
														0
TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 ADDITIONAL SPEND	152	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NON DELIVERY OF SAVINGS DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENDITURE REDUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 FINANCIAL POSITION	152	0	0	0	0	0	0	0	0	0	0	0	0	0

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Please fill in the lightly yellow shaded cells. Please detail the organisations financial risk and opportunities for 2021/22.			
OVERVIEW OF RISK AND OPPORTUNITIES			
RISKS		**OPPORTUNITIES**	
Risks (negative values): ENTER BELOW		Opportunities (positive values): ENTER BELOW	
TOTAL RISKS	0	**TOTAL OPPORTUNITIES**	0

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	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
LHBs / Trusts	£'000	£'000	£'000	£'000	£'000	£'000
Swansea Bay	0	4	**4**	0	12 438	**12 438**
Aneurin Bevan	0	4	**4**	0	9 554	**9 554**
Betsi Cadwaladr	0	4	**4**	0	14 987	**14 987**
Cardiff & Vale	0	7	**7**	0	20 935	**20 935**
Cwm Taf Morgannwg	0	4	**4**	0	11 184	**11 184**
Hywel Dda	0	3	**3**	0	7 004	**7 004**
Powys	0		**0**	0	469	**469**
Public Health Wales	0	9	**9**	0	1 342	**1 342**
Velindre	0	20	**20**	0	35 992	**35 992**
Welsh Ambulance	0	0	**0**	0	643	**643**
WHSSC	0	0	**0**	0	0	**0**
EASC	0	0	**0**	0	0	**0**
HEIW	0	0	**0**	0	0	**0**
NHS Wales Executive	0	0	**0**	0	0	**0**
Total	**0**	**55**	**55**	**0**	**114 548**	**114 548**

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PROPERTY & ASSET INVESTMENT	2021-22
METRIC	£m
EXPENDITURE (Negative Values)	£m
Gross Capital Expenditure	0
less: Receipts	
Disposals (ENTER BELOW):	
NET CAPITAL EXPENDITURE	0
FUNDING (Positive Values)	£m
Welsh Government Funding	
Discretionary (Group 1 - CRL / CEL)	0
Approved Schemes (Group 2 - CRL / CEL)	
WG Funding Required (approved) (Negative Values)	
Funding for identified schemes not approved by Welsh Government (ENTER BELOW)	
NET CAPITAL FUNDING	0

KEY PERFORMANCE INDICATORS	2018-19 as per EFPMS	2021-22 Forecast
	£m	£m
High Risk Backlog Maintenance		
	%	%
Physical Condition: % in Category B or above		
Statutory, Safety & Compliance: % in Category B or above		
Fire Safety Compliance : % in Category B or above		
Functional Suitability: % in Category B or above		
Space Utilisation: % in Category F or above		
Energy Performance: % with Energy B or better		

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Please fill in the lightly yellow shaded cells											
PROPERTY & ASSET INVESTMENT -	2021-22										
METRIC	**£m**										
CAPITAL EXPENDITURE											
DISCRETIONARY	£m										
IT											
Equipment											
Statutory Compliance											
Estates											
Other	0										
SUB TOTAL DISCRETIONARY	0										
DISCRETIONARY NON CASH	£m										
Discretionary Other Revenue Costs											
Discretionary Revenue Savings											
SUB TOTAL NON CASH	0										

APPROVED SCHEMES	NON CASH - DEL	NON CASH - AME	OTHER REVENUE	REVENUE SAVINGS	NET REVENUE	**UNAPPROVED SCHEMES**	NON CASH - DEL	NON CASH - AME	OTHER REVENUE	REVENUE SAVINGS	NET REVENUE
PLEASE DELETE & INSERT SCHEME BELOW						PLEASE DELETE & INSERT SCHEME BELOW					
	£m						£m				
SCHEME TITLE 1						PRIORITY SCHEME TITLE 1					
SCHEME TITLE 2						PRIORITY SCHEME TITLE 2					
SCHEME TITLE 3						PRIORITY SCHEME TITLE 3					
SCHEME TITLE 4						PRIORITY SCHEME TITLE 4					
SCHEME TITLE 5						PRIORITY SCHEME TITLE 5					
SCHEME TITLE 6						PRIORITY SCHEME TITLE 6					
SCHEME TITLE 7						PRIORITY SCHEME TITLE 7					
SCHEME TITLE 8						PRIORITY SCHEME TITLE 8					
SCHEME TITLE 9						PRIORITY SCHEME TITLE 9					
SCHEME TITLE 10						PRIORITY SCHEME TITLE 10					
SCHEME TITLE 11						PRIORITY SCHEME TITLE 11					
SCHEME TITLE 12						PRIORITY SCHEME TITLE 12					
SCHEME TITLE 13						PRIORITY SCHEME TITLE 13					
SCHEME TITLE 14						PRIORITY SCHEME TITLE 14					
SCHEME TITLE 15						PRIORITY SCHEME TITLE 15					
SCHEME TITLE 16						PRIORITY SCHEME TITLE 16					
SCHEME TITLE 17						PRIORITY SCHEME TITLE 17					
SCHEME TITLE 18						PRIORITY SCHEME TITLE 18					
SCHEME TITLE 19						PRIORITY SCHEME TITLE 19					
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SCHEME TITLE 40						PRIORITY SCHEME TITLE 40					
SUB TOTAL APPROVED SCHEMES	0	0	0	0	0	**SUB TOTAL UNAPPROVED SCHEMES**	0	0	0	0	0

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Meeting Date	**10 June 2021**	**Agenda Item**	**2.2**
Report Title	**Annual Accountability Report 2020/21**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To seek Board approval for HEIW's Accountability Report for 2020/21.		
Key Issues	• The purpose of the Accountability Report section of the Annual Report is to meet key accountability requirements for Welsh Government. • The Chief Executive as the Accountable Officer has been fully involved in the development of the Accountability Report and, subject to the review, scrutiny and approval of the Audit and Assurance Committee and of the Board, will sign the statement of the Chief Executive's responsibilities. • The Accountability Report has been reviewed by the Audit and Assurance Committee held on 9 June as well as by Internal Audit and Wales Audit.		
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
				X
Recommendations	The Board is asked to: • **receive** and **approve** the Accountability Report 2020/21 for submission to Welsh Government.			

English,Catherine
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ACCOUNTABILTY REPORT 2020/21

1. INTRODUCTION

The purpose of the report is to seek Board approval for HEIW's Accountability Report 2020/21.

2. BACKGROUND

The purpose of the Accountability Report 2020/21 is for the Accountable Officer to present how she has discharged her role during the year in compliance with the Manual for Accounts issued by Welsh Government.

Members will note that the Accountability Report includes three main sections: the Annual Governance Statement, the Remuneration and Staff Report and the National Assembly of Wales Accountability and Audit Report.

A draft version of the Annual Governance Statement was considered by the Committee on 7 April and 9 June and has been developed further, following receipt of comments from Committee members, Welsh Government, Wales Audit and Internal Audit.

NHS bodies are required to publish, as a single document, a three-part Annual Report and Accounts which includes:

1) the Performance Report;
2) the Accountability Report; and
3) the Financial Statements.

Section 2 is the subject matter of this paper.

3. PROPOSAL

That the Annual Accountability Report 2020-21 is received and approved by the Board.

4. GOVERNANCE AND RISK

According to the Manual of Accounts, the annual report and accounts "as a whole must be fair, balanced and understandable and the Accountable Officer takes personal responsibility for it and the judgments required for determining that it is fair, balanced and understandable". The Accountable Officer must also sign and date all of the relevant sections of the report in accordance with the specification of the Manual of Accounts.

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4. FINANCIAL IMPLICATIONS

There are no financial implications. Production of the Annual Report is deemed a core matter for HEIW.

5. RECOMMENDATION

Members are asked to receive and approve the Accountability Report 2020/21 for submission to Welsh Government.

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

Quality, Safety and Patient Experience	
n/a	
Financial Implications	
There are no direct financial implications.	
Legal Implications (including equality and diversity assessment)	
Completing the Annual Report is a statutory duty for HEIW.	
Staffing Implications	
There are no direct staffing implications.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
n/a	
Report History	A draft version was considered by Audit Committee on 7 April and 9 June.
Appendices	Appendix 1 - the Annual Governance Statement; Appendix 2 - the Remuneration and Staff Report; and Appendix 3 - the National Assembly of Wales Accountability and Audit Report.

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Annual Governance Statement for the Period Ended 31 March 2021

1. Scope of Responsibility

The Board of Health Education Improvement Wales (HEIW) is accountable for Governance, Risk Management, and Internal Control. The Chief Executive Officer (CEO) has responsibility for maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which the CEO is personally responsible. These are carried out in accordance with the responsibilities assigned to the CEO as Accountable Officer by the Chief Executive of NHS Wales.

The Annual Report outlines the different ways the organisation has worked both internally and with partners in response to the unprecedented pressure in planning and providing services arising from supporting the NHS workforce response to the pandemic. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided. Where necessary additional information is provided in the Annual Governance Statement (AGS), however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this AGS.

The background to HEIW, its functions, the approvable Integrated Medium Term Plan 2020/23, the Quarterly Operational plans and the Annual Plan 2021/22 are set out in the Performance Report.

This AGS explains the composition and organisation of HEIW's governance structures and how they support the achievement of our objectives.

During 2020/21 we have continued to further develop our system of governance and assurance. Our Board Assurance Framework (BAF) is reviewed by the Board on an annual basis. The BAF was approved by the Board in September and HEIW's Strategic Risks approved at the November Board. We will continue to evolve our BAF in 2021/22.

The Board sits at the top of our governance and assurance system. It sets strategic objectives, monitors progress, agrees actions to achieve these objectives and ensures appropriate controls are in place and working properly. The Board also takes assurance from its committees, assessments, against professional standards and regulatory frameworks.

Impact of COVID on governance

The main impact on HEIW's governance process during this crisis period has been the suspension of open Board and committee meetings being held in public. These meetings have continued to be held in accordance with our original timetable but held virtually through video conferencing technology. In Quarter one virtual meeting agendas became more streamlined and focussed on supporting the response to COVID-19. There have been no other material changes to HEIW's normal decision-making process.

Where relevant HEIW's actions taken in response to COVID-19 have been explained within this Annual Governance Statement.

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Suspension of Board and committee meetings being held in public due to COVID-19

It is acknowledged that in these unprecedented times, there are limitations on Boards and committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings and it has not therefore been possible to allow the public to attend meetings of our Board and committees from 26 March 2020. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- A committee briefing placed on HEIW's website within 72 hours of a meeting;
- Unconfirmed draft minutes of Board and committee meetings placed on HEIW's website within 14 days of the meeting;
- Since July HEIW Board meetings have been streamed live via a videoconference platform;
- Given the significant resource required to hold a live streamed meeting it was decided not to extend this solution to committee meetings;
- In September additional members were appointed to the Audit and Assurance Committee and the Education Commissioning and Quality Committee to increase their resilience should a member become unwell.

The decision not to hold open Board and committee meetings in public has been regularly reviewed by the Board during 2020/21.

Reporting period

The reporting period for this Annual Governance Statement is primarily focussed on the financial year from 1 April 2020 to 31 March 2021. However, it also includes reporting on material issues that have taken place between 31 March 2021 and the date that the Annual Governance Statement is approved by the HEIW Board on 10 June 2021.

1.1 Our System of Governance and Assurance

HEIW's vision is "Transforming the workforce for a healthier Wales" which was developed through extensive engagement with our staff, stakeholders and partners. We are delivering this vision through our PEOPLE principles as outlined below:

P	**Planning** ahead to predict and embrace changes and build a sustainable health and social care system
E	**Educating**, training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles
O	**Offering opportunities** for development to new and existing staff from all professional and occupational groups throughout career pathways
P	**Partnership working** to increase value for our citizens, patients, learners and staff
L	**Leading** the way, through continuous learning, improvement and innovation
E	**Exciting, Enthusing**, **Engaging, Enabling** and **Empowering** staff across all professional and occupational groups

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With our staff we also developed and agreed our values which are:

- **Respect for all:** in every contact we have with others;

- **Together as a Team:** we will work with colleagues across NHS Wales and with partner organisations; and
- **Ideas that Improve:** harnessing creativity, and continuously innovating and evaluating.

These values are supported by a Values and Behaviours Framework and together these set out clearly the expectations on all staff and the way we work.

HEIW, in line with all Health Boards and Trusts in Wales, has agreed standing orders for the regulation of proceedings and business of the organisation. These are designed to translate the statutory requirements set out in the HEIW (Establishment and Constitution) Order 2017 into day to day operating practice. Together with the adoption of a scheme of matters reserved to the Board; a scheme of delegation to officers and others; and standing financial instructions, they provide the regulatory framework for the business conduct of HEIW and define its 'ways of working'. These documents, together with the range of corporate policies set by the Board, make up the Governance and Assurance Framework.

HEIW's Declarations of Interest and Standards of Behaviour Policy was rolled out across the organisation in 2018/19. Work has continued during 2020/21 in respect of communication to further embed this to better manage any conflicts of interest that might arise for our Board members and staff.

1.2 The Role of the Board

The Board has been constituted to comply with the *Health Education and Improvement Wales Regulations 2017*. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Independent Members also fulfil a number of Champion roles where they act as ambassadors (see Table 1).

Three of our Independent Members were recently re-appointed. Gill Lewis was re-appointed for an additional term of 4 years from 1 February 2021 taking her term to 31 January 2025. Dr Ruth Hall was re-appointed for a term of three years from 1 February 2021 taking her term of office to 31 January 2024.

While Ceri Phillips was re-appointed for an additional term of 4 years he resigned as an Independent Member of HEIW on 31 March 2021 to take up a new role as Vice Chair of Cardiff and Vale University Health Board. The recruitment process to appoint a new Independent Member to fill this vacancy commenced after the Senedd election.

The Board is made up of Independent Members and Executive Directors. Stephen Griffiths retired as Director of Nursing on 31 May 2020 and Angela Parry commenced as Interim Director of Nursing on 1 June 2020. In addition to the Executive Directors appointed in accordance with the HEIW Regulations, two individuals have also been appointed to other director positions. Nicola Johnson was appointed as Director of Planning Performance and Corporate Services on 21 September 2020, and Sian Richards was appointed as Director of Digital on 1 February 2021. Both Directors, together with the Executive Directors, are members of the Executive Team. While both have a standing invitation to Board meetings where they can contribute to discussions, they do not have voting rights as they are not Executive Directors.

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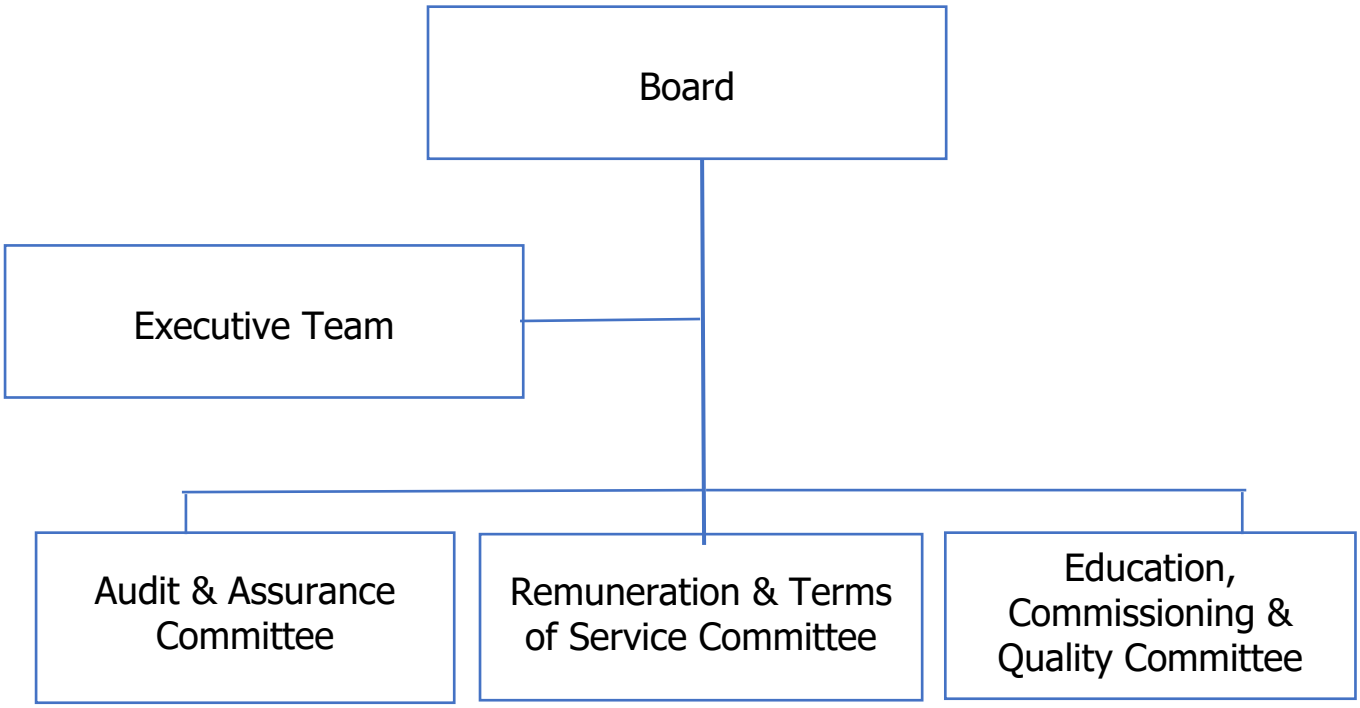
During 2020/21 several board development sessions were undertaken which included a focus on the following elements of governance:

- Performance Management Framework;
- Risk Appetite;
- Wellbeing and Future Generations Act;
- Socio Economic Duty;
- Board Assurance Framework;
- Board's self-assessment of its own effectiveness.

The full membership of the Board, their lead roles and committee responsibilities are outlined in Table 1. Below is a summary of the Board and committees structure:



The Board provides leadership and direction to the organisation and has a key role in ensuring the organisation has sound governance arrangements in place. The Board also seeks to ensure the organisation has an open culture and high standards when conducting its work. Together, Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation. All the meetings of the Board during 2020/21 were appropriately constituted with a quorum. The key business and risk matters considered by the Board during 2020/21 are outlined in this statement and further information can be obtained from meeting papers available on our website: **https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/.**

1.3 Committees of the Board

The Board has established three committees, the Audit and Assurance Committee, Remuneration and Terms of Service Committee and the Education Commissioning and Quality Committee. These committees are chaired by the Chair or Independent Members of the Board and have key roles in relation to the system of governance and assurance, decision making, scrutiny and in assessing current risks. The committees provide assurance and key issue reports to each Board meeting to contribute to the Board's assessment of assurance and to provide scrutiny on the delivery of objectives.

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The Board is responsible for keeping the committee structure under review and reviews its standing orders on an annual basis. The Board will consider whether any changes are needed during 2021/2022 in line with the Board's governance framework and priorities of the Annual Plan.

HEIW is committed to openness and transparency with regard to the way in which it conducts its committee business. The HEIW Board and its committees aim to undertake the minimum of its business in closed sessions and ensure business wherever possible is considered in public with open session papers published on HEIW's website. **https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/**

The closed session elements of Board and committee meetings are undertaken because of the confidential nature of the business. Such confidential issues may include commercially sensitive issues, matters relating to personal issues or discussing plans in their formative stages.

An important committee of the Board in relation to this Annual Governance Statement is the Audit and Assurance Committee. The Committee keeps under review the design and adequacy of HEIW's governance and assurance arrangements and its system of internal control. During 2020/21, key issues considered by the Audit and Assurance Committee relating to the overall governance of the organisation included:

- Revisiting its terms of reference, which will be kept under regular review;
- Approving the Internal Audit Plan for 2020/21 and keeping under review the resulting Internal Audit Reports. Noting key areas of risk and tracking the management responses made to improve systems and organisational policies;
- Ensuring effective financial systems and controls procedures are in place;
- Further developing the Board's risk management systems and processes and monitoring the same;
- Developing arrangements to work with Audit Wales (AW), and considering, the 2020 Structured Assessment and AW's 2021 Audit Plan;
- Providing assurance to the Board in respect of Information Management and Information Governance.

The Committee provides an Annual Report of its work to the Board and undertook a self-assessment for 2020/21 in April 2021. A questionnaire based on the National Audit Office Audit and Risk Committee Checklist has been developed and circulated to Committee members and attendees. Respondents included representatives from AW and Internal Audit. An action plan in response to the self-assessment is being developed.

The Remuneration and Terms of Service Committee considers and recommends salaries, pay awards and terms and conditions of employment for the Executive Team and other key senior staff. During 2020/21 key issues considered by the Remuneration and Terms of Service Committee included:

- Performance of Executive Directors against individual objectives
- National pay awards for members of staff
- Retire and return of senior staff
- Secondment agreements

The Education, Commissioning and Quality Committee enables the Board to undertake greater scrutiny in respect of commissioning, monitoring and quality assessing of education and training.

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Greater scrutiny will enable HEIW to manage and mitigate risk. The Committee considered the following key matters in 2020/21:

- Reviewed its own terms of reference;
- Reviewed the impact of COVID-19 on education and training for students and trainees and considered the lessons learnt;
- Reviewed the draft NHS Wales Education, Commissioning and Training Plan for 2020/21 and recommended the Plan for approval at the HEIW Board in July 2020;
- Monitored the tender process for Phase 1 of Health Professional Education Contracts;
- Considered the Strategic Review of Health Care Education - Phase 2;
- Ensured the effective management and improvement of the quality of HEIW's education and related research activities;
- Ensured the effective performance, monitoring, management and value of education and training programmes and contracts;
- Monitored compliance of education and training activities;
- Completed the establishment of two sub committees: the Education Advisory Group and the Multi-Professional Quality and Education Group.

The Committee will undertake a self-assessment for 2020/21.

1.4 Membership of the Board and its Committees

In Table 1 the membership of the Board and its committees is outlined for the period ended 31 March 2021, along with attendance at Board and committee meetings for this period. It also highlights the membership of the Board's committees. Members are involved in a range of other activities on behalf of the Board, such as regular board development/briefing meetings, and a range of other internal and external meetings.

Any proposed changes to the structure and membership of Board committees requires Board approval. The Audit and Assurance Committee, together with the Education Commissioning and Quality Committee, has considered its own terms of reference and recommended changes to the Board. The Board will ensure that terms of reference for each committee are reviewed annually to ensure the work of committees clearly reflects any governance requirements, changes to delegation arrangements or areas of responsibility. The Audit and Assurance Committee and the Education Commissioning and Quality Committee are also required to develop annual reports of their business and activities.

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Table 1 - Board and committee membership and attendance since 1 April 2020 to 31 March 2021:

Name	***Position***	***Area of Expertise/ Representation Role***	***Board/ Committee Membership***	***Meeting Attendance 2020/2021***	***Champion Roles***
Chris Jones	*Chair*	• *Primary Care* • *Widening Access* • *Prevention*	• *Board (Chair)* • *RATS Committee (Chair)*	*8/8* *6/6*	• *Welsh Language*
John Hill-Tout	*Vice Chair*	• *Performance* • *Governance* • *Finance*	• *Board* • *Audit and Assurance Committee* • *RATS Committee*	*8/8* *7/7* *6/6*	• *Primary Care* • *Mental Health*
Tina Donnelly	*Independent Member*	• *Leadership* • *Students* • *Workforce* • *Education/ Training*	• *Board* • *Education, Commissioning and Quality Committee* • *RATS Committee*	*5/8* *5/5* *5/6*	• *Student/ Trainee* • *Equality and Diversity*
Ruth Hall	*Independent Member*	• *Rural Education* • *Quality and Improvement*	• *Board* • *Audit and Assurance Committee* • *Education, Commissioning and Quality Committee* • *RATS Committee*	*8/8* *7/7* *5/5* *6/6*	• *Rural Champion*
Gill Lewis	*Independent Member*	• *Health & Social Care Workforce*	• *Board* • *Audit and Assurance Committee* • *RATS Committee*	*7/8* *7/7* *6/6*	• *Health & Social Care Integration*
Ceri Phillips	*Independent Member*	• *Workforce Design* • *Value Agenda* • *Digitisation*	• *Board* • *Education, Commissioning and Quality Committee (since 10/2020)* • *RATS Committee*	*8/8* *2/2** *4/6*	• *Digital*

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Heidi Phillips	*Independent Member*	• *Integrated Care* • *Improvement* • *Widening Access* • *Education/ Training*	• *Board* • *Audit and Assurance Committee (since 10/2020)* • *RATS Committee*	*8/8* *1/2** *6/6*	• *Quality Improvement* • *Widening Access*
Alex Howells	*Chief Executive*	• *n/a*	• *Board*	*7/8*	• *n/a*
Julie Rogers	*Deputy Chief Executive/ Director of Workforce and OD*	• *n/a*	• *Board*	*7/8*	• *n/a*
Stephen Griffiths	*Director of Nursing*	• *n/a*	• *Board*	*2/2(**)*	• *n/a*
Angela Parry	*Interim Director of Nursing*	• *n/a*	• *Board*	*6/6(***)*	• *n/a*
Pushpinder Mangat	*Medical Director*	• *n/a*	• *Board*	*7/8*	• *n/a*
Eifion Williams	*Director of Finance*	• *n/a*	• *Board*	*8/8*	• *n/a*

Please note the Director of Finance is the lead officer for the Audit and Assurance Committee. The Director of Workforce & Organisational Development is the lead officer for the Remuneration and Terms of Service Committee. The Medical Director and the Director of Nursing are the lead officers for the Education Commissioning and Quality Committee.

(*) – denotes appointment to the committee for the first time by the Board in September. Attendance reflects the number of committee meetings since appointment.

(**) - Stephen Griffiths retired on 31 May 2020.
(***) - Angela Parry commenced as Interim Director of Nursing on 1 June 2020. Attendance reflects the number of Committee meetings since appointment.

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Table 2 - Dates of board and committee meetings held during the period 1 April 2020 to 31 March 2021.

The Board and its committees are fully established and (other than in respect of the suspension of holding Board and committee meetings in public due to COVID 19 as outlined above) operated in line with the Board's standing orders. The following table outlines dates of Board, Board development and committee meetings held during the period 1 April 2020 – 31 March 2021.

Board/ Committee	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sept 2020
Board	30/04/20	28/05/20	25/06/20	30/07/20		24/09/20
Audit and Assurance Committee	01/04/20	06/05/20 & 26/05/20	23/06/20	16/07/20	N/A	N/A
Education Commissioning & Quality Committee	09/04/20	N/A	N/A	02/07/20	N/A	16/09/20
Remuneration and Terms of Service Committee	30/04/20	28/05/20	N/A	30/07/20	27/08/20	N/A

	October	November	December	January	February	March
Board	N/A	26/11/20	N/A	28/01/21	N/A	25/03/21
Audit and Assurance Committee	20/10/20	N/A	N/A	18/01/21	N/A	N/A
Education Commissioning and Quality Committee	08/10/20	N/A	N/A	N/A	O9/02/21	N/A
Remuneration and Terms of Services Committee	N/A	26/11/20	N/A	N/A	N/A	25/03/21

Local Partnership Forum

The HEIW Local Partnership Forum (LPF) provides the formal mechanism for social partnership within HEIW as well as providing a vehicle for engagement, consultation, negotiation and communication between trade unions and HEIW management. During 2020/21 the LPF has met bimonthly and focussed on both strategic and practical issues including culture and organisational development, employment policies, equality and diversity, staff wellbeing and welfare.

2. The Purpose of The System of Internal Control

HEIW's Board system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not absolute assurances of effectiveness.

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The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives. It also evaluates the likelihood of those

risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control has been in place for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts. Our Board Assurance Framework (BAF) was reviewed and approved by the Board in September 2020. We use the BAF system and process to monitor, seek assurance and ensure that shortfalls are addressed through the scrutiny of the Board and its committees. Oversight of our Corporate Risk Register system is provided through the scrutiny and monitoring of the Board and its committees.

Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board's strategic objective. The effectiveness of the system of internal control is assessed by our internal and external auditors.

A diagram of the Board Control Framework is set out overleaf.

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Levels of Assurance

First Line Operational

- Organisational structures – evidence of delegation of responsibility through line Management arrangements which includes the Senior Management Team
- Compliance with appraisal process
- Compliance with Policies and Procedures
- Incident reporting and thematic reviews
- Compliance with Risk Management processes and systems
- Performance Reports, Complaints and Trainee Experience Reports, Finance Reports

Second Line

Risk and Compliance Reports to Assurance and Oversight Committees

- Audit and Assurance Committee
- Education Commissioning and Quality Committee
- Remuneration Committee
- Health and Safety Groups etc

Findings and/or reports from inspections, Annual Reporting, Performance report through to committees

Third Line Independent

- Internal Audit Plan
- Audit Wales (Structured Assessment)
- External Audits (e.g. Annual Accounts and Annual Report)
- HIW Inspections
- Regulators
- Reviews and Reports by Royal Colleges

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- External visits and accreditations
- Independent Reviews

3. *Capacity to Handle Risk*

We have continued to develop and embed our approaches to risk management and emergency preparedness throughout 2020/21. Our Risk Management Policy is reviewed on an annual basis and was reviewed and approved by the Board in July 2020.

HEIW's risk appetite statement set out below describes the risks it is prepared to accept or tolerate in the pursuit of its strategic goals:

> *HEIW's recognises that, as an improvement based organisation, it is impossible for it to deliver its services and achieve positive outcomes for its stakeholders without a high appetite for risk. Indeed, only by taking risks can HEIW realise its aims.*
>
> *HEIW nevertheless recognises that its appetite for risk will differ depending on the activity undertaken. Its acceptance of risk will be based on ensuring that potential benefits and risks are fully understood before decisions on funding are made, and that appropriate actions are taken.*
>
> *HEIW's risk appetite takes into account its capacity for risk, which is the amount of risk it is able to bear (or loss we can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs.*

HEIW's risk tolerance in respect of each of its statutory function is incorporated within the Corporate Risk Register. This will ensure a consistent, integrated approach whereby all risks are clearly linked to organisational objectives with a line of sight to the BAF.

As a part of the development of our BAF, which included full engagement with the Board, seven strategic risks were identified. In November 2020 the Board approved the strategic risks which faced the organisation in 2020/21. Table 3 outlines the key strategic risks for HEIW.

Table 3 HEIW current Strategic Risks

1	**Workforce skills and expertise given specialist nature of organisation.** There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals.
2	**Capacity to deliver a growing range of functions and responsibilities.** The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
3	**Cultural change required to deliver an integrated, multi professional approach.** There is a risk that HEIW could fail to develop a positive organisational culture

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	which enables, encourages and develops staff engagement in embracing the multi professional approach. This could be caused by an over reliance on existing ways of working or a lack of time and attention focused on Organisational Development and a failure to embed Compassionate Leadership principles.
4	**Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans.** Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care.
5	**Effective engagement with our partners to ensure the delivery of shared objectives and aims.** The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not engaging with partners effectively or a failure to achieve buy in from our partners.
6	**Volatility of HEIW's financial position including the reliance on commissioning plans, student choices and associated budgets.** This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID-19, leading to a reduction in our flexibility to respond to developments.
7	**Workforce intelligence and Data.** The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and undercapacity within the workforce.

Risk Management

The Board sees active and integrated risk management as key elements of all aspects of our functions and responsibilities especially in order to support the successful delivery of our business.

The Chief Executive / Accountable Officer, has overall responsibility for the management of risk for HEIW. The Board and its committees identify and monitor risks within the organisation. Specifically, executive team meetings present an opportunity for the executive function to consider and address risk, and actively engage with and report to the Board and its committees on the organisation's risk profile. The Corporate Risk Register is reviewed monthly by the Executive Team and at each monthly meeting of the Senior Leadership Team. It is reviewed by the Audit and Assurance Committee on a quarterly basis and by the Board twice a year. Risks are escalated to the Board as appropriate.

At an operational level Executive Directors are responsible for regularly reviewing their Directorate Risk Registers and for ensuring that effective controls and action plans are in place and monitoring progress.

In March we received a substantial assurance report from Internal Audit following an audit of the risk management system.

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HEIW's Risks

The Corporate Risk Register was updated in March/April 2020 to align it to the risk log created in response to the impact of the first wave of COVID-19. The key risks caused by COVID-19 and the actions taken to mitigate these risks are outlined below:

- The impact on education and training programmes on progression and outcomes for students and trainees. This was mitigated through dialogue with all stakeholders (including regulators, discussion with peer groups at 4 nation level and students), to establish an infrastructure to support students and adopting an alternative solutions which included virtual approaches to learning competencies being recognised. The aim was to achieve a 4 nation approach where possible.

- The wellbeing of staff during the pandemic and the risk associated with adapting to new ways of working and the challenges of homeworking. Support measures were put in place focussing on the impact of working in isolation. All staff were made aware of HEIW's working from home policies and were supported by managers. HEIW has also focussed on regular communication with staff which is considered in more detail within the Performance Report at page 12. A number of surveys were undertaken with positive feedback received from staff.

- The impact on HEIW's ability to deliver the major change programmes relating to GP trainee and Pharmacy pre-registration programmes. This risk was mitigated through HEIW protecting the resources required to maintain the programmes.

- A delay in recruiting to Post Graduate Medical Rotations creating a workforce problem for the NHS in the medium term. A four nation agreement was developed which minimised the impact on the recruitment process. This included Foundation trainees being deployed to obtain key skills in medicine as required by their programme and in other specialities additional training time given in key areas. The process was managed through revisions to programme management.

HEIW's pre-existing risks, exacerbated by COVID-19, were identified in two areas. Firstly, the shortening of the timetable for the tender process for the Strategic Review of Health and Professional Education. However, this was mitigated through clear communication with all stakeholders and it should be noted that the commencement date of the new contracts currently remains the same. Secondly, the Cybersecurity threat was also felt to be heightened as a result of the pandemic due to fraudsters increasingly targeting health organisations. To mitigate this risk HEIW has adopted and rolled out the Cyber Security Implementation Plan.

Further information can be found in the Board papers on our website: **https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/**

During the COVID-19 crisis, the Crisis Management Team in HEIW, established in response to the pandemic, has had the role of monitoring and assessing the impact and risks arising. Also, for assessing which risks should be escalated and included within the corporate risk register.

The Board is also committed to ensuring staff throughout the organisation are trained and equipped to appropriately assess, manage, escalate and report risk. HEIW managers have continued to receive internal training on risk during Q3 and Q4 of the financial year.

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Internal Audit has undertaken a report assessing HEIW's systems and controls in place in relation to the organisation's risk management arrangements. The overall rating was one of substantial assurance for this area.

HEIW has a Crisis Management and Business Continuity policy which was deployed in response to the COVID-19 situation.

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented several challenges to the organisation. A number of new and emerging risks were identified. Significant action has been taken by HEIW to support NHS Wales' response to the pandemic. This has also involved working as members of the Health and Social Services Group (HSSG) COVID Planning group which has representatives from the NHS, Local Government and Welsh Government.

Our COVID-19 response has been led by the CEO and Deputy CEO. At the end of March 2020, the CEO was asked to support Andrew Goodall as Chief Operating Officer/Deputy NHS Wales Chief Executive, dedicated to COVID 19. As such, operational responsibility for HEIW functions passed to the Deputy CEO until July. During this period the CEO has continued in her role as HEIW's Accountable Officer.

HEIW has been contributing to the national response through the Deputy CEO's role as joint chair of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell).

Our operating model has responded to the pandemic in line with Government Guidelines and to safeguard the health of staff. This has included periods where our headquarters, Ty Dysgu, has been closed where the organisation transitioned successfully to near 100% homeworking. Where permitted by public health guidance, Ty Dysgu has been open to staff who need to come to the office for business or wellbeing reasons. Our expectation is that, after the vaccination roll out, HEIW will move to a more blended model which suits the organisation and supports the agile working of our staff.

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation as new and emerging risks where identified. Whilst the organisation did have a major incident and business continuity plan in place, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to support the NHS response to the pandemic. This has also involved working in partnership with the Welsh Government, Health Board and Trusts. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term delivery of services by the organisation, but appropriate action is being taken to mitigate risk.

The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess, and mitigate risks which may impact on the ability of the organisation to achieve their strategic objectives.

4. The Control Framework

NHS Wales organisations are not required to comply with all elements of the corporate governance code for central government departments. However, an assessment was undertaken against the main principles as they relate to NHS public sector organisations in Wales and of the Governance, Leadership and Accountability Standard. The assessment highlighted areas of focus for next year including strengthening the Board self-assessment process to reflect HEIW's role in education and training and further development of the induction processes for Independent Members.

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The information provided in this governance statement also provides an assessment of how we comply with the main principles of the Code as they relate to HEIW as an NHS public sector organisation. The Board recognises that not all reporting elements of the Code are outlined in this governance statement but are reported more fully in the organisation's wider Annual Report. The Board is satisfied that it is complying with the main principles of, and is conducting its business in, an open and transparent manner in line with the code. There have been no reported departures from the Corporate Governance Code.

The corporate governance code for central government departments can be found at: **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220645/corporate_governance_good_practice_july2011.pdf**

HEIW's risk management framework complies materially with the Orange Book, the public sector guide outlining the major principles on the Management of Risk, taking into account the organisation's size, structure and needs.

There have been no reported departures from the Orange Book.

The Orange Book can be accessed at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815635/Orange_Book_Management_of_Risk.pdf

The Health and Care Standards set out the requirement for the delivery of health care in Wales. As an education and training body with no direct contact to patients our focus in respect of the Health and Care Standards relate to staff and resources. Improvements to these areas are captured in our Performance Report.

HEIW has a structure in place for quality governance. In line with Standing Orders, the Board has established a committee to cover the quality of the education and training provided by HEIW – the Education Commissioning and Quality Committee. This Committee holds Executive Directors to account and seeks assurance, on behalf of the Board, that it is meeting its responsibilities in respect of the quality of education and training services. Quality and Quality Improvement is further considered below.

4.1 Other Control Framework Elements

Control measures are in place to ensure compliance with all of the organisation's obligations under equality, diversity and human rights legislation.

HEIW's aspiration is to be an excellent employer and a great place to work. As such we are fully committed to meeting the general and specific duties set out in the Public Sector Equality Duties (2011). It is also essential that these duties are reflected in the functions of the organisation, which affect students, trainees and staff across the wider NHS. Continued progress has been made in relation to our diversity, equality and inclusion agenda.

HEIW has also established its Diversity and Inclusion Group and recruited Workplace Champions. HEIW has committed to several workforce related initiatives for example the Stonewall Diversity Champion Scheme, Time to Change, Disability Confident, TUC's Dying to Work, Anti-Violence Collaboration and Communication Access Symbol.

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The organisation has established a Differential Attainment Board to act as Champions in this area and ensured that all Heads of School implement strategies to support those at risk of Differential Attainment. The Board is actively exploring widening diversity of Board members and is proposing to use an Associate member opportunity to support and develop individuals from under-represented backgrounds.

HEIW's first Strategic Equality Plan 2020-2024 was published in October 2020. We have published our second Annual Equality Report 19/20 in March highlighting progress so far. Our second Gender Pay Gap Report will be published later this year.

Pension Scheme - As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Welsh Risk Pool - The Welsh Risk Pool Services (WRPS) is a risk sharing mechanism, akin to an insurance arrangement which provides indemnity to NHS Wales's organisations against negligence claims and losses. Individual NHS organisations must meet the first £25,000 of a claim or loss which is similar to an insurance policy excess charge.

The HEIW Board along with its internal sources of assurance, which includes its internal audit function provided by NHS Shared Services, also uses sources of external assurance and reviews from auditors, regulators and inspectors to inform and guide our development. The outcomes of these assessments are being used by the Board to further inform our planning and the embedding of good governance across a range of the organisation's responsibilities.

Quality and Quality Improvement. During 2020/21 HEIW has implemented or continued to implement the measures detailed below to secure quality and quality improvement in relation to its functions:

- The Education Commissioning and Quality Committee's remit includes; assuring the Board on whether effective arrangements are in place to quality manage education systems and; to make recommendations in respect of the quality of education and monitoring education quality.
- The work of the Committee in respect of education quality has been further enhanced through the establishment of the two new sub-groups the Education Advisory Group and the Multi-Professional Quality and Education Group.
- The mid and end of year service reviews with each Directorate team focus on quality and quality improvement.
- HEIW monitors postgraduate medical training through several means including: national GMC surveys of medical trainers and trainees, quality assurance visits and constant feedback from education leads within the NHS. Triangulation of adverse information can lead to some specialties in some sites being placed in enhanced monitoring status in conjunction with the GMC.
- HEIW gathers information on student and trainee experiences. This information is used to inform improvements within the education and training provision.
- HEIW has clearly identified roles within the organisation which support the quality agenda.
- Continuous improvement more generally is important to HEIW, both in terms of internal sharing of good practice as well as through learning from our sister organisations in the UK. We have

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started to roll out Quality Improvement training to ensure that staff are equipped with the skills to deliver improvement science methodologies.

HEIW had originally intended to engage with Welsh Government in 2020/21 to develop bespoke guidance for HEIW to complete an Annual Quality Statement as a training and education organisation. This has not been possible this year as the requirement to produce an Annual Quality Statement was suspended due to the pandemic. HEIW proposes to develop the bespoke guidance in 2021-22 and to complete work on a quality framework for all education and training activity.

Welsh Language - As HEIW was established in 2018 it has not been named as an organisation that comes under the Welsh Language Measure 2011. Given this the Welsh Language Commissioner's Office asked HEIW to prepare a Statutory Language Plan as prescribed under the original (1993) Welsh Language Act.

Our draft Welsh Language Scheme, based on the Welsh Language Standards, was subject to a public consultation which was concluded in January. While the consultation received a limited number of responses, all material response were positive. The Board approved the Welsh Language Scheme for submission to the Welsh Language Commissioner in March. HEIW looks forward to receiving confirmation from Welsh Government that it has been named under the Welsh Language Measure at the earliest opportunity.

Stakeholders and Partners - As an All-Wales organisation, with several strategic functions, the importance of our partners and stakeholders cannot be over emphasised. This includes trainees and students, NHS Wales, Social Care Wales, Education providers, Regulators, Private sector (business, suppliers), Professional bodies and Welsh Government.

During 2020/21 our face to face communications have been impacted by the coronavirus but we have still continued much of our communications and engagement activity online, continuing to embed our Board approved Communications and Engagement Strategy to build and strengthen relationships and to help shape our work and services. This has included:

- Developing all Wales internet pages with:
    - Covid-19 resources for students/ trainees and trainers across Wales;
    - Health and Wellbeing pages for NHS Wales / Social Care Wales;
    - Long Covid syndrome resources;
    - NHS Wales volunteer vaccination programme;
    - NHS Wales Covid-19 vaccination programme.
- Regular stakeholder bulletins;
- Introducing a Primary Care newsletter;
- Increasing Social media posts to inform and update;
- Regular stakeholder specific newsletters such as trainee newsletter, dental professionals, medical trainer newsletter;
- Participating in national boards and all Wales peer groups and enabling HEIW to play its part in the national dialogue on NHS education and training;
- Continued engagement around the Workforce Strategy for Health and Social Care, HEIW's Welsh Language consultation;
- Online all Wales conferences and events to focus on key topics including Simulation, Endoscopy, Mental Health and the Strategic Equality Plan, and to provide access to CPD and support networking;

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- Introducing blogs from a number of HEIW employees and partners highlighting projects and work – sharing them on social media and with specialist publications;
- Promoting the NHS Wales Graduate Scheme;
- The Campaign to promote NHS Wales as a career option specifically around areas where there are a shortage of applicants including Learning Disability Nursing, Mental Health Nursing and Healthcare sciences.

We are also working with partners across the UK, including colleagues in NHS Education for Scotland, Health Education England, NHS Improvement, Department of Health in Northern Ireland and several national professional bodies and regulators.

The roadshows we successfully started in 2019 have been on hold whilst Health Board resources concentrate on the respone to the Coronvirus pandemic but will be reinstated as soon as it is possible. In the meantime, we held several 'showcase' events where members of the NHS community and public were invited to hear of the work we are undertaking using zoom.

Working together, understanding each other's needs and how we can best support each other is critical if we are to succeed individually and as a system. To achieve this, we will continue to collaborate, communicate, engage and work closely with our partners and stakeholders.

Carbon Reduction - HEIW is in the process of finalising its Decarbonisation Strategy following a process of engagement with staff which will then be followed by developing an Action Plan to implement the strategy.

To date the organisation has engaged with Welsh Government Energy Support (WGES, commissioned via the Carbon Trust) and received a report regarding the potential for large scale projects to reduce carbon emissions including installing solar panels and upgrading our heating/cooling system. We are now undertaking more detailed feasibility studies in conjunction with WGES.

This is considered further within the sustainability section within the Performance Report part of the Annual Report (pages 41-42).

Ministerial Directions

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to HEIW. Ministerial Directions issued throughout the year are listed on the Welsh Government website Health and social care | Topic | GOV.WALES .

The following ministerial direction received as at year end 31 March 2021 was applicable to HEIW.

Ministerial Direction/ Date of Compliance	Date/Year of Adoption	Action to demonstrate implementation/response
e.g. WHC 2020 (011) – Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers	30 July 2020	Standing Orders amended and approved by Board

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Data Breaches

Incidents resulting in a data breach are reported in accordance with HEIW's statutory requirements and documented confidentiality breach protocol. Under the Data Protection Act 2018 (DPA) personal data breaches (as defined by the act) are considered a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.

Personal data breaches (as defined in the DPA) are required to be risk assessed to determine the risk living individuals and the risks to the rights and freedoms of living individuals. Personal data breaches resulting in likely risk to living individuals and a high risk to individuals rights and freedoms must be reported to the Information Commissioners Office (ICO), and to data subjects where the breach is likely to result in a high risk to the rights and freedoms of individuals.

All data breaches are appropriately investigated and are reported to the Audit and Assurance Committee. Where appropriate or mandated, data breaches are reported to Welsh Government.

During 2020/21, we recorded a total of three cyber security incidents resulting in potential personal data breaches. Of these incidents, two incidents met the assessment criteria for reporting to the ICO. Welsh Government were notified and updated regarding the three incidents.

The two incidents reported to the ICO included an incident reported by HEIW's Pharmacy website and an incident affecting Sharepoint throughout NHS Wales which was reported to the ICO on behalf of all NHS organisations which included HEIW.

The formal ICO response on the 29th October 2020 regarding the reported incident indicated that no formal enforcement action would be taken and consider the matter to be closed.

4.2 Planning

Welsh Government planning processes were suspended in March 2020 and no IMTPs 2020-23 were formally approved due to the COVID-19 pandemic. Welsh Government has nevertheless confirmed that HEIW's IMTP was deemed approvable. HEIW's IMTP objectives were largely paused in Q1 of 2020-21, to enable the organisation to focus its resources on supporting the NHS' response to COVID-19. In line with all NHS organisations, in-year we developed and published three Quarterly Operational Plans (Q1, Q2 and Q3&4). The development of these ensured that HEIW restarted many of our Strategic Objectives from Q2 onwards, but maintained the ability to balance the needs of the immediate response to the pandemic with future strategic direction and workforce pipeline. In March 2021 Audit Wales reported good assurance on the development of the organisation's Operational Plan for Q3&4.

In January 2020 the Board approved HEIW's Performance Framework. This Framework describes the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business as Usual' activities effectively.

The Board has received regular reports in respect of the implementation of the 2020/21 Quarterly Operational plans through the structured Performance Reports. The Performance reports have shown good progress made by the organisation in the delivery of our Plans demonstrating that it is on track to deliver against the majority of its commitments. This included the publishing of the joint Workforce Strategy for Health and Social Care in partnership with Social Care Wales.

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The Board has played a central role in developing the Annual Plan (2021-22) based on year two of the approvable IMTP for 2020-23. Detailed Board discussions to support the development of the Annual Plan have taken place. As a result of the uncertainties caused by the pandemic, and in line

with the request of the Director General of NHS Wales, the Annual Plan was considered as a draft at March Board and approved for sharing with Welsh Government for informal feedback. The final Plan will be considered for approval by the Board in June 2021. Given the continued impact of COVID-19 it will be necessary to undertake a quarterly review of the Strategic Objectives to ensure that HEIW remains agile and our Plans continue to support the pandemic response and recovery.

5. **Review of Effectiveness**

As Accountable Officer, the CEO has responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The Board and its committees rely on several sources of internal and external assurances which demonstrate the effectiveness of the Special Health Authority's system of internal control and advise where there are areas of improvement. These elements are detailed above in the diagram of the HEIW Board Control Framework at page 11 of this Annual Governance Statement.

The processes in place to maintain and review the effectiveness of the system of internal control include:

- Board and committee oversight of internal and external sources of assurance and holding to account Executive Directors and Senior Managers;
- Executive Directors and Senior Managers who have responsibility for development, implementation and maintenance of the internal control framework and the continuing improvement in effectiveness within the organisation;
- The review and oversight of the principal risks on the Corporate Risk Register and the Board Assurance Framework by the Board and committees;
- The oversight of operational risk through the Board and its committees;
- Oversight of fraud risk through the Counter Fraud team;
- The monitoring of the implementation of recommendations through the audit tracker overseen by the Audit and Assurance Committee and
- Audit and Assurance Committee oversight of audit, risk management and assurance arrangements.

HEIW's May 2021 Board received the Audit and Assurance Committee's Annual Report. The Committee Chair's reflections within the Committee's Annual Report were as follows:

It is an overused sentiment, but this year has been like no other and truly unique in every sense of the word!

We moved very swiftly in March 2020 to new working arrangements, in keeping with Government advice. This meant that the majority of staff were asked to work from home and all formal meetings would be held virtually/remotely until further notice.

All parties who contribute to the Audit and Assurance Committee had to adapt quickly to new ways of working. The Officers who support the Committee, the Independent Members who sit on the Committee, External audit, Internal audit, Local Counter Fraud Services and others – we all had to adapt and consider how to continue working under these changed circumstances.

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Despite the challenges, we have continued to progress business with very little disruption. Work has continued on all aspects of business with a regular review of changing risks and the governance in place to protect individuals and the organisation.

Engagement and attendance of all parties has not been diminished and thanks must go to everyone for playing their part. The agenda setting has improved considerably as have the minutes and action log. The support for the meeting has been excellent and ensures that the business runs smoothly. Thanks must go to Kay and the team for this.

We continue to receive high quality reports from all participants and the challenge and interest in the subject matter is good. Many of the risks relating to a new organisation have been signed off and closed down during the year – a sign of a maturing organisation.

We will continue to focus going forward on clear lines of responsibility between the Audit and Assurance Committee, the Education, Commissioning and Quality Committee and the Board. We will also take a keen interest in the new Board Assurance Framework and monitoring of progress.

The Audit and Assurance Committee will continue to receive regular performance reports from Audit Wales and Internal Audit, indicating areas which could merit more detailed examination, and we will continue to focus on those recommendations where attention is needed. The digital agenda is also pivotal to future delivery, and the Committee will focus attention on progress in this area along with monitoring of our Cyber Security Plan.

It has been pleasing to see many of the executive team at the Audit Committee, both as presenters and observers, and we hope that this will continue next year.

5.1 Internal Audit

Internal Audit provides the CEO, as Accountable Officer and the Board through the Audit and Assurance Committee, with a flow of assurance on the system of internal control. The CEO commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit and Assurance Committee.

The overall opinion by the Head of Internal Audit (HoIA) on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

5.2 The Head of Internal Audit Conclusion:

The scope of the opinion of the HOIA is confined to those areas examined in the risk based audit plan, which has been agreed with senior management and approved, by the Audit and Assurance Committee. The HOIA assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and should be seen as an internal driver for continuous improvement. The HOIA opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

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Assurance rating

 - + Yellow	The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The audit work undertaken during 2020/21, has been reported to the Audit and Assurance Committee.

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The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions arising from the work undertaken in respect of the individual risk-based audit reports contained within the Internal Audit plan which have been reported to the Audit and Assurance Committee throughout 2020/21. This assessment has taken account of the relative materiality of these areas.
- Other assurance reviews, which impact on the Head of Internal Audit Opinion including audit work performed at other organisations.

Internal audit report assurance ratings

A summary of the reviews and associated assurance ratings in each of the domains is set out below:

Corporate governance, risk management and regulatory compliance

- **Risk management** – Overall Internal Audit issued a **substantial** assurance report for our review of risk management.
- **Governance arrangements during COVID**-19 – Internal Audit issued a positive report which was advisory in nature.

Strategic planning, performance management & reporting

- **Performance management** – Overall Internal Audit issued a **substantial** assurance report in relation to its work in this area.

Financial governance and management

- **Financial systems** – Overall, Internal Audit issued a **reasonable** assurance report.

Information governance & security

- **Cyber Security** – Overall Internal Audit issued **reasonable** assurance for this review.

Operational service and functional management

- **Medical Commissioning Monitoring** – Overall Internal Audit issued **reasonable** assurance for this review.
- **Pharmacy – pre registration** – Overall Internal Audit issued **reasonable** assurance for this review.

Workforce management

- **Personal Development Process –** Overall Internal Audit issued **reasonable** assurance for this review**.**
- **Workforce Culture -** Overall Internal Audit issued **reasonable** assurance for this review**.**

Communication

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- **Communication and engagement strategy** – Overall Internal Audit issued **substantial** assurance for this review.

5.3 External Audit – Audit Wales (AW)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The AW undertakes the external auditor role for HEIW on behalf of the Auditor General.

AW's structured assessment for 2020 was designed in the context of the ongoing response to the pandemic.

The assessment found that HEIW quickly adapted its governance, risk management and assurance arrangements to respond effectively to COVID-19. AW also stated that HEIW had continued to show strong leadership and maintained oversight of quality and staff wellbeing.

The assessment made two recommendations for the following areas:

Governance

The organisation should ensure that, unless risks are of a sensitive nature, the Corporate Risk Register should be considered at open sessions of the Audit and Assurance Committee.

Finance

That HEIW seek to identify cost and value improvement opportunities and record and report those within HEIW and more widely from its work.

The recommendations from both Internal Audit and Audit Wales together with management's response were implemented and are recorded within the Audit Tracker report. This is monitored and regularly reviewed by the Audit and Assurance Committee.

5.4 Data Quality

The quality and effectiveness of the information and data provided to the Board is continually reviewed at each meeting of the Board and some revisions have been made during the year to provide further clarity for the Board.

5.5 Regulators

HEIW works with all professional regulators in the development of our education and training programmes. Over the past year, we have worked closely with regulators when adjusting our courses to respond to the workforce demands created by the pandemic. We have a specific role supporting the GMC in relation to quality of postgraduate medical education.

6. Conclusion – Corporate Governance Report

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider NHS throughout 2021/22 and beyond. I will ensure our Governance Framework considers and responds to this need.

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During the period 1 April 2020 –10 June 2021 there have been no significant internal control or governance issues identified. This is due to the establishment of sound systems of internal control in

place to ensure HEIW met its objectives. It is recognised that further work will be necessary in 2021/22 to further develop these arrangements. It will be important to communicate widely with staff to further embed these arrangements.

Signed by
Chief Executive:

Date: 10 June 2021

Statement of the Chief Executive's Responsibilities as Accountable Officer

The Welsh ministers have directed that the Chief Executive should be the accountable officer to the Special Health Authority.

The relevant responsibilities of accountable officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the accountable officer's memorandum issues by Welsh Government.

The accountable officer is required to confirm that, as far as she is aware, there is no relevant audit information of which the entity's auditors are unaware, and the accountable officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

The accountable officer is required to confirm that that the annual report and accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Chief Executive:
Date: 10 June 2021

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Directors' Report

The information required for this report can be found in the tables and pages of the Annual Report detailed below.

Composition of Board: Table 1 (pages 7 and 8 of the Annual Governance Statement) – detailed information in relation to the composition of the Board including executive directors and independent members, who have authority or responsibility for directing or controlling the major activities of HEIW during the financial year 2020–2021. This includes the names of the Chair and Chief Executive. Table 1 also includes the names of the directors forming the Audit and Assurance Committee.

Board and board level committee meeting dates for the period ending 31 March 2021: Table 2 (page 9 of the Annual Governance Statement)

Declaration of interest: details of company directorships and other significant interests held by members of the Board which may conflict with the responsibilities as Board members (page 9 of the Performance Report).

HEIW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

Information Governance. There were two personal data incidents reported to the Information Commissioner's Office (page 20 of the Annual Governance Statement).

Environmental, social and community issues: HEIW is cognisant of the impact it has on the environment and takes steps to minimise this, where possible. Details of the finalisation of HEIW's Decarbonisation Strategy and approach to sustainability are outlined in page 19 of the Annual Governance Statement.

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Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the special health authority and of the income and expenditure of the special health authority for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts. The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by Welsh ministers. By order of the board, signed:

Chair

Date: 10 June 2021

Chief Executive

Date: 10 June 2021

English Catherine
06/04/2021 15:38:55

REMUNERATION AND STAFF REPORT

The information contained in this report relates to the remuneration of the senior managers employed by Health Education & Improvement Wales (HEIW).

The Pay Policy Statement set out in Annex 3 relates to HEIW's strategic stance on senior manager remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

The definition of "Senior Manager" is: 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.' For HEIW, the senior managers are considered to be the regular attendees of Board meetings, i.e. Members of the Executive Team and the Independent Members.

Two individuals have been appointed to director positions, but who are not members of the Board, and are deemed to come under the Senior Manager definition. Nicola Johnson was appointed as Director of Planning Performance and Corporate Services on 21 September and Sian Richards was appointed as Director of Digital on 1 February. Both Directors, together with the Executive Directors are members of the Executive Team. Their position in respect of the Board is outlined on page 3 of the Annual Governance Statement.

Remuneration & Terms of Service Committee

The terms of reference and operating arrangements for the Remuneration and Terms of Service Committee are set out in HEIW's standing orders which were reviewed and updated in November 2020. The purpose of the Committee is to provide advice to the Board on the remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff. It also provides assurance to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff. Further details of the membership and role of the Remuneration and Terms of Service Committee is provided in the Annual Governance Statement.

Salary and Pension Disclosures

Details of salaries and pension benefits for senior managers captured within this report are given in Annexes 1 and 2. The single figure of remuneration (Annex 1) is intended to be a comprehensive figure that includes all types of reward received by senior managers in the period being reported on, including fixed and variable elements as well as pension provision.

The single figure includes the following:

- Salary and fees both pensionable and non-pensionable elements;
- benefits in kind (taxable, total to the nearest £100);
- pension related benefits - those benefits accruing to senior managers from membership of a participating defined benefit pension scheme.

HEIW has paid no annual or long-term performance related bonuses. Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.

English Catherine
06/04/2021 15:38:55

The NHS and social care financial recognition scheme bonus of £735 payment to reward eligible NHS staff has not been included in the NHS Remuneration Report calculations. This bonus payment is not a contractual payment, but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances.

The value of pension related benefits accrued during the year is calculated as the real increase in pension multiplied by 20 less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

The pension benefit figure is calculated on the basis of an increase in the value over the financial year. Prior-year comparative information is not available for staff who were not previously Executive level directors in other NHS Wales organisations. Where this is the case this figure cannot be calculated and therefore is not reported in Annex 1 (Single Figure of Remuneration) nor Annex 2 (Pension Benefits).

Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2019/20 figure is 1.7% as set out in the 'Disclosure of Senior Managers' Remuneration (Greenbury) 2021' guidance document.

Remuneration Relationship

NHS Bodies in Wales bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in HEIW in the financial period to 31 March 2021 was £165k to £170k (2019-20 £160k to £165k). This was 3.2 times (2019-20 3.11 times) the median remuneration of the workforce, which was £51,668 (2019-20 £52,306).

During the period, 0 (2019-20, 0) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £14,503 to £165,610 (2019-20, £14,265 to £162,650).

The banded remuneration of the Chief Executive is £150k to £155k (2019-20, £150k to £155k). This is 2.99 times (2019-20, 2.92 times) the median remuneration of the workforce.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

English,Catherine
06/04/2021 15:38:55

2020/21 Staff Report

Number of senior staff

As of 31 March 2021, there were 8 senior staff that made up the Executive Team; they were also members of the Board or regular attendees. The Director of Finance who was initially appointed through a secondment agreement is now employed on a fixed term contract until 31 December 2021. The Medical Director, the Director of Workforce & OD/Deputy Chief Executive, the Director of Planning, Performance and Corporate Services and the Director of Digital Development are on secondment to HEIW from their substantive employers.

Their pay bands are broken down as follows:

Numbers of Senior Staff @ 31 March 2021

Consultant (Medical & Dental)	1
Executive and Senior Pay scale	7

Staff Numbers

The following table shows the average number of staff employed (FTE) by Health Education & Improvement Wales, by group from 1 April 2020 to 31 March 2021:

Staff Group	Permanently Employed (Inc. Fixed Term) (Ave FTE)	Agency Staff (Ave FTE)	Staff on Inward Secondment (Ave FTE)	2020/21 Total (Ave FTE)
Administrative and Clerical and Board Members	190.12	5.25	6.64	**202.01**
Medical & Dental	43.87	0	0.66	**44.53**
Professional Scientific and Technical Staff	14.53	0	0	**14.53**
Additional Clinical Services	2.40	0	0	**2.4**
Nursing & Midwifery	2.66	0	2.02	**4.68**
Allied Health Professionals	1.00	0	0	**1**
Totals	**254.58**	**5.25**	**9.32**	**269.15**

English Catherine 06/04/2021 15:18:55

The table above includes the Chair and Independent Members of HEIW, who are not included within the table in note 9.2 of the statutory accounts.

Staff Composition

The gender breakdown of the Executive Team and other employees as of 31 March 2021 was as follows:

Staff Composition @ 31 Mar 2021 (headcount)	**Male**	**Female**
Senior Staff (Executive Team)	3	5
Other Employees	141	315
All Staff	144	320
% All Staff	31.0	69.0

Sickness Absence data

The following table provides information on the number of days lost due to sickness:

	From 1 April 2020 to 31 March 2021	**From 1 April 2019 to 31 March 2020 (Restated)**
	Number	**Number**
Days lost (long term)	1,229.70	1,434.98
Days lost (short term)	412.69	575.01
Total days lost	**1,642.39**	**2,009.99**
Total staff years	**260**	**215**
Average working days lost	6.32	9.37
Total staff employed in period (headcount)	463	417
Total staff employed in period with no absence (headcount)	408	322
Percentage staff with no sick leave	**88.12%**	**77.22%**

The staff numbers in the tables above are calculated on different bases depending on the requirements of the individual disclosures (e.g. full time equivalents, headcount, average for the year, total at a specific point).

HEIW's rolling 12-month sickness rate as at the end of March 2021 was 1.8%. The sickness absence levels have remained at significantly low levels throughout the year and have not negatively reacted to the impact of Covid conditions or Winter illnesses. This may reflect the impact of our staff's compliance with the continued social distancing practices/periodic lockdowns which reduce transmission of more routine viruses (e.g., flu) thereby reducing absence. In addition, it may also reflect the flexibility of working from home where a member of staff feeling initially unwell in the morning may feel fit to work later in the day whereas previously it may have meant non-attendance at the office for a full day.

English Catherine
06/04/2021 15:38:55

Staff Policies Applied During the Financial Year

When HEIW was established in October 2018, it brought together staff from 3 former organisations – Workforce Education and Development Service, Wales Deanery and the Wales Centre for Pharmacy Professional Education to sit alongside a number of new corporate and business roles. At this point there were 92% of HEIW staff on Cardiff University Terms and Conditions who transferred to HEIW under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements. Most of the former Cardiff University staff are Medical and Dental staff where the terms and conditions, with some variations, essentially mirror NHS terms. However, the non-medical and dental transferred staff continue to be on significantly different contractual terms. Currently 21% of non-medical and dental staff remain on Cardiff University contractual terms, a substantial reduction since October 2018.

Our long-term plan remains the harmonisation of terms and conditions across the organisation, and we are working in partnership with our Trade Union colleagues to progress this. In 2020, following consultation with staff and Trade Unions, Statutes and Ordinances (a Cardiff University set of policies for senior staff related to disciplinary and grievance processes) were replaced by HEIW/NHS Wales policies. We have commenced the rationalisation of large numbers of Cardiff University policies where there is no detriment and often benefit to moving to the HEIW equivalents. All newly appointed staff are employed on NHS Terms and Conditions, and staff who wish to transfer from existing University contracts are supported to do so.

During 2020/21 the following policies which apply to all HEIW staff were adopted and implemented:

- Travel and Subsistence Policy
- Flexible Working Request Policy
- Domestic Abuse Policy
- All Wales Reserve Forces Training and Mobilisation Policy
- Alcohol and Substance Misuse Policy
- Trade Union Facilities Policy
- Mental Health and Wellbeing Policy
- Lone Working Policy

In addition, a policy for Maternity, Adoption, New Parents Support and Shared Parental Leave was developed and adopted for staff on NHS contracts. An equivalent policy was TUPE'd over with Cardiff University staff and remains applicable to those transferred staff.

Over the past year, we have continued to recruit to our vacancies, we have taken on new or additional functions and our workforce headcount has increased from 400 at January 2020 to 443 at January 2021. Recruitment to our senior leadership team is now complete with several key appointments being made in the last year including our new Directors for Planning Performance and Corporate Services, Director of Digital Services and our Dental Dean.

Our focus on ensuring our staff feel engaged and that we are listening to their views has been strengthened during the last year, building on a strong engagement platform since 2018. In 2020 we have utilised innovative tools and approaches to measure staff satisfaction and wellbeing. This included four homeworking and wellbeing surveys, two health needs assessments and our second national staff survey which received an engagement score of 81%, up 3.4% from 2018. Facilitated conversations have been taking place across the organisation in line with the implementation of NHS Wales's new 'Healthy Working Relationships' programme and to ensure that staff survey feedback is acted upon locally.

EnglishCatering
06/04/2021 13:38:25

We are working towards ensuring that our organisational Values and Behaviours Framework which was developed in partnership with our staff during 2018 underpins everything we do. In 2020/21 we have made good progress in embedding our values in our recruitment and selection processes, Performance Appraisal and Development Reviews and our health and wellbeing programmes.

Prior to the impact of the pandemic in early 2020 we had introduced a range of bespoke communications to reflect the geographical diversity of our workforce, and to improve the connection with our sessional and/or remote workers. The pandemic led to a rapid change in HEIW's operating model with all office-based staff initially moving to 100% home working. This sudden change led to a substantial step up for many staff in the use of virtual technology for day to day communication and ways of working. This in turn led to remote staff commenting that they felt the playing field had been levelled for them, something we are keen not to lose when we reintroduce an element of office-based working.

In summer 2020, Ty Dysgu, HEIW's office base, was reopened, with appropriate measures in place, to enable staff to access the building for wellbeing or business needs and this was well received by staff. Additionally, during the periods of easement of Government restrictions staff were actively encouraged to return to the office to reconnect with colleagues from other teams and the wider organisation. HEIW is a relatively new organisation and whilst homeworking has been successful in ensuring the continued delivery of our business priorities it has had an impact on 'Team HEIW', our culture and our connectivity to each other. We are actively working on a set of principles to describe the way in which we will work in the future and will be engaging with our staff to discuss the approach during April. Our view is that an agile approach, underpinned by clear principles maximise the benefits of virtual working with the benefits of continuing to build our HEIW team culture and connectedness.

Staff health and wellbeing continues to be a significant priority for the organisation and during 2020-21 we have expanded our Wellbeing Hub for staff which includes information and signposting to a number of internal and external resources via the intranet. Examples of the areas and topics covered are:

HEIW Resources

- Home working advice
- Champions Network
- Domestic Abuse
- Help with sleep and sleeping problems
- Physical Health
- Mental and Emotional Health

National Resources/Sharing best practice

- Bereavement support
- Support for those experiencing isolation and loneliness
- Information and Resources specific to BAME staff
- Links to Trade Unions and other Professional Organisations
- General Health and Wellbeing
- Helplines

English,Catherine
06/04/2021 15:38:03

Equality, Diversity and Inclusion

We have continued to embed the progress made since April 2019, in relation to our diversity, equality and inclusion agenda. Starting with the publication of our first Diversity, Equality and Inclusion policy early in 2020.

Our network of Inclusion Champions has increased, and we are committed to continuing with this approach through 2021/22. The Champions undertook a wide range of activities throughout the past year starting in January 2020 with Diversity and Inclusion Week, Holocaust Memorial; International Women in Science; LGBT month; St David's Day; International Women's Day; celebrated EID; PRIDE; Black History Project; Tran Health Week; International Men's Day; White Ribbon Day; and Purple Light Up for Disability Month in December 2020

On 1 October 2020 we published our first four-year Strategic Equality Plan (SEP). As part of the development process for the SEP, internal engagement was undertaken utilising focus group methodologies. This allowed us to retest our equality objectives against the new backdrop of the pandemic. Work on individual directorate action plans which hook directly onto high level actions within our SEP has been completed, and these will form the basis of progressing this work as well as monitoring and reporting during 2021/22.

We continue to engage with external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion. Since 2019 we have opted to sign up to:

- Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff
- Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to your workplace
- Dying to Work TUC – additional employment protection for terminally ill workers
- Anti-Violence Collaboration – sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff
- Communication Access Symbol – 1st organisation in Wales to make a commitment to adopting Communication Access Symbol – giving a voice to people living with a communication disability.

Policy development has continued and last year saw us sign off and implement policies in relation to Domestic Abuse and Mental Wellbeing in the Workplace.

Expenditure on Consultancy

For the purpose of the statutory accounts, consultancy is defined as time limited/ad-hoc assignments that are not related to the day-to-day activities of HEIW.

During 2020/21, HEIW's expenditure on consultancy was £152k.

Tax Assurance for Off-Payroll Engagements

English, Catherine
06/04/2021 15:30:55

HEIW is required to disclose any arrangements it has whereby individuals are paid through their own companies or off payroll.

There were none during this period.

Exit Packages

Details of all exit packages are included within note 9.5 of the Annual Accounts. During 2020/21 no exit packages were paid by HEIW.

Statement of Assurance

I confirm that there is no relevant audit information in the Annual Report of which the Audit Wales is unaware. As Chief Executive, I have taken all the steps in order to make myself aware of any relevant information and ensure the Audit Wales is aware of that information.

Alex Howells
Chief Executive and Accountable Officer, Health Education & Improvement Wales
10 June 2021

English Catherine
06/04/2021 15:38:55

Annex 1a: Single Figure of Remuneration 2020/21

Single Figure of Remuneration					
Name	**Title**	**Salary (Bands of £5k)**	**Benefits in Kind (taxable) to nearest £100**	**Pension Benefit to nearest £1,000**	**Total to nearest (Bands of £5k)**
Alex Howells	Chief Executive	150 - 155	-	43	195 – 200
Julie Rogers[1]	Director of WOD / Deputy CEO	110 – 115	-	54	165 - 170
Dafydd Bebb	Board Secretary	90 – 95	-	23	110 – 115
Stephen Griffiths[2]	Director of Nursing	15 – 20	-	-	15 - 20
Push Mangat[3]	Medical Director	165 – 170	-	60	225 - 230
Eifion Williams	Director of Finance	55 – 60	-	-	55 - 60
Angela Parry[4]	Interim Director of Nursing	50 – 55	-	12	60 - 65
Nicola Johnson[5]	Director of Planning, Performance & Corporate Services	45 – 50	-	37	85 - 90
Sian Richards[6]	Director of Digital Development	10 – 15	-	5	15 - 20
Non-Executive Directors					
Chris Jones	Chair	40 – 45	-	-	40 – 45
Tina Donnelly	Non-Executive Director	5 – 10	-	-	5 – 10
Ruth Hall	Non-Executive Director	5 – 10	-	-	5 – 10
John Hill-Tout	Vice Chair	10 - 15	-	-	10 - 15
Gill Lewis	Non-Executive Director	5 – 10	-	-	5 – 10
Ceri Phillips	Non-Executive Director	5 – 10	-	-	5 – 10
Heidi Phillips	Non-Executive Director	5 - 10	-	-	5 - 10

English Gateway
06/04/2021 10:38:55

The value of 'Pension Benefit' in the table above is calculated as follows:

(real increase in pension* X 20) + (real increase in any lump sum*) – (contributions made by the employee)

*excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This is not an amount that has been paid to an individual during the year. These figures can be influenced by many factors e.g. changes in a persons salary, any additional contributions made by the employee and other valuation factors affecting the pension scheme as a whole.

[1] Julie Rogers is seconded from Welsh Government and is a member of the Civil Service Pension Scheme, which uses a different inflation factor for the calculation of pension increases to the one used in the NHS scheme..

[2] Stephen Griffiths retired on 31st May 2020.

[3] Push Mangat is seconded from Swansea Bay UHB.

[4] Angela Parry commenced as Interim Director of Nursing on 1st June 2020.

[5] Nicola Johnson is seconded for Swansea Bay UHB and commenced as Director of Planning, Performance & Corporate Services on 18th September 2020.

[6] Sian Richards is seconded from Swansea Bay UHB and commenced as Director of Digital Development on 1st February 2021.

English Catherine
06/04/2021 15:38:55

Annex 1b: Single Figure of Remuneration 2019/20

Single Figure of Remuneration					
Name	**Title**	**Salary (Bands of £5k)**	**Benefits in Kind (taxable) to nearest £100**	**Pension Benefit to nearest £1,000**	**Total to nearest (Bands of £5k)**
Alex Howells	Chief Executive	150 – 155	-	22	170 – 175
Julie Rogers[1]	Director of WOD / Deputy CEO	110 – 115	-	38	145 - 150
Dafydd Bebb	Board Secretary	85 – 90	-	22	110 – 115
Stephen Griffiths	Director of Nursing	95 – 100	-	62	160 – 165
Push Mangat[2]	Medical Director	160 – 165	-	70	230 - 235
Eifion Williams[3]	Director of Finance	55 - 60	-	-	55 - 60
Danielle Neale[4]	Director of Finance & Corporate Services	0 – 5	-	-	0 - 5
Non-Executive Directors					
Chris Jones	Chair	40 – 45	-	-	40 – 45
Tina Donnelly	Non-Executive Director	5 – 10	-	-	5 – 10
Ruth Hall	Non-Executive Director	5 – 10	-	-	5 – 10
John Hill-Tout[5]	Vice Chair	10 – 15	-	-	10 – 15
Gill Lewis	Non-Executive Director	5 – 10	-	-	5 – 10
Ceri Phillips	Non-Executive Director	5 – 10	-	-	5 – 10
Heidi Phillips	Non-Executive Director	5 – 10	-	-	5 - 10

English Catherine 06/04/2021 15:08:54

[1] Julie Rogers is seconded from Welsh Government and is a member of the Civil Service Pension Scheme, which uses a different inflation factor for the calculation of pension increases to the one used in the NHS scheme.

[2] Push Mangat is seconded from Swansea Bay UHB.

[3] Eifion Williams was employed part-time (0.26 FTE) as the Interim Director of Finance until 30th June 2019 and was a member of the NHS pension scheme through his substantive employer. The figures included here for the period to 30 June 2019 do not include the pension benefit for this period. Eifion took up the substantive part-time post (0.51 FTE) from 1 July 2019 and chose not to be covered by the NHS pension scheme for the remainder of the reporting year.

[4] Danielle Neale left HEIW on 14/03/2019. The salary payment made in 2019/20 relates to a Payment in Lieu of Notice (PILON). A further non-contractual payment was made to Ms Neale in 2019/20 as disclosed in the exit packages note in the remuneration report and note 9.5 in the annual accounts.

[5] John Hill-Tout received remuneration in 2019/20 in respect of his role as Vice Chair of HEIW, which was backdated to the commencement of that role on 01/10/2018. The backdated payment is included within the 2019/20 single figure of remuneration table.

English Catherine
06/04/2021 15:38:55

Annex 2: Pension Benefits – 2020/21

Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2021 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2021 £'000	Cash Equivalent Transfer Value at 31 March 2020 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Alex Howells	Chief Executive	2.5 – 5	0 – 2.5	65 – 70	140 – 145	1,237	1,149	47	-
Julie Rogers[1]	Director of WOD / Deputy CEO	2.5 – 5	0 – 2.5	45 – 50	115 – 120	988	915	39	-
Dafydd Bebb	Board Secretary	0 – 2.5	-	5 – 10	-	64	42	9	-
Stephen Griffiths[2]	Director of Nursing	(2.5) – 0	(2.5) – 0	45 – 50	135 – 140	***[2]	1,080	***[2]	-
Push Mangat[3]	Medical Director	2.5 – 5	10 – 12.5	75 – 80	230 – 235	***[3]	***[3]	***[3]	-
Eifion Williams[4]	Director of Finance	-	-	-	-	-	-	-	-
Angela Parry[5]	Interim Director of Nursing	0 – 2.5	-	0 – 5	-	16	-	9	-
Nicola Johnson[6]	Director of Planning, Performance & Corporate Services	0 – 2.5	2.5 – 5	25 – 30	60 – 65	542	460	34	-
Sian Richards[7]	Director of Digital Development	0 – 2.5	0 – 2.5	20 – 25	35 – 40	284	253	3	-

English, Catherine
06/04/2021 15:38:55

[1] Julie Rogers is seconded from Welsh Government and is a member of the Civil Service Pension Scheme, which uses a different inflation factor for the calculation of pension increases to the one used in the NHS scheme.
[2] Stephen Griffiths retired on 31st May 2020 and therefore no CETV is reported as at 31st March 2021.
[3] Push Mangat has no CETV values as he is over the normal pension age for the relevant pension scheme.
[4] Eifion Williams chose not to be covered by the NHS pension arrangements for the reporting year.
[5] Angela Parry commenced as Interim Director of Nursing on 1st June 2020.
[6] Nicola Johnson commenced as Director of Planning, Performance & Corporate Services on 18th September 2020. The increases reported in the table above relate to the period of employment with HEIW.
[7] Sian Richards commenced as Director of Digital Development on 1st February 2021. The increases reported in the table above relate to the period of employment with HEIW.

English Catherine
06/04/2021 15:38:55

Annex 3: Pay Policy Statement

Salary and pension entitlements of senior managers 2020-21

The pay and Terms and Conditions of Employment for the executive team and senior managers have been, and will be determined by the HEIW Board, based on the recommendations of the Remuneration and Terms of Service Committee, within the framework set by Welsh Government. The Remuneration and Terms of Service Committee also considers applications relating to the Voluntary Release Scheme. The Remuneration and Terms of Service Committee members are all Independent Members of the Board and the committee is chaired by HEIW's chairperson. The Terms of Reference for the Committee are regularly being reviewed.

Auditors

The auditors have reviewed this report for consistency with other information in the financial statements and will provide an opinion on the following disclosures:

- Single total figure of remuneration for each director;
- CETV disclosures for each director;
- Payments to past directors, if relevant;
- Payments for loss of office, if relevant;
- Fair pay disclosures (included in annual accounts);
- Exit packages (included in annual accounts) if relevant, and;
- Analysis of staff numbers.

English Catherine
06/04/2021 15:38:55

The Welsh Parliament Accountability and Audit Report
For the Year ended 31 March 2021

Regularity of Expenditure

Regularity is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting.

The Health Education and Improvement Wales (HEIW) Board ensures the funding provided by Welsh Ministers has been expended for the purposes intended by Welsh Ministers and that the resources authorised by Welsh Ministers to be used have been used for the purposes for which the use was authorised.

The Chief Executive is the Accountable Officer and ensures that the financial statements are prepared in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, the Chief Executive is required to:

- observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of the Special Health Authority will continue in operation.

Fees and Charges

Where HEIW undertakes an activity which is not funded directly by the Welsh Government, HEIW receives income to cover its costs. Further detail of income received is published in the annual accounts.

HEIW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

Remote Contingent Liabilities

Remote contingent liabilities are those liabilities that due to the unlikelihood of a resultant charge against HEIW are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as at 31st March 2021.

	2020-21
Guarantees	nil
Indemnities	nil

English,Catherine
06/04/2021 15:38:55

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Health Education and Improvement Wales for the year ended 31 March 2021 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as at 31 March 2021 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Emphasis of Matter – Clinicians' pension tax liabilities

I draw attention to Note 21.1 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. My opinion is not modified in respect of this matter.

English (Canada)
06/04/2021 11:08:55

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance;
- the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Performance Report has been prepared in accordance with Welsh Ministers' guidance.

English Catherine
06/04/2021 15:38:55

Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

English,Catherine
06/04/2021 15:38:55

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Education and Improvement Wales policies and procedures concerned with:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the posting of unusual journals.
- Obtaining an understanding of Health Education and Improvement Wales' framework of authority as well as other legal and regulatory frameworks that Health Education and Improvement Wales operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Health Education and Improvement Wales.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Education and Improvement Wales controls, and the nature, timing and extent of the audit procedures performed.

English Cymraeg
06/04/2021 16:38:55

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website

www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Report

Please see my Report on pages x to y.

Adrian Crompton
Auditor General for Wales
15 June 2021

24 Cathedral Road
Cardiff
CF11 9LJ

English Catherine
06/04/2021 15:38:55

Report of the Auditor General to the Senedd

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Health Education and Improvement Wales Special Health Authority's financial statements. I am reporting on these financial statements for the year ended 31 March 2021 to draw attention to a key matter for my audit. This is the implication of the ministerial direction on senior clinicians' pensions. I have not qualified my 'true and fair' opinion in respect of this matter.

Ministerial direction on senior clinicians' pensions

NHS Pension scheme and pension tax legislation is not devolved to Wales. HM Treasury's changes to the tax arrangements on pension contributions in recent years included the reduction in the Annual Allowance limit from over £200,000 in 2011-12 to £40,000 in 2018-19. As a result, in cases where an individual's pension contributions exceed certain annual and / or lifetime pension contribution allowance limits, then they are taxed at a higher rate on all their contributions, creating a sharp increase in tax liability.

In a Written Statement on 13 November 2019, the Minister for Health and Social Services had noted that NHS Wales bodies were: 'regularly reporting that senior clinical staff are unwilling to take on additional work and sessions due to the potentially punitive tax liability'. In certain circumstances this could lead to additional tax charges in excess of any additional income earned.

On 18 December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages. If NHS clinicians opted to use the 'Scheme Pays' facility to settle annual allowance tax charges arising from their 2019-20 NHS pension savings (ie settling the charge by way of reduced annual pension, rather than by making an immediate one-off payment), then their NHS employers would meet the impact of those tax charges on their pension when they retire.

The Ministerial Direction was required because this solution could be viewed by HMRC to constitute tax planning and potentially tax avoidance, hence making the expenditure irregular. Managing Welsh Public Money (which mirrors its English equivalent) specifically states that 'public sector organisations should not engage in…tax evasion, tax avoidance or tax planning'.

A Ministerial Direction does not make regular what would otherwise be irregular, but it does move the accountability for such decisions from the Accounting Officer to the Minister issuing the direction.

The solution applies only to annual allowance tax charges arising from an increase in the benefits accrued in the NHS Pension Scheme during the tax year ended 5 April 2020. For the tax year ended 5 April 2021, the Chancellor increased the thresholds for the tapered annual allowance and, as a result, it is anticipated that the risk to the supply of clinical staff has been mitigated.

English (United Kingdom)
06/04/2021 15:19:55

The Authority currently has insufficient information to calculate and recognise an estimate of the potential costs of compensating senior clinical staff for pension benefits that they would otherwise have lost, by using the 'Scheme Pays' arrangement. As a result, no expenditure is recognised in the financial statements but as required the Authority has disclosed a contingent liability in Note 21.1 of its financial statements.

All NHS bodies will be held harmless for the impact of the Ministerial Direction, however in my opinion any transactions included in the Authority's financial statements to recognise this liability would be irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting.

I have not modified my regularity opinion in this respect this year because as set out above, no expenditure has been recognised in the year ended 31 March 2021. I have however placed an Emphasis of Matter paragraph in my audit report to highlight this issue and, have prepared this report to bring the arrangement to the attention of the Senedd.

Adrian Crompton
Auditor General for Wales
15 June 2021

English,Catherine
06/04/2021 15:38:55

Meeting Date	**10 June 2021**	**Agenda Item**	**2.3**
Report Title	**Performance Report 2020/21**		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To set out HEIW's Performance Report for 2020/21		
Key Issues	• The purpose of the Performance Report is to provide an update on the organisation's performance in 2020/21, including progress on delivery of our Strategic Aims and performance of our business activities. • In 2020/21, the Annual Report including the Performance Report, Accountability Report and the Financial Statements (Annual Accounts) should be completed and submitted to Welsh Government as a single unified PDF document by 11 June**.**		
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
				X
Recommendations	The Board is asked to: • **Consider** the Performance Report and **approve** the Performance Report for submission to Welsh Government by **11 June.**			

English Catherine
06/04/2021 15:38:55

PERFORMANCE REPORT 2020/21

1. INTRODUCTION

The purpose of the report is to set out HEIW's performance for 2020/21.

2. BACKGROUND

In 2020/21, the Annual Report including the Performance Report, Accountability Report and the Financial Statements (Annual Accounts) should be completed and submitted to Welsh Government as a single unified PDF document by 11 June. The draft Performance Report should be submitted to Welsh Government by 11 June.

3. PROPOSAL

This report sets out HEIW's Performance Report 2020/21 and the Committee are asked to consider the Performance Report and approve the Performance Report for submission to Welsh Government by 11 June**.**

4. GOVERNANCE AND RISK

The purpose of the Performance Report is to provide information on the entity, its main objectives and strategies and the principal risks that it faces.

5. FINANCIAL IMPLICATIONS

There are no financial implications. Production of the Annual Report is deemed a core matter for HEIW.

6. RECOMMENDATION

Board members are asked to **consider** the report and **approve** the Performance Report be submitted to Welsh Government by 11 June.

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

English Catherine 06/04/2021 15:38:55

Quality, Safety and Patient Experience	
n/a	
Financial Implications	
There are no direct financial implications.	
Legal Implications (including equality and diversity assessment)	
Completing the Annual Report is a statutory duty for HEIW.	
Staffing Implications	
There are no direct staffing implications.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
n/a	
Report History	The report was considered by the Audit and Assurance Committee at its meeting on the 9th June 2021
Appendices	Appendix 1 - Performance Report 2020/21

English Catherine
06/04/2021 15:38:55

DRAFT PERFORMANCE REPORT 2020-21

Welcome from our Chair and Chief Executive

2020/ 2021 has been the most extraordinary year. The Covid-19 pandemic has affected all of us in so many ways. The NHS and Social Care were in the eye of the storm in responding to those patients and families who have been so profoundly affected. It has felt really grim at times, but also uplifting to hear how, as a Nation, we pulled together and supported one another.

What has become more evident than ever is our system leadership role in the health and wellbeing of NHS staff and importantly in compassionate leadership. Working with our breadth of partnerships, HEIW has played its role in supporting the front line of the NHS and Social Care through maintaining education and training and developing new flexible approaches to the way education is delivered. Our wellbeing portal has signposted NHS staff to support and self help for mental wellbeing. Working remotely was of course challenging, but we should openly applaud the way the HEIW staff responded.

We wish to express our gratitude for the professional, innovative and dedicated way our people have gone about their business. This, our second Annual Report, demonstrates that HEIW is now an organisation that can and does deliver on its key responsibilities, and can contribute fulsomely to the agenda of NHS reset and recovery going forward. We have all learned a lot, and in some ways, we have learned a lot together. That spirit of partnership, co-operation and understanding is something we should celebrate and build on going forward. Thank you once again to all our partners and our staff.

Dr Chris Jones	Alex Howells
Chair	Chief Executive Officer
10 June 2021	10 June 2021

Chief Executive's Foreword

COVID 19 substantially changed the year that we were expecting to have in 2020/21. Welsh Government planning processes were suspended in March 2020 and no Integrated and Medium Term Plans (IMTPs) for 2020-23 were formally approved due to the COVID-19 pandemic. Welsh Government nevertheless confirmed that HEIW's 2020-23 IMTP was deemed approvable.

HEIW's IMTP objectives were largely paused in Q1 of 2020-21, to enable the organisation to focus its resources on supporting the NHS response to the first peak of COVID-19. In line with all NHS organisations, and in accordance with national NHS Quarterly Planning Frameworks, we developed and published three Quarterly Operational Plans (Q1, Q2 and Q3&4). Our Quarterly Plans were largely based on year one of our 2020-23 IMTP - restarting our strategic work, the response required for COVID-19 and the impact of Winter pressures. We also produced, with Social Care Wales, a 6-month implementation plan for the national Workforce Strategy for Health and Care following its publication in October 2020. Delivery against all of these plans has been closely monitored through our new integrated performance framework.

English Committee 06/04/2021 13:36:55

Importantly, despite the uncertainties of the year and disruption to planned activities HEIW met all financial duties for the 2020/21 financial year. We balanced both Revenue and Capital accounts and met the 30 day Non-NHS Invoice payment target.

HEIW has therefore had to mature quickly during the last year and I believe has stepped up to support the wider pandemic response as well as dealing with the implications for education and training. Thanks to effective partnership working with the Welsh Government, regulators, Higher Education Institutions and our NHS colleagues I am pleased that we have been able to limit disruption to students and trainees although there will be some ongoing consequences that we will need to continue to monitor and address. I am grateful to the HEIW staff involved in our education and training functions for their tireless work behind the scenes in juggling and adapting to what have been enormous changes in terms of recruitment, delivery of education and training, and progression.

The organisation and our workforce adapted rapidly to a remote working model, including a significant shift to digitally delivered education. Despite the challenges presented by this we have been able to maintain robust governance arrangements as evidenced by internal and external audit, and to deliver on key commitments for 2020/21. We are continuing to focus on developing our culture, as we strive to become an exemplar employer in line with the expectations in *'A healthier Wales'*. We have recently received a positive audit report on our organisational culture, our staff engagement score remains high and feedback from our 'Newcomers Network' indicates that HEIW is seen as a welcoming and supportive place to work.

HEIW is also maturing in terms of its financial development and demonstrating competence in financial planning over a 5 year period and in financial governance. Our in-year financial monitoring and management is to a high standard and by maintaining close contact with Welsh Government finance colleagues we have managed our financial position in a transparent and agreed way, and thereby achieved all financial targets for the third year.

We have had some important additions to our Executive Team, and these have already made a valuable contribution to developing our capacity and capability in areas that were underdeveloped in predecessor organisations. Although remote and virtual working has helped us implement some new ways of working that we will embed, we are keen to return to office based working in line with the roll out of the vaccination programme, so that we can progress the integration and team working which are central to our functions.

Alongside our response to the pandemic we have been able to make substantial progress on key strategic priorities which is again testament to the professionalism and dedication of our staff. These included:

- Launch of the Workforce Strategy for Health and Social Care, with its golden threads of Welsh Language, wellbeing, and diversity.
- The development of the 2021/22 education commissioning and training plan
- Completion of Phase 1 of the Strategic Review of Health Professional Education
- Establishment of the senior leaders succession planning and talent management arrangements including the National Talent Board
- Launch of the graduate management programme
- Launch of the Gwella digital leadership platform
- Implementation of plans to redesign GP and Pharmacy training

English,Catherine
06/04/2021 15:38:55

From a workforce transformation perspective, we have been contributing to national programmes including mental health and primary care, albeit recognising that the focus of these was necessarily diverted to COVID during the majority of 2020/21. We have also taken ownership of a number of new work programmes including the AHP and HCS Frameworks, the Nurse Staffing Levels Team, WOPEC, Train Work Live, Widening Access and the Staff Survey. Progress in some areas has been slower than anticipated due in part to the additional challenges of integrating new teams in a remote working situation as well as the COVID priorities we were dealing with in 2020/21. These will be important objectives in our plan in 2021/22 and provide a great chance to progress key actions in the Workforce Strategy.

One of our most significant operational and performance challenges during the year was the implementation of the Welsh Bursary two year "tie in" to employment in Wales. This required new ways of working, high levels of engagement from NHS colleagues, and cooperation from students – all during a pandemic. We are very grateful for all the support provided in helping us deal effectively with this new initiative. Significant attention has been focused on developing effective mechanisms for graduate recruitment for the future, in light of lessons learned over the last 12 months, and this will continue to be a key focus for us in 2021/22.

Finally, we recognise that we have a unique set of functions which have a wide ranging impact on the health and care system, and fully understand the need to ensure that we make best us of these opportunities to make an active contribution to Welsh Language, Well Being of Future Generations, Equality and Diversity and the Socio Economic Duty.

Alex Howells

Chef Executive

10 June 2021

English,Catherine
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Key Facts

HEIW – Special Health Authority

All Wales remit

£234.8m annual budget 88% on education and training

Over 450 directly employed staff

2,227 medical and dental trainers and supervisors

Promotes

350 + careers in Wales

27 health libraries

NHS Wales e-library for health managed by Digital Health & Care Wales

2,300 + subscription e-journals

22+ databases, e-learning and guidelines

English,Catherine
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At any time we are supporting the education, training and CPD of:

c.3,650
training grade doctors and staff and associate specialist doctors across:

58
specialist medical training programmes

11
district GP training schemes

19
dental training schemes

2,778
pharmacists

1,650
pharmacy technicians

250+
pre-registration pharmacists and pharmacy technician trainees

80
diploma pharmacists

1,000+
trainee community nurses

1,678
dentists

3,675
dental care professionals

157
dental trainees

6
career development dentists

6
dental therapist trainees

800+
optometrists including c.100 studying in Wales

50
contact lens opticians

278
dispensing opticians

c700
NHS employee advanced practioners

c.400+
midwivery students

2,800
allied health professionals students

5,500+
nursing students

300+
healthcare scientist students

c.70
healthcare scientist trainees

c.830
non-medical prescribers trainees

English,Catherine
06/04/2021 15:38:55

Who are we?

HEIW is a unique organisation in NHS Wales, established as a Special Health Authority with a leading role in the education, training, development and shaping of the healthcare workforce in Wales. We are here to make a real difference to patients, to enhance trainee and student experience and to improve the wellbeing and potential of the NHS workforce. Ensuring we have the right staff, with the right skills, to deliver world class healthcare to the people of Wales both now and in the future.

Vision

Our vision is "**Transforming the workforce for a healthier Wales**" which was developed through engagement with staff, stakeholders and partners.

We deliver this vision using our PEOPLE principles as outlined below.

Planning ahead to predict and embrace changes and build a sustainable health and social care system.

Educating training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles.

Offering opportunities for development to new and existing staff from all professional and occupational groups through career pathways.

Partnership working to increase value for our citizens, patients, learners and staff.

Leading the way, through continuous learning, improvement, and innovation.

Exciting, **E**nthusing, **E**ngaging, **E**nabling and **E**mpowering staff across all professional and occupational groups.

Our purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the health workforce. The publication of A Healthier Wales prior to our establishment reinforce the need for more strategic and sustainable approach to the workforce in health and social care.

Our role in education and training makes a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our core purpose, creating the conditions for a sustainable workforce for the future and widening access to health careers and opportunities. Plus, engaging with partners and stakeholders to shape education and training opportunities making them more accessible no matter what your background or where you live.

As a relatively new organisation, established within NHS Wales in 2018, we are also clear that our purpose is to deliver improvements to the safety and quality of care for patients, to enhance trainee, student and staff experience and to drive benefits to the system as a whole.

What we do – our functions

The organisation undertakes a wide range of functions as outlined below which together help us to achieve and deliver our vision and purpose.

English Catering
06/04/2021 11:38:59

Education Commissioning and Delivery: we plan, commission and deliver education and training for a wide range of health professional groups, and incorporate the Deaneries for Medicine, Dentistry and Pharmacy. This includes undergraduate, postgraduate and CPD activities. This is what the majority of

the HEIW budget is spent on, and through the commissioning approach HEIW ensures value and sustainable outcomes are delivered for the NHS system, and promotes equality, diversity and inclusion and the use of the Welsh language.

Quality Management: we quality manage education and training provision ensuring it meets required standards, and improvements are made where needed. This includes supporting teachers, trainers, trainees and students and working closely with education providers, NHS organisations and regulators. We have a specific role supporting the GMC in relation to quality of postgraduate medical education.

Supporting Regulation: we play a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. We also undertake, independently of the Welsh Government, specific regulatory support roles.

Workforce Intelligence: we are recognised as a primary source for information and intelligence about the Welsh health workforce. We provide analytical insight and intelligence to support the development of the current and future shape of the workforce, including promoting diversity and inclusion. We act as a central body to identify and analyse sources of intelligence from Wales, UK and abroad.

Workforce Strategy and Planning: we 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 care models of service delivery. In addition, through this process, HEIW identifies and develops new workforce models required within the NHS and fosters equality, including a bilingual workforce.

Leadership Development and Succession Planning: we are leading and developing the strategic direction for compassionate leadership development, talent management and succession planning for NHS Wales.

Careers and Widening Access: we provide the strategic direction for promoting health careers and the widening access agenda, delivering an ongoing agenda to promote health careers. This includes a clear focus on inclusion through opening access to the many people in our communities that have valuable skills and experience that are currently under-represented in our workforce.

Workforce Transformation and Improvement: we provide strategic and practical support for workforce transformation and improvement, including skills development, role design, Continuing Professional Development and career pathway development. This work links closely with the development of new workforce models to underpin strategic developments in the NHS including the Strategic Programme for Primary Care, Working Together for Mental Health, national programmes and the strategic programmes led by the NHS Wales Collaborative. During 2020 we also became responsible for several new areas - including the Nurse Staffing Levels (Wales) Act 2016 and the workforce implications arising from the Healthcare Sciences and the Allied Health Professionals Framework.

Professional Support for Workforce and Organisational Development (OD): we have an express function to support the development of the Workforce and OD profession within Wales.

English,Catherine
06/04/2021 09:38:5

How we do it

Our Culture, Values and Behaviours

As a workforce focused organisation, our culture and the way we do business are very important to us. Our aspiration continues to be an excellent employer and a great place to work, recognising that our workforce is not only distributed across Wales but successfully embraced home working as a result of the pandemic. We continue to develop our people, inclusion and organisational development practises to enable us to reach our aspiration. It is critical that we have a motivated, engaged and sustainable workforce that is competent, confident and with the appropriate capacity to help us deliver our priorities. We are keen to support the development of our existing staff, as well as being attractive to new staff as our organisation continues to mature.

In line with our aim to be an exemplar employer we want our own workforce to be happy, healthy and engaged and we promote wellbeing, equality, diversity, inclusion and bilingualism within HEIW, in line with the national *Workforce Strategy for Health and Social Care*. We created a Values and Behaviour Framework prior to the establishment of the new organisation, which was developed by our staff who came together as a team to form HEIW, and consists of the following values:

Respect for all: in every contact we have with others
Together as a Team: we will work with colleagues across NHS Wales and with partner organisations
Ideas that Improve: harnessing creativity, and continuously innovating and evaluating

We will continue to embed the values and behaviours into our policies, practices and processes and will take all opportunities to be a role model for the national work we are leading on compassionate and collective leadership.

Effective communication and engagement and staff are critical and has been a top priority since the organisation was established. Our communication and engagement strategy describes how we communicate and engage effectively with staff to create an inclusive and respectful work environment. This approach has evolved over past year to reflect the adoption of home working by staff in response to the pandemic.

We are committed to eliminating discrimination, and promoting diversity and inclusion through equality of opportunity and through everything that we do. We have continued to embed our diversity, quality and inclusion agenda which is informed by strong leadership co production, collaboration and direct engagement with those who are affected by the decisions we make.

In October 2020, we launched our Strategic Equality Plan (SEP) 2020-2024. This was created using feedback from a robust consultation and engagement process and sets out our direction of travel for the next four years and how we will embed equality, diversity and inclusion at the heart of our work. It also explains how we will eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not, including race equality and Welsh Language status.

The launch of the SEP also formally declared our commitment to being part of Wales' first Public Body Equality Partnership (WPBEP). This group of 11 public sector organisations has come together to share resources, insight and expertise in order to promote equality across all areas. Through this collective approach, the WPBEP works to meet the challenges set out in the *Is Wales Fairer* report whilst reflecting the principles of the *Well-being of Future Generations (Wales) Act*.

English (Catherine)
06/04/2021 11:38:03

HEIW has been fully engaged with the development of Welsh Government's draft Race Equality Action Plan (REAP). The HEIW Medical Director is a member of the First Minister's REAP Steering Committee which has led on this work. Further details of our work on promoting equality can be found in our Annual Governance Statement on pages [16-17].

Shape of our workforce

Our workforce is made of circa 450 staff who have come from a range of backgrounds including frontline NHS services, various education settings as well as other public sector services or professional sectors such as finance and IT. Full details of the shape and composition of our workforce can be found in the Remuneration and Staff Report 2020-21 on page 4.

When HEIW was established it brought together staff from three former organisations:

- Workforce Education and Development Services;
- Wales Deanery and
- Wales Centre for Pharmacy Professional Education.

HEIW continues to have a strong focus on organisational development. In addition to the staff who have transferred to the organisation from predecessor organisations, we have recruited a significant number of new staff over the last three years from both NHS and none NHS backgrounds.

To continue to build the culture that we want we have commenced our staff surveys including the all Wales staff survey which showed HEIW's engagement score as 81%.

Attraction, recruitment and selection

We use a variety of methods to advertise our vacancies and use values based recruitment across all areas supported by appropriate training for managers including on unconscious bias.

We know that around 80% of our future workforce are already with us today. As an organisation with the primary purpose of current and future workforce development for NHS Wales, it is vital that our own staff have excellent experience in this area.

Key to this is our personal and development review (PADR) policy procedure. During the PADR staff have the opportunity to discuss their progress against their agreed objectives with their line manager, develop ongoing objectives and create and agree a personal development plan to enable ongoing personal and professional development. We are still working hard with our managers to ensure that PADRs are completed and recorded to achieve the expected target of 85%. Our current performance is 618%.

All our staff are required to complete the all Wales statutory and mandatory training in line with NHS Wales Health Boards and Trusts. We have worked hard with managers to ensure that we meet the 85% tier one performance target rate as soon as possible. Our current performance is 78.9%.

Communicating effectively with people, stakeholders, partners and the public

We work closely with a wide and diverse range of partners and stakeholders in various sectors to continuously evaluate, reimagine and transform how we needs to work to meet the needs of an ever changing world. Further details in respect of HEIW's communication strategy can be found in the Annual Governance Statement on pages 18-19.

Our Local Partnership Forum meets bi-monthly and has been well supported by our trade union representatives. Further details on our Local Partnership Forum can be found in our Annual Governance Statement on page 9.

English Catherine
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Data analytics and intelligence

In terms of corporate and business reporting, we maintain the local Electronic Staff Survey (ESR) system and work collaboratively with the finance team to ensure accuracy on reporting of vacancies and other workforce resources. As data controllers of ESR within HEIW, the workforce data and analytics team (WDAT) support the whole organisation with ESR related issues and provide reports and analysis and training across HEIW.

WDAT work in partnership with our performance team to support reporting of HEIW key performance indicators across the organisation. The WDAT also work as part of the education commissioning team to combine multiple data sources to undertake workforce modelling. Externally the WDAT produce national workforce reports and response to national requests for workforce information and analysis.

Digital and Information System

The digital team provide advice and support for the development integration and procurement of new digital solutions for the organisation. They also take a leading role ensuring we make use of current, emerging and future technologies to their fullest potential in the context of enhancing learning teaching and training.

Staff health, safety and wellbeing

The well-being of staff is of paramount importance and we strive to ensure that our working environments and practises both within our homes and in our headquarters support us in achieving this aim.

This has been a particular area of focus over the past year due to the challenges to wellbeing caused by the pandemic generally and the specific challenges of home working.

In our headquarters, the facilities Team have adapted the internal workspace in accordance with public health guidance on responding to the pandemic to ensure that our staff are as safe as possible. The Health and Safety Committee, with representatives from across the organisation, has continued to review health and safety policy and procedures including guidance in respect of COVID-19.

We have a strong wellbeing network across the organisation and as the system leader in staff wellbeing within NHS Wales, we are able to test and promote a wide range of initiatives and resources within HEIW prior to further roll out.

Planning

The organisation had developed an approvable Integrated Medium Term Plan (IMTP) for 2020-23. As a result of the impact of COVID-19 in March 2020 national planning processes were put on hold. In line with national guidance we developed Quarterly Operational Plans for Q1, Q2, Q3&4 of 2020/21 and we have also developed our final draft Annual Plan for 2021/22. Through the Structured Assessment of the Q3&4 Operational Plan we received substantial assurance on the development and delivery of our plans.

Throughout the year, we have continued to support the development of planning and project management skills across our teams and we have finalised our Case for Change process and documentation.

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Student and trainee voice

Critical to our educational training role and successfully contributing to the healthcare agenda in Wales is the voice of students and trainees. We have a number of methods in place to ensure we are hearing what is being said, including:

From a more strategic perspective a 'trainee think tank' has been established which is a group of 12-15 Medical and dental trainees supported by the Deanery to help influence the education and training agenda by representing a range of specialities from across Wales.

The Wales health student forum (WHSF) is an innovative group of over 100 healthcare students from across all healthcare courses who are passionate about shaping the learning experience of healthcare students within Wales.

It has not been possible to undertake the HEIW Roadshow's, where we visited Health Boards and Trusts, this year due to the pandemic.

Governance

As a statutory body, HEIW has a Board consisting of a Chair, Chief Executive, six independent members and four executive directors. Further information about the Board, and our two directors who are not Executive Directors, their roles and responsibilities can be found in the Annual Governance Statement on pages 3 to 9.

Declarations of interest: details of company directorships and other significant interests held by members of the Board which may conflict with our responsibilities are maintained and updated on a regular basis. A register of interest is available in the Board meetings section of our website at https://heiw.nhs.wales/about-us/key-documents/. A hard copy can be obtained from the Board Secretary on request.

Organisational risk and governance

As an organisation we adhere to the HEIW risk management policy. We maintain a risk management system which enables and empowers staff to identify, assess and manage risks to HEIW. Strategic risks are monitored by the Board and managed by the executive team and operational risks are managed by teams at the most appropriate level. Our risk management policy has been assessed by our internal auditors and in a recent report was rated as providing 'substantial 'assurance'.

Annual education and training commissioning meetings

Every year we hold meetings with Health Boards and Trusts to review the provision of postgraduate medical education to ensure that this complies with GMC standards. In accordance with public health requirements in response to the pandemic some of these meetings were held virtually. Such meetings provide valuable opportunities to communicate with executive directors and education teams from individual organisations. This year a key focus area has been the tender process for Phase One of the Strategic Review of Health Professional Education.

Further details on governance, assurance and risk management can be found in the corporate governance report.

Wellbeing of Future Generations (Wales) Act 2015

Our role in education training places in an excellent position to contribute to the implementation of the Wellbeing of Future Generations (Wales) Act 2015. The five ways of working aligned with our objectives as an integral part of our core purpose and are also reflected within our Annual Plan.

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As an organisation we do not have a population health responsibility. However, our key role in scenario planning and forecasting the workforce informs commissioning of future education and training and plans to widen access to NHS careers. This significantly contributes to preventing social deprivation, poverty, long term health and socio-economic issues in Wales.

We are instrumental in developing our existing staff, as well as developing an attractive and accessible pipeline for our future workforce through widening access to all types of roles across all ages, backgrounds and interests, contributing to long term improvement across our remit.

The act's five ways of working are reflected in the inclusive way we collaborate with all our stakeholders including underrepresented and marginalised groups in our society and in the way we carry out our business reflecting our culture and core values. Our recognition of the disability confidence scheme, Dying To Work Charter and the Anti Violence Collaborative is evidence of this.

Legal and policy context for NHS Wales

As well as the Wellbeing of Future Generations Act other legislation and high level policy drivers which underpin our objectives and work. These include:

The Social Services and Wellbeing (Wales) Act 2015

This act imposes duties on local authorities and Health Boards to promote the wellbeing of those who need care and support, or carers who need support and to put in place measures that support a preventative approach and reduce the need to escalate care. HEIW and Social Care Wales already work closely together on several key projects which underpin collaborative working and planning including the Workforce Strategy for Health and Social Care which was published in October.

A Healthier Wales

A Healthier Wales - the long term plan for Health and Social Care embraces the prudent healthcare principles and sets out an ambitious plan for a whole system revolution and provides essential context for all NHS plans going forward. In addition to the Workforce Strategy referred to above it challenges HEIW, along with other NHS organisations, to develop sustainable plans and actions to deliver care close to home, through strengthening primary and community services, and refocusing on prevention.

Nurse Staffing Act

The Nurse Staffing Act requires organisations to demonstrate that they are providing safe levels of nursing care within adult acute medical and surgical inpatient wards. There are however elements of the act which are relevant for other clinical areas. We are working with partners to support the extension of the act to new clinical areas and the Nurse Staffing Act team was recently TUPE transferred from Public Health Wales.

Performance summary

Our approvable IMTP 2020-23 was developed to deliver the organisation's six Strategic Aims and some of the highlights of the past year are detailed below.

In March 2020 the IMTP process was paused and Quarterly Frameworks were introduced for NHS Wales. HEIW produced quarterly plans for Quarter 1, Quarter 2 and Quarters 3 and 4.

Our Strategic Aims were developed in conjunction with Welsh Government, tested on partners through our stakeholder engagement and aligned to the functions set out within the legislation. The HEIW Strategic Aims for 2020-23 are as follows:

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

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
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

Performance outcomes and highlights for 2020-21

We successfully delivered on the majority of projects and commitments in the Quarterly Plans. Seven strategic objectives were deferred as a result of the pandemic

Here are some of the highlights of the year

HEIW supported the response of the NHS workforce to the COVID pandemic. A wide area of work was undertaken by HEIW and some of the key highlights are outlined below.

- HEIW, developed, a playlist of practice learning resources, providing on one platform comprehensive information to support students and trainees on how to respond to COVID-19. The playlist was developed in conjunction with Universities, Health Boards and key stakeholders. It contains a wide range of materials to support the national response to the pressures caused by the pandemic on NHS services together with information on education and training. The resources include current emergency and recovery regulatory standards, all Wales Healthcare Student PACT and organisational pledges aimed at alleviating healthcare student anxiety about safe entry into placement learning. It also includes current COVID-19 frequently asked questions and model examplars for student supervision and assessment. The playlist is updated regularly.
- We have launched the 'Mental Health during COVID-19' online module. The module provides food for thought on how the pandemic will affect patients with mental health issues and how to recognise new patients. It was developed in response to the concerns about the decrease in patient contact for non-COVID-19 related illness, and the knock on effect the outbreak may have on the general mental health of the population with chronic disease and acute presentations. A proactive response which actively looks for mental health issues is promoted by the module.
- We have made the online blended course on ongoing psychological resilience and wellbeing available to NHS Wales staff during the COVID-19 response. The course material provides a strategy for dealing with potentially harmful healthcare associated events and a variety of skills to enhance wellbeing. The course emphasises the need for self-care and contains a range of evidence based wellbeing strategies.
- Our online Oxygen therapy training package was developed in response to the large numbers of patients requiring respiratory support as a result of COVID-19. The package was created for healthcare professionals dealing with oxygen supply, prescribing and administration during the pandemic.
- In response to the first wave of the pandemic HEIW published guidance providing information for nursing and midwifery students on how they could support the health and care system during the emergency. This supported the deployment of students who supported front line colleagues. The guidance was developed by the Chief Nursing Office for Wales and HEIW in liaison with Approved Education Assistants, the Nursing and Midwifery Council, royal colleges and trade unions.

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HEIW has also provided and continues to provide support for staff wellbeing during these difficult times. In March 2020, the HEIW offices closed and staff had to adapt quickly to working from home virtually. To support them staff were able to take home IT equipment. HEIW's communications evolved quickly to reflect the needs of home working and ensure that staff continued to stay in touch. This has included weekly written updates from the CEO and Deputy CEO, staff open forums online once every two weeks and staff surveys on wellbeing. Various staff networks across the organisation have developed innovative ways to support each other; including Cuppa Catchup – a virtual daily 'water cooler' chat to just meet and talk.

The 10 year national workforce strategy for health and social care was endorsed and published by HEIW and Social Care Wales in October. The document represents the culmination of almost a year's development work by HEIW and Social Care Wales in partnership with key stakeholders. Wellbeing of the workforce, quality, diversity and inclusion and the Welsh language are at the heart of the strategy's ambition to have a motivated engaged and valued diverse health and social care workforce with the capacity, confidence and competence to meet the needs of the people of Wales.

The strategy sets out that Wales:

- will have a workforce with the values, behaviours, skills and confidence to deliver care and support people's wellbeing as close to home as possible;
- will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of its people;
- will have a workforce that is reflective of the populations diversity , Welsh language and cultural identity; and
- will have a Workforce that feels included and is valued.

The strategy is underpinned by seven key themes, detailed in the table below. Our Annual Plan Strategic Objectives represent the delivery plan for the health actions that will be undertaken in partnership to deliver the Strategy.

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

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HEIW has delivered a number of significant achievements in the areas of succession and leadership. We have developed the Compassionate Leadership Principles for Health and Social Care in Wales, which are aimed at guiding leadership behaviours across the system. The Principles were officially

launched in May 2021. Compassionate leadership is based on the core values of compassion, wisdom, courage, humanity and justice which have been identified as the principles which underpin fair and healthy societies everywhere. The socialisation of the Compassionate Leadership Principles will be further supported by a range of resources that have been developed with Professor Michael West and curated from experts which include the Kings Fund. Reading materials on Compassionate Leadership has been developed and is being promoted on undergraduate and postgraduate curriculums throughout Wales. HEIW has also created Collective Leadership Champions across NHS Wales so that Compassionate Leadership is modelled within senior leadership roles.

We have also launched 'Gwella' - the Digital leadership portal – providing bilingual digital materials, resources, networks and access to a wider range of resources on Compassionate Leadership. Gwella's material are also available as teaching resources so organisations can integrate into existing leadership and management programmes. An inclusive approach has been taken in the development of the site in order to reach diverse audiences and promote fairness in accessing leadership development opportunities. The Gwella leadership portal is available at - https:// nhswalesleadershipportal.heiw.wales .

HEIW has lead the implementation and management of the NHS succession planning framework. The objective of this framework is to ensure a robust pipeline of leadership talent for very senior executive positions across NHS Wales. 'Talentbury' an ambitious 4-day virtual festival of leadership, learning and engagement, which also provided an opportunity for aspiring executives to engage with renowned experts, was successfully undertaken in October 2020.

We also led on the review, improvement and re-launch of the NHS Wales Graduate training scheme. The purpose of the scheme is to create a diverse leadership capacity and to provide an annual pipeline of aspiring leaders to NHS Wales and the wider system. 300 applications were received for the scheme. Following a rigorous selection process 21 graduate management trainees were selected .

Further detail relating to our performance in implementing our Quarterly Plans 2020-21 through the six strategic objectives can be found in the performance analysis section and our end of year performance report 2020-21 which can be found in the May Board paper on our website.

Performance against the NHS Wales delivery framework 2019–20 and the six domains As noted above, we are a unique NHS organisation in Wales and very few of the NHS Wales delivery framework measures apply to us. Those that do apply are shown below.

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SAFE CARE:	
Delivery measure 10	Delivery measure 11

Percentage of compliance for staff appointed to new roles where a child barred list check is required. Outcome: we had no posts for which this was a requirement	Percentage of compliance for staff appointed to new roles where an adult barred list check is required. Outcome: we had no posts for which this was a requirement.
EFFECTIVE CARE:	
Delivery measure 29 Percentage compliance of the completed level one information governance (Wales) training element of the core skills and training framework Target – 85% Outcome: **All staff: 58.1% NHS Wales: 72.5% (oct20)	
OUR STAFF and RESOURCES	
Delivery measure 87 Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) Target – 85% ESR and medical appraisal and revalidation system (MARS). Outcome: **HEIW – all Staff: 43.2% *HEIW – core Staff: 60.8% NHS Wales: 61% (Oct 20)	Delivery measure 88 Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job. Target – Improvement Outcome: **HEIW NHS staff survey 2020: 53% NHS Wales staff survey 2020: 20%
Delivery measure 89 Overall staff engagement score – scale score method. Target – Improvement Outcome:	Delivery measure 90 Percentage compliance for all completed level one competencies within the core skills and training framework by organisation. Target 85% Outcome: **All HEIW Staff 61.8%

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**HEIW NHS staff survey 2020 : 81% HEIW local survey : 79% (HNA) NHS Wales staff survey: 75%	*Core HEIW Staff 78.9% NHS Wales: 79.4% (Oct20)
Delivery measure 91 Percentage of sickness absence rate of staff (12 month rolling) Outcome: **HEIW: 1.8%. NHS Wales: 6.1% (Jan21)	

* HEIW core staff = Staff who work more than 0.3 FTE

** HEIW all staff = core staff + staff who work 0.3 FTE or less

Annual Report Performance Analysis

1.0 Performance Framework

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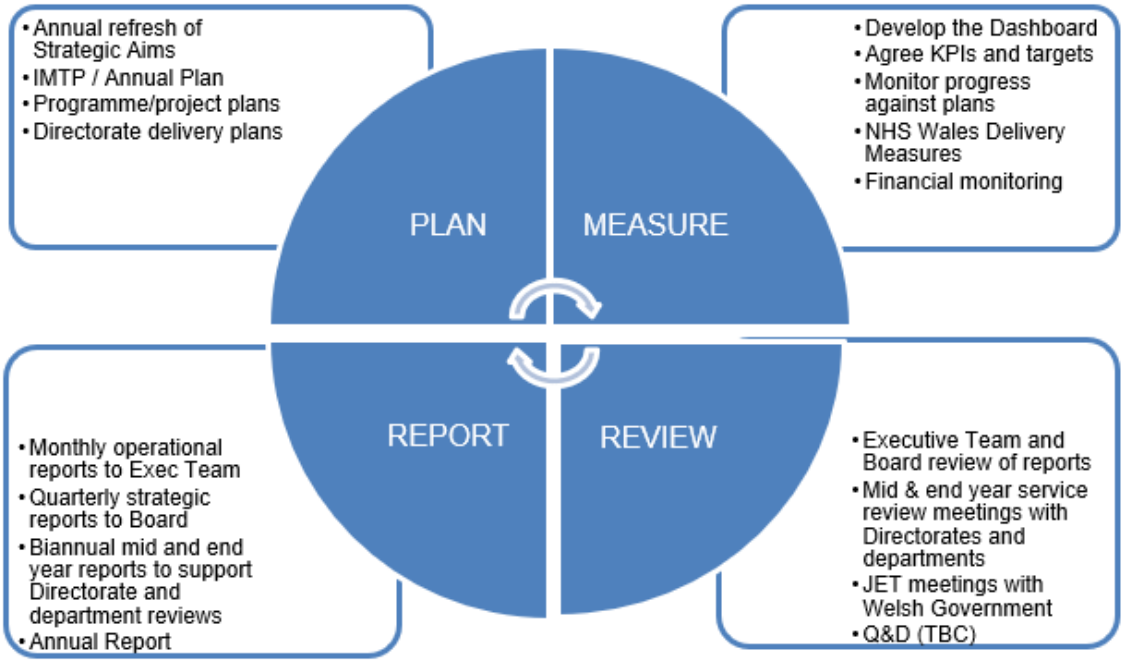
As a unique organisation in NHS Wales, we have developed an approach to performance management that suits our strategic role and responsibilities, drawing on the experience of similar organisations elsewhere in the UK. Whilst formal national performance management processes were stood down in 2020/21, due to the Covid-19 pandemic, we have continued to report to our

Board on our progress with the delivery of our Plans and on the performance of our business activities throughout the year. The Board has been able to undertake its assurance of the organisation's performance through the scrutiny of structured reports on the delivery of our Strategic Objectives and key performance indicators relating to education and training, quality and operational indicators. These are demonstrated through the integrated Performance Dashboard and structured performance reports.

Building on our previous work, in January 2021 our Performance Framework was approved by the Board. This Framework describes our system for making continuous improvement to deliver our Strategic Objectives and effectively deliver our business activities. The Framework outlines our proportionate approach to performance improvement in line with the Compassionate Leadership Principles and our values and behaviours. It describes the accountabilities within HEIW for performance reporting, improvement and assurance, how issues of concern will be escalated and what actions will be taken if this happens.

The Performance Framework is based on a cycle of continuous review and improvement and linked closely to the strategic (IMTP) planning cycle. The system is designed to ensure a proportionate, regular and effective approach to planning, monitoring performance, reviewing progress, agreeing actions, improvement and learning in a strategic organisation as shown below:



In addition to the Performance Framework, a Data Glossary for the Performance Dashboard was also published which clearly identifies Executive Leads and Responsible Owners for the Key Performance Indicators on the integrated Dashboard. In addition, our structured programme of Service Review Meetings is working well and we have expanded the end of year reviews to include our corporate departments.

As a result of our work in 2020/21 to further develop our performance management arrangements, the organisation received a recommendation of Substantial Assurance on Performance Management by Internal Audit at the end of 2020/21. In addition, the draft Structured Assessment on Operational Planning in HEIW (March 2021) found that the organisation had effective arrangements in place to

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oversee delivery of its operational plans, which were embedded in the approved Performance Framework.

2.0 Impact of COVID-19

Business Continuity

The organisation approved a revised Business Continuity Plan in 2020 to ensure that it was fit-for-purpose following the flooding near Ty Dysgu in early 2020 and the learning of the first wave of the Covid-19 pandemic. The organisation has deployed its Business Continuity Plan to manage and monitor the effects of the pandemic on the organisation. All staff have had periods of 100% working from home, although the building has also been open for some periods for wellbeing or business purposes. We have been fortunate that only 14 of our staff have tested positive for COVID-19 and, unlike other parts of the NHS, we have had no deaths amongst our colleagues.

As a strategic organisation with a need to focus on the relatively long pathway from education to employment one of our main priorities has been to work with the rest of our NHS colleagues to protect the future workforce supply for NHS Wales. The education and training impacts of the pandemic are monitored and reported via the Education and Training Cell to the organisation's Crisis Management Team (CMT). A formal risk log has been regularly updated and the CMT reports regularly to the Executive Team. In addition, the Executive Team receives reports as required on issues by exception and the Board receives COVID-19 briefings as required.

Education and Training

One of our key priorities during the COVID-19 pandemic has been to protect education and training for our students and trainees as far as possible, and to mitigate any disruption that occurred. This has taken us into new territory, particularly during the first peak of the pandemic, but thanks to the excellent partnership working with Higher Education Institutions, regulators and NHS colleagues we have managed to keep the majority of programmes and courses on track. We have had to move rapidly to new ways of delivery, including virtual learning, simulation and working with regulators to assess competencies in different ways and we will retain many of these ways of working in the future. We have also worked closely on a Four Nations basis to maintain the recruitment and quality management processes and to communicate effectively with our students and trainees.

However, as we emerge from the second wave of the pandemic, it is becoming clear that some of our programmes have experienced a negative impact from both the pandemic and the associated lockdown and the educational and financial effects of these will need to be managed and monitored for several years to come. The main issues are:

- There appears to have been a pandemic impact on nursing undergraduate fill rates although the actual number of students has still increased year on year.
- There are some issues with graduation delays (summer 2021) for a range of healthcare professionals.
- The take-up of continuing professional education has been impacted with a consequent financial underspend.
- All health professional placement issues have been resolved, using innovative approaches in collaboration with the Universities, Health Boards and Trusts.
- Dentistry is severely impacted with the emerging figures being around 50% of Foundation Trainees being delayed in their progression. Initial estimates also suggest around a third of students are delayed at undergraduate level across the country and this will necessitate a second intake into Foundation Training in early 2022.

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- All medical specialties have been affected to some extent but surgical trainees have been particularly affected due to the decrease in elective surgical activity throughout the year. This is being reviewed in detail at an individual level and the overall picture will continue to emerge over the summer.
- The impacts of COVID on the Pre-Registration Foundation Pharmacists were mitigated through a switch to online delivery. However, a potential requirement for extensions to work based training programmes for the current 2020-21 cohort is likely to be around 10% (13 posts) to ensure competency across all required standards.

Prioritising our Strategic Objectives

HEIW developed an approvable Integrated Medium Term Plan (IMTP) for 2020-23 and at the outset of the year, this ambitious 3-year plan identified 42 Strategic Objectives that would support the delivery of our 6 Strategic Aims. The outbreak of COVID-19 in March led to the national planning processes being paused and had a significant impact across the year on the prioritisation of our work to support the system response to the pandemic, the development of quarterly Operational Plans in line with national guidance and the management and monitoring of our organisational performance.

During March 2020 we reviewed our IMTP and, in agreement with the HEIW Board in May 2020 we paused all non-essential work programmes in line with our crisis management and business continuity response. Where relevant we refocused work programmes to support the COVID-19 response and our approach was positively reviewed following a Structured Assessment of our Q1 Operational Plan.

The following Strategic Objectives were agreed to be deferred until 2021/22 due to capacity and the need for engagement with stakeholders and partners:

- 1.7 Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.
- 2.4 Lead the development and implementation of a digital capability framework for the healthcare workforce.
- 2.5 Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding.
- 2.7 Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors.
- 2.9 Review career pathways and education opportunities for the clinical academic and research workforce.
- 4.1 To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care.
- 4.7 Support workforce development requirements of integrated care models being developed by Regional Partnership Boards.

System Response

As an active partner in the COVID-19 response, members of our senior and executive team also joined partners and colleagues as part of national emergency planning and coordination groups. Our Chief Executive was seconded to Welsh Government to support the national leadership response in the first wave, our Director of Workforce and OD also jointly chaired the National Workforce Cell and is HEIW's representative on the national Coronavirus Planning and Response Group, the COVID-19 Vaccine Delivery Programme Board and the COVID-19 Vaccine Deployment Battle Rhythm/SITREP Meetings. Furthermore, HEIW has been represented and contributed to the Welsh Government Nosocomial

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group. At the outset of the pandemic, we also reviewed our strategic priorities to enable our clinical staff to provide additional support to the front-line response.

Building on the solid base of an approvable IMTP, in line with the national NHS Wales Frameworks we developed, and the Board approved, Operational Plans for Quarter 1, Quarter 2 and Quarters 3&4 of 2020/21 which included restarting our strategic work, the response required to COVID-19 and the impact of Winter pressures. These changes have been monitored as appropriate on a quarterly basis and progress reported to the Board.

Our system response included providing practical specialist training and education to support the pandemic response in the areas of critical care and remote consultation and rehabilitation infection prevention and control and critical care. As a result, two Strategic Objectives were added to our work programme Quarter 3 & 4 to reflect this work:

- 4.12 Adopt a two-stage approach to support the Infection Prevention and Control (IP&C) agenda across health and social care.
- 4.14 Develop support for the care home sector

In addition, a comprehensive suite of wellbeing resources was developed at pace by HEIW in partnership with staff health and wellbeing leads across NHS Wales and Trade Union partners to support the COVID-19 response. We supported the national work programme of wellbeing, and facilitated the delivery of a dedicated Samaritans Wales helpline for NHS and Social Care staff including Welsh Language provision as well as an extension of the Health for Health Professionals provision (which was originally only for doctors) to all NHS staff. This includes a confidential help line, counselling and self-guided and professional guided online tools. We also repurposed our HEIW digital leadership portal to enable new ways of working and access for the health system through digital and virtual education.

4.0 New functions

The organisation is continuing to grow and mature. During the year we have taken on new programmes and functions and new Strategic Objectives were added to our Quarter 3 & 4 Plan to reflect two programmes that joined us in the latter part of the year:

- 4.11 Develop a plan in collaboration with Welsh Government and Social Care Wales to support implementation of the multi-professional workforce and training aspects of the Allied Health Professions Framework for Wales “Looking forward together”.
- 4.13 Seamless transition into HEIW for the Healthcare Science Programme Team and minimise disruption to delivery of programme objectives.

As well as these, in-year we became responsible for the Nurse Staffing Levels (Wales) Act 2016 programme.

In summary, our Plans have remained flexible throughout the year to enable us to support the system response to COVID-10 and Winter pressures and to balance this with the need to deliver our strategic direction. Following this review and prioritisation, in Q3/4 we were delivering 39 Strategic Objectives and have monitored and reported progress on them to the Board.

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5.0 Progress with Delivery of Strategic Plans

As described the organisation maintained its strategic focus and balanced the need to support the system response to the pandemic and good progress with the delivery of our Strategic Objectives was reported to the May Board in the end of year Performance Report. There have been many achievements in year as shown in the snapshot table in **Appendix 1.**

Summary of Progress by Strategic Aim

The summary of progress towards our Strategic Aims in-year is as follows.

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

Workforce Strategy - We received endorsement from Welsh Government and together with Social Care Wales published our 10 Year Workforce Strategy for Health & Social Care. The strategy sets out the vision, ambition and actions that put wellbeing at the heart of plans for the NHS and social care workforce in Wales. It reflects a core element of the Parliamentary Review and A Healthier Wales' 'Quadruple Aim' to deliver an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services. With Social Care Wales we have reported on the first 6-month implementation plan and we are working on the next 12-month implementation plan.

Made in Wales – We have commenced work to drive forward a unique approach to growing our own workforce, from our current staff and attracting a new workforce from our local population. This approach will maximise opportunities to create flexible entry points and transferrable career pathways, 'on-the- job' development, structured programmes and transferrable learning opportunities which give the ability to build formal qualifications from this learning, underpin registration as well as offering future career options for staff who may be looking for alternative careers within the NHS family.

Wellbeing – We have piloted internally a wide variety of workforce wellbeing resources prior to rollout across NHS Wales and we have worked nationally across the UK to identify and promote new approaches for the benefit of colleagues in Wales and during these challenging times to support organisations and leaders in ensuring staff can access the support they require to cope with the challenges of the pandemic and to improve engagement and resilience.

Careers – In-year we welcomed colleagues into HEIW from the Widening Access Team and #TrainWorkLive to enhance our role into shaping future career opportunities in Wales to offer opportunities through diverse routes. In addition, we have been supporting the revision of the Careers network to incorporate Social Care Wales and to consider the development of a Health & Social Care network.

Multi-professional CPD Strategy – Eighty percent of our workforce will still be with us in 10 years so training and supporting our workforce to work in modern service models is essential. The establishment of a modern, flexible course management system has been a pre-requisite for this work. We have completed a pilot exercise of a course management system across the organisation in support of the development of a multi-professional CPD strategy prior to undertaking a formal procurement exercise. The system has been used to facilitate a wide range of virtual learning opportunities for the existing workforce in the absence of the ability to undertaken face to face training.

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

Education & Training Plan 2021-22 - In December 2020, the Minister for Health and Social Services agreed the annual education commissioning and training plan 2021-22 with record funding of over £227m. The additional money amounts to an 8.3% increase and will help us to develop the flexible, sustainable and responsive workforce we need in Wales. This will include increases in postgraduate medical training alongside increases in nursing, midwifery, allied health professions and healthcare science of over 9% in 2021 representing the highest ever level of health professional commissioning Wales has seen.

Strategic Review - We progressed Phase 1 of the Strategic Review of education commissioning which aims to improve value and outcomes for NHS Wales from our commissioned undergraduate programmes across a range of health professions. This is a substantial and complex transformation programme which will result in a different pattern and approach to undergraduate education across Wales, to ensure that we produce the right graduates with the right skills. At the end of the year the procurement process is on-track for implementation in the academic year starting September 2022.

Education and training improvements - New models of dental education and training have been introduced including virtual approaches, e-learning and use of digital systems such as Attend Anywhere. Work-based learning and apprenticeships have been expanded in the wider dental team including developing the bursary offer for dental therapists and a Level 4 apprenticeship has been introduced.

The General Pharmaceutical Council (GPhC) approved new standards for the initial education and training of pharmacists at their meeting in December 2020. The change programme was established in year and the changes and expansion in pre-registration pharmacist training has been incorporated. In addition, there have been improvements in pharmacy technician training and a rapid move to virtual education and training.

Improvements in medical training are included throughout this section but in common with the other Deaneries, there has been a rapid move to digital approaches and we also established our Quality Improvement training programme.

General Practice – In year we have continued to support the new model of GP specialty training involving the 1+2 model (1 year in a hospital setting, 2 years in a GP practice) which has proved successful and we continue to expand our training practice numbers and educational infrastructure to support it. In addition, we have implemented Longitudinal Integrated Foundation Training (LIFT) for trainees to have multi-sector training across secondary and primary care.

Multi-professional Infrastructure – We professionalised our Training Programme Director responsibilities in the Medical Deanery and developed a draft quality assurance framework for Work-Based Learning to support learners in clinical environments. We have expanded the professional reach of our Clinical Fellowship programme to include professions such as optometry and the first cohort of nurses has commenced on the Future Nurse Programme to enable access across a breadth of professions

Simulation Based Education – With simulation playing an ever more important role in curricula and as a vital solution to training capacity we have established a new multi-professional clinical leadership team to drive forward our approach to co-ordinate Simulation Based Education. We have hosted 2 webinars to take forward the agenda and build up networks of expertise and best practice. This will support the future development of our Simulation Based Education Strategy to support virtual and simulated training, building on our learning from the pandemic.

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Single Lead Employer Arrangements – In order to provide a more seamless service to trainees, and enhance their training experience, we have worked with NHS Wales Shared Services Partnership to implement enhanced Single Lead Employer arrangements across a breadth of medical specialities, dental and pharmacy. This has built on the work already in place supporting GP Trainees. This has been a significant area of work with some teething problems along the way in the transition to the new model, but these have been resolved in readiness for further expansion.

Differential Attainment - HEIW has established the Differential Attainment Programme Board with the purpose of sharing good practice, plan future initiatives and to act as differential attainment champions to influence, enhance and advance the differential attainment agenda across stakeholder groups and the wider training community.

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

Development of Compassionate Leadership Principles – the Principles describe the environment and culture leaders should create within organisations to enable continuously improving services and effective working conditions. They are supported by a Compassionate Leadership Compass, aimed at guiding leadership behaviours and interactions across the system, and were agreed in March 2021 with the aim of launching them in May.

Launch of the Leadership Portal – 'Gwella,' our Leadership Portal was designed to provide access to a range of bilingual digital leadership materials, resources, networks and be a key enabler to supplementing formal leadership development. Launched in August 2020, Gwella has been central to influencing the shift towards a compassionate and collective culture within teams, organisations and the wider system. The development of the portal won a Learning Technologies award in November in the category for Digital Transformation.

Talentbury - In October 2020, HEIW hosted 'Talentbury', an ambitious 4-day virtual festival of leadership. The Talent Summit provided an opportunity for nominated aspiring executive leaders to engage in a series of leadership events with renown experts, whilst providing a vehicle to help co-design the leadership development offerings required by aspiring executives to help them transition into executive roles.

Aspiring Leadership - The Aspiring Executive Leadership Hub was established following 'Talentbury'. This network actively supports leadership development opportunities including mentoring, master classes, webinars and Leadership development programmes. This network of aspiring executive leadership is key to role modelling the compassionate leadership behaviours required across NHS Wales and will form our Talent Network and future senior leadership pipeline.

Relaunch of NHS Graduate scheme - During the year a proactive marketing strategy to recruit trainees has been undertaken alongside establishing the required infrastructure, governance and operating model. Following a rigorous process of online tests, interviews, and a final assessment centre, a total of 21 graduate management trainees were selected and are due to commence in September 2021.

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

Endoscopy – We established the first All Wales Endoscopy Workforce and Training programme and developed governance mechanisms to support the requirements of the National Endoscopy

Programme, including the Endoscopy Recovery Plan. Although two cohorts were intended to commence between March 2020 and March 2021, the second cohort was delayed until April 2021. For the first cohort, out of 12 places available, 6 individuals commenced with five now expected to finish. For the second cohort which commenced in April 2021, 12 places were offered, and 6 places have been taken up. Despite the reduced numbers of trainees commencing in year, when the cohorts complete this will be a significant expansion in the number of clinical endoscopists across Wales.

Mental Health – We are working jointly with Social Care Wales on the development of a workforce plan to support the implementation of Together for Mental Health. In the Autumn we hosted a month-long virtual conference on 'Informing the Future of the Mental Health Workforce in Wales' to underpin the development of a strategic workforce model, and curated the outcome of this into a comprehensive report using the 7 core themes of the Workforce Strategy. We have also developed CAMHS training for delivery to support the system recovery.

Primary Care – We have actively taken forward approaches to support the workforce priorities in primary care, aligned to the national Strategic Primary Care Programme. We have agreed a vision for multi-professional training and education through a network of Locality Training Hubs, aligned to Health Boards, social care and the independent sector and will be developing detailed plans in 2021/22.

The pandemic also highlighted the requirements for a rapid development of the immunisation workforce and we have worked with Public Health Wales to refresh the Healthcare Assistant (Nursing) - Administering Immunisations and Injections learning unit, which sits within the Agored Cymru Level 3 Diploma in Primary Care Health Care Support (General Practice Wales). We have also invested in widening access to careers in social care nursing with the agreement to recruit to three Care Home Educational Facilitators.

New Programmes of Work – We have transferred the All Wales Nurse Staffing Programme, Healthcare Sciences and Allied Health Professionals Framework programme teams into the organisation. Some already had clear work programmes, some have required further work to clarify deliverables and outcomes. Although it has been a challenge taking on new teams and responsibilities during a time of remote working, each of these programmes will benefit from being integrated within the wider work of HEIW.

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

Wellbeing – For our staff we piloted and shared a range of wellbeing resources to raise awareness and provide support across areas such as mental health, and money advice. This has been critical during a year of remote working which has inevitably had an impact on communication, social connection and team working.

Values & Behaviours - we have continued to progress and, in some cases, accelerate actions within the People and Organisational Development portfolio. These have included enhanced engagement and networking opportunities; pulse, homeworking, health needs analysis and staff surveys; staff fora and events such as 'HEIW fun factor' and the Christmas extravaganza as well as sessions to look at our culture and ways of working.

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We have continued to improve our approach to recruitment and attraction, embedding our values, and have added significantly to our suite of workforce policies – mostly recently in respect of agile working, mental health and special leave.

Equality & Inclusion – We published our Strategic Equality Plan which explains how HEIW will promote equality, eliminate discrimination and foster good relations and at the enhanced our head quarter building taking advice from stakeholders in improvements required to make all building users feel equal and comfortable in HEIW. This included the addition of hearing loops and braille signage. Furthermore, we worked towards and achieved accessibility standards across our websites and applications.

Biodiversity & Decarbonisation – We have taken forward and embraced our organisational approach to the Biodiversity and Decarbonisation agenda and engaged with colleagues on the development of our first strategic plan which will drive the detail required in future action plans.

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

HEIW Profile – This has been a challenging year in terms of stakeholder relationships and we have had to revise and replace many of our usual approaches to engagement due to COVID. Despite this we have led substantial engagement exercises in relation to mental health, primary care, simulation and quality improvement. We have engaged on our annual plan for 21/22 with a range of organisations and have continued to provide comprehensive stakeholder bulletins on a quarterly basis, supplemented by dedicated primary care workforce bulletins every 6 months. We meet regularly with Social Care Wales, and participate fully in NHS peer groups.

HEIW Website – Our external communication opportunities have been transformed through a new accessibility compliant website which has been created through close working between the digital and communications teams and launched in April 2021. Our new website will facilitate dynamic content enabling users to find the information they require quickly and easily – a key requirement of our audience.

HEIW Brand – We developed and put into use our 'HEIW style' branding guidelines ensuring a recognisable presence across all communication platforms and internal documentation.

WIFI Availability – We have worked with stakeholders to facilitate the visibility of the EDUROAM network across NHS Networks and sites proving learners and trainers with a further mechanism to access required learning materials and information.

Areas of Challenge and Escalation

The Welsh Bursary and Streamlining

The first cohort of students who had been beneficiaries of the Welsh bursary graduated in 2020/21 and several challenges emerged in managing and tracking the employment of this cohort. As a result, the bursary performance issues were put into escalation and targeted work has been undertaken to track the employment status of the 2020 cohort and to make recommendations for improving the tracking, appeals and repayment system. The conclusion of the work is that the first year of the bursary tie-in was largely a success with 90% of students taking up employment in NHS Wales. However, there are a small number of students who have not complied with the terms of the bursary and will need to repay their tuition fees.

As a consequence of the bursary issues the streamlining process that applied to nursing students (matching students in commissioned places to jobs in the originating Health Boards and Trusts) was rapidly extended to other professions - particularly in recognition of the potential impact of COVID on local recruitment processes. In collaboration with NWSSP the larger Allied Health Professions and Healthcare Sciences student groups were included and processes for Midwifery and Physicians

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Associates are also being implemented for 2021 recruitment for completion in May and June. For the students graduating in 2021, 405 graduates have currently secure roles out of a total of 507 (80%), and a further review is being undertaken of the remaining 102 students, some of whom did not opt into the process. Whilst this process has been successful in transitioning graduates into jobs a number of lessons have been learned from this and a full evaluation is underway to inform the approach for next year.

Together with the Strategic Review, the Welsh bursary and streamlining could support system workforce sustainability through the 'Made in Wales' ethos and have positive socioeconomic, wellbeing and Welsh Language impacts. However, it is a change to the way that the pipeline has previously managed for these staff groups and a number of stakeholders have expressed concerns about the process. We are undertaking a rapid evaluation process and will continue to engage with all stakeholders and to work with our NHS colleagues to manage the financial and workforce planning aspects through the IMTP processes.

PADR and Mandatory and Statutory Training –

We have more work to do on our internal PADR and mandatory and statutory training compliance to meet the national targets (85% for each). At the end of the year we achieved 61% compliance against the PADR target which is an 8% increase over the 12-month period. We achieved 79% compliance with the mandatory and statutory training, which is also an increase from 70% at the start of the year. These indicators are of particular importance in maintaining a highly engaged, high-performing workforce and our work to improve against these targets, including supporting the recording on ESR has been intensified. They have been highlighted in the end of year Service Reviews to all teams as a priority for Quarter 1 of 2021/22.

Delivering in Partnership

As an All-Wales strategic organisation, close working with our partners and stakeholders is essential to the way we undertake our business. This includes trainees and students, NHS Wales, Social Care Wales, education providers, regulators, private sector businesses, voluntary sector, professional bodies, the public and Welsh Government. During 2020-21 our communications, engagement and

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partnership working has been even more important as we work together to meet the challenges presented to us by COVID-19.

As described, our pandemic response included carrying out immediate actions to support the wider NHS and to minimise the impact on education, training and the workforce of the future. All of this entailed integrated working and innovation in partnership with regulators, other statutory education bodies, education providers, Welsh Government and our colleagues across NHS Wales. In addition, we worked closely with the NHS Wales staff health and wellbeing network, Third Sector partners and Welsh Government to ensure health and social care staff have effective health and wellbeing support during these difficult times and to produce comprehensive guidance and communications for students and trainees. We have also hosted the all-Wales Placement Reference Group with all the Welsh Universities that we commission to successfully mitigate the effects of the pandemic on experiential learning for our students.

In addition, we moved our information and engagement events online to ensure that partners continued to have the opportunity to hear about what we are doing and help shape key national workforce and education programmes. To maintain openness and transparency our Board meetings and Annual General Meeting have been held in public and online, plus we have held larger virtual events such as the Mental Health Workforce in Wales conference and Talentbury.

6.0 Highlights from Education and Training Commissioning

The majority of our budget (88%) is invested in education and training. In 2020-21 we continued to commission an increasing number of training and student places across a range of health professions, in line with continued investment and commitment from Welsh Government in line with our Education and Commissioning Plans.

As shown at any one time we are supporting the training and education of approximately:

- Undergraduate education for a total of 9,000 nursing, allied healthcare and health care scientists.
- Postgraduate training for approximately 10,000 staff; 160 GPs, 3,650 secondary care doctors, 2,778 pharmacists, 1,650 pharmacy technicians, 800 optometrists and over 1,000 community nurses.

The trends in commissioning and training numbers for Wales are shown **in Appendix 1** and a number of professions are highlighted below.

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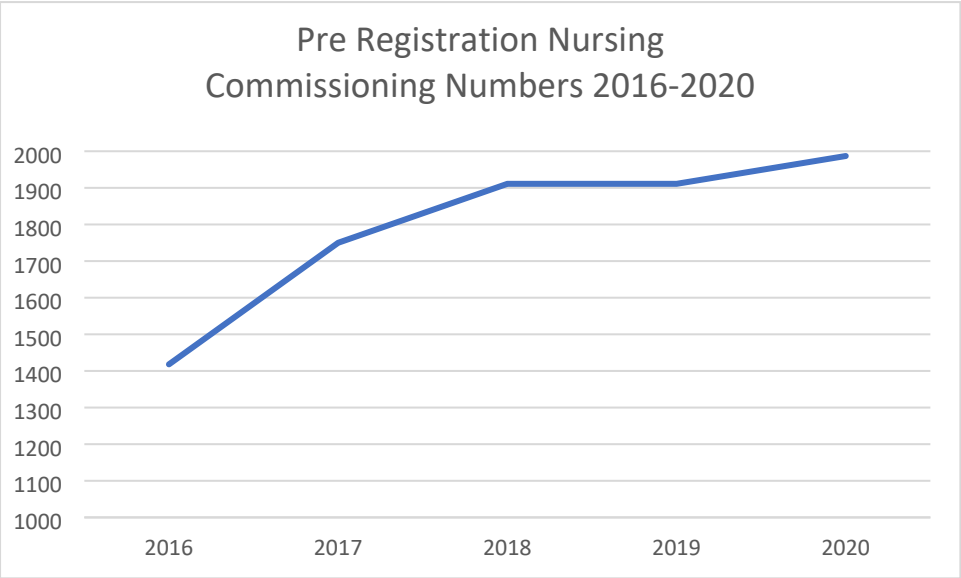

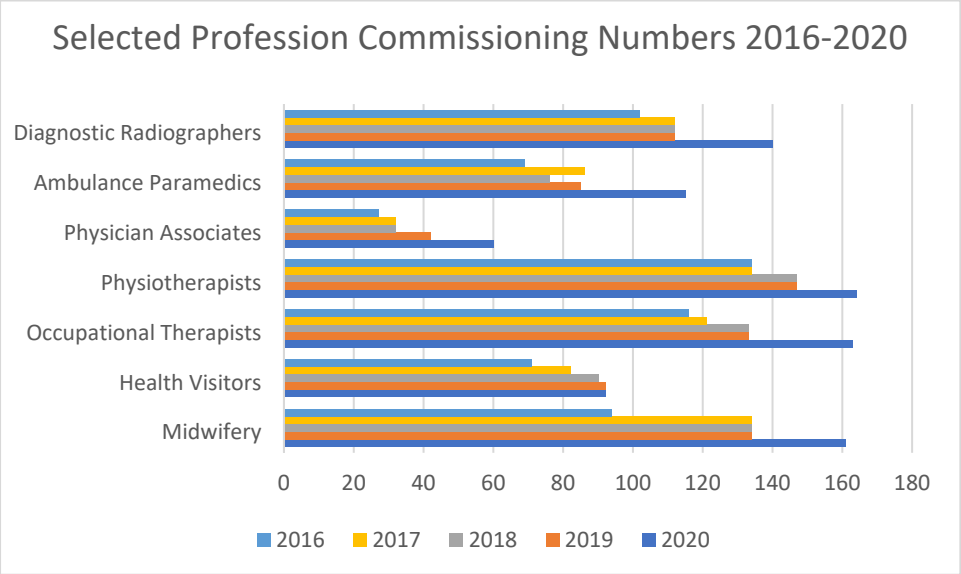

Overall, our fill rates across the range of education we commission continued to be very good this year as outlined below, notwithstanding the ambitious increase in commissioned numbers. This is very positive news for the future planning of health professional staff in Wales. For example

Health Professional Education –

The second lockdown affected Spring 2021 pre-registration nursing rates, with the recruitment rate falling in 2020/21 by 2-3% on the previous year to 93.4%. However, this is against a backdrop of a continued rise in the number of commissioned places which increased from 1911 to 1988 from 2019/20 to 2020/21. Despite the lower percentage recruitment rate, the actual number of recruited students therefore increased from 1815 to 1855 from last year which is an overall increase of 2%. Feedback from students reflect that childcare issues relating to home-schooling and the lockdown impacted on the recruitment. This rate remains provisional until there is confirmation of the actual rate via data validation processes. To fill the additional places, HEIW will further invest in the CertHE Healthcare Nursing Support Worker Qualification. This investment will offer more students the opportunity to progress onto year two of the Pre-registration Nursing Degree programme, thereby

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ensuring there are additional newly qualified nurses, to meet service need, exiting programmes in Spring 2024.

Secondary care medical training - following initial Round 1, Round 1 Re-advert and Round 2 recruitment processes we achieved an overall 93% fill rate (418 of 450 posts advertised).

Over 99% of core training posts across Wales were filled in Round 1, which is an increase of over 5% from the previous year and up 10% from 2018. According to data published by the UK Medical and Dental Recruitment and Selection Board, Wales has also achieved the highest fill rates across the UK. The number of training posts available in Round 1 was also increased to 252. Of this 252, only three places were not filled this year across 15 different specialties, with 12 specialties achieving 100%.

In addition, Round 2 recruitment was successful in achieving an initial 80% fill rate (135 posts filled of 168 advertised). This is 5% lower than in the previous year but broadly comparable given the variables in the recruitment processes including the mix of specialty training posts each year.

Round 2 re-advert achieved a 113% fill rate 34 against 30 new vacancies advertised, which is a considerable improvement compared to the same round for 2020 and 2019, in which recruitment rates reached 31% and 44% respectively.

Dentistry The overall recruitment rate for Dental for 2020/21 is 94% and is a small increase on the 93% reported at the end of 2019/20. In year, we achieved a 100% recruitment rate (62 posts) for Dental Foundation Training. Within Dental Core Training, all 72 posts were appointed to and, currently, 65 posts (90%) are occupied by core trainees and 7 by locally appointed trainees not following the DCT curriculum. Of the 25 Dental Specialty Training posts, 23 (92%) were filled in year.

Pre-Registration Pharmacy - 132 trainees have been recruited of the 160 commissioned places offered and budgeted for in 2020/21, which is an 83% fill rate this year. However, the offer of 160 places represents a step-change in the baseline number of pre-registration pharmacists in training, as it is an increase of 39% on last year when only 95 commissioned places were available via NHS Commissioning and Welsh Government Community funded posts.

Future Recruitment

Across the UK system, a 25% increase in applications to medicine schools has been noted this year and the possibility of universities overfilling their places offers a potential opportunity that will require further future discussion in supporting the future workforce pipeline in Wales.

As previously outlined recruitment to the 2021/22 Dental Foundation Training (DFT) programme continues to be a key issue. New graduates enter DFT via a national recruitment mechanism and apply to DFT in the November of their final year at Dental School to start in the September following graduation. As clinical dentistry has been significantly impacted, Dental Schools are currently unable to commit to how many dental students will graduate as planned in the summer graduation period which is likely to have an impact on future trainee numbers to fill available places.

7.0 Quality of Education and Training

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Specifying, monitoring and ensuring the quality of education and training of our future and current NHS Wales workforce, in line with regulations and standards is one of HEIW's core functions and top priorities. We have systems to achieve this across all of our professional groups and during the year we have introduced many innovative ways of working to mitigate the impact of the COVID-19 pandemic, to ensure that the quality of education and training is maintained to the required standards. As described, excellent communication with all our partners, stakeholders, students and

trainees has been essential in this work. In addition, we have started to shape our overarching Quality Management Framework which will describe all of our multi-professional quality management systems and will be approved in 2021/22.

7.1 Health Professional Education

Universities are a key partner of the NHS as they provide large volumes of education and training for all health professionals at undergraduate and postgraduate level. The quality aspects of the contract management process assure HEIW, Welsh Government and Health Boards that health professional education commissioned and delivered in Wales adheres to the highest academic and vocational standards in line with contractual agreements.

The annual performance management cycle undertaken by HEIW's Education, Commissioning and Quality (ECQ) Team culminates in the production of individual education provider year-end performance reports. These reports document achievement and concerns, detailing any improvement plans for the following year. This All-Wales performance report summarises the individual reports to establish the All Wales position, highlighting areas of high achievement and any areas of concern at both local university level and the national level.

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

Components of the ECQ Team's performance and quality framework include:

- Individual university performance reports, based on HEIW KPIs and benchmarking. Performance targets are set each year based on historical trends and industry best-practice. KPI targets are designed to improve performance, be challenging but achievable. The new education contract sets out targets for 2022/23 and these are reviewable on an annual basis to continually drive improvement.
- University self-assessment, based on a questionnaire devised by the ECQ Team (incorporating learning from the Medical Directorates Review systems).
- Feedback from student interviews.
- Feedback from interviews with Practice Education Facilitators and Practice Assessors.
- National Student Survey (NSS).
- In-year reports / conditions from the regulators (Nursing Midwifery Council – NMC, the Health and Care Professions Council – HCPC).

The team co-ordinates yearly feedback sessions with students, Practice Education Facilitators and Practice Mentors, offering a supportive environment to share positive aspects of the quality of education along with any concerns. This contributes to the formulation of the Annual Quality Report, which reviews the delivery of quality education for the previous academic year.

The last full year academic year 2019/20 was completed in August 2020 and the following highlights and challenges were identified:

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Highlights

- Improvement in fill rates
- Reductions in attrition rates, notably in,

    - Cardiff University Diagnostic Radiography and Operating Department Practitioners (ODPs) where HEIW set the University an action plan to address this; and,
    - University of South Wales midwifery course.
- Improved data collection surrounding students on Interruption of Studies (IoS). This date has enabled HEIW to build Key Performance Indicators into the new education contract that will drive improvements to University management of students on IoS and the percentages that return to courses will be benchmarked.
- Continued growth in the number of applications per place for Health Professional courses.
- The challenge set by HEIW for Cardiff University to increase ODP applications has led to the commissioning target being met in 2020 for the first time in 5 years.
- Increased usage in non-medical prescribing budget.
- Health professional courses in Wales continue to attract students from diverse education backgrounds and wide age ranges. Collection of student demographic information, in line with GDPR rules, is being strengthened within the new education contracts. This will enable HEIW to track students better throughout their education to ensure that all groups of students are afforded excellent and equal opportunities to progress.
- Led by HEIW, in collaboration with Universities, the Health Boards and NWSSP managed and supported student deployment during the first wave of the pandemic.
- Strategic Review Phase 1 – tender issued and bids received for every lot and sub-lot.

Concerns and challenges

- Full engagement with Universities has been more challenging this year due to the impact of COVID-19 and the need to re-focus on collaboratively supporting students to remain in academia and on placements.
- Application rates to Learning Disability nursing and bio-medical science remain areas of concern. There is still improvements that need to be made in these areas and progress against plans will continue to be monitored.
- The COVID-19 impact on the management of student placements and on the wider education and training on healthcare professionals has been previously considered within this report.

Engagement with Universities was curtailed to essential and operation business for 3 months (November 2020 to January 2021) due to the tender process for Strategic Review phase 1. As a result of this the quality business meetings were delayed from the normal December date to March and April. However, stakeholder engagement, with students from all Universities and with practice education facilitators and mentors has taken place during this period as these are conducted independently from Universities.

7.2 Postgraduate Medical Training

HEIW's approach to ensuring high quality postgraduate medical education and training in Wales whilst meeting regulatory standards is achieved through the application of our quality management framework. This comprehensive framework comprises routine and responsive practices which enable us to work in collaboration with LEPs (Local Education Providers) across Wales to ensure the delivery of quality education and training in a manner which appropriately prioritises patient safety. A proportionate approach is taken where concerns arise thereby encouraging transparency and effective working relationships in the delivery of solutions.

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Quality management activity has continued throughout the pandemic albeit in a different way. Whilst active Targeted Visits were postponed during the first quarter, the need to ensure patient

safety and effective learning environments has remained as important as ever. We have adapted and changed our systems and taken pro-active action and overall the quality of training and education has been maintained.

Enhanced Monitoring

'Enhanced Monitoring' status is applied by the GMC to those sites which they consider require an additional level of support.

At the beginning of 2020/21 six sites were in enhanced monitoring, Paediatric Surgery at the University Hospital of Wales was withdrawn from Enhanced Monitoring status at our request, due to significant and sustained improvements to the learning environment.

At the end of the period, the following 5 sites remain under enhanced monitoring, and improvement action plans remain on track.

Local Education Provider (Health Board)	Site	Specialty
Betsi Cadwaladr UHB	Wrexham Maelor Hospital	Medicine
Cwm Taf Morgannwg UHB	Prince Charles & Royal Glamorgan Hospitals	Obstetrics & Gynaecology
	Princess of Wales Hospital	Obstetrics & Gynaecology
Swansea Bay UHB	Morriston Hospital	Emergency Medicine
		Trauma & Orthopaedics

Whilst the pandemic impacted on standard approaches to quality management, the need to ensure patient safety and effective learning environments remained as important as ever. We worked actively with stakeholders with our stakeholders and the GMC in order to develop alternative approaches to activity. These included:

Virtual Visits

Targeted visits were successfully moved to an online format during Quarter 2 with a good level of engagement from all parties and have therefore continued throughout the rest of the year. Where undertaken there is evidence that improvement plans are on track despite COVID-19. Further visits will continue to be arranged and we continue to work with LEPs (Health Boards and Trusts) to reprioritise visits to ensure that they are undertaken where it is helpful to do so.

Concerns Management

Good communication and timely response to concerns has been critical to keeping training on-track this year and we have pro-actively triangulated evidence from end-of-placement feedback and responses to risk reports in order to obtain an accurate view of the status of all risks prior to the pandemic. Given the potential for existing learning environments to change because of trainee redeployment during the pandemic, steps were taken to ensure that LEPs had alternative approaches to local quality control. In addition, engagement meetings with Associate Medical Directors (Education) were held to discuss progress around new and existing training concerns as well as provide an opportunity to provide guidance and support to ensure ongoing compliance with training standards.

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Field Hospitals

The COVID-19 pandemic resulted in the need for new training environments to be established either to directly manage COVID-19 patients or to ensure that trainees can achieve the competencies outlined in the curriculum. HEIW developed a concise approval process to provide assurance and meet GMC requirements in relation to the integration of field hospitals into existing LEP governance structures, assurance around key patient safety related areas such as clinical supervision, working within competence, induction approaches to raising and managing concerns and capacity to provide education at field hospitals, including the arrangements for educational leadership. This ensured that field hospitals were part of the actions to mitigate the effects of the pandemic on training whilst also ensuring our trainees could help with the system response.

Annual Training Survey

The GMC postponed the traditional National Training Surveys due to COVID-19 in favour of a shorter survey designed to capture trainee and trainer experiences of the pandemic.
Wales response rates were 53.26% against a UK average of 48.67% for trainees and 33.8% against a UK average of 24.3% for trainers. As this survey reflects a unique period, and response rates were lower than average, interpretations of these results was challenging and the variability in response rates meant that drawing comparisons was difficult. In addition, as this was a unique survey it was not possible to utilise this data to analyse trends as is routinely the case. Nevertheless, the key themes detailed below have been obtained from the data and these have recently been disseminated to LEPs for their consideration with the caveat that the last survey cannot be considered to be conclusive given the response rates and the timing of the survey:

- Bullying, undermining and patient safety
- Clinical supervision
- Communications, teamwork and leadership
- Speaking up / having a voice and reporting concerns/governance.

The GMC has confirmed that the National Training Surveys will be undertaken between 20th April and 18th May 2021, with a potential extension to 25th May 2021 depending on the response rates. The completion window for the survey will be shorter even if the extension is applied. As is standard practice, the Quality Unit has a communications strategy in place to maximise response rates in recognition of the need for representative data.

Launch of HEIW Open

During the year we launched HEIW Open, a dedicated email account enabling training grade doctors to raise concerns about training quality directly with HEIW. This mechanism was introduced as one of the ways to help address the outcomes of successive GMC National Trainee Survey results which has reported that Wales has the lowest score in the UK for reporting systems, with scores declining over time. The ethos of the system is to maintain links with existing reporting mechanisms and to seek to close the feedback loop where concerns are raised. The impact of HEIW Open since its launch of HEIW Open in Q3, has seen an increase in trainees contacting HEIW direct, with 13 direct contacts since the launch. Whilst some of these were related to a general query, 4 valid concerns regarding the quality of training were raised. This resulted in communications with LEP's to ensure that action was taken at an early stage, thereby preventing any unnecessary escalation of the concerns.

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Annual Reviews of Competency Progression (ARCP)

The COVID-19 pandemic posed considerable challenges to undertaking this summer's ARCPs and to the ability of trainees to meet the curricula requirements. An early decision was made that ARCPs should proceed and that, where possible, no trainee should be delayed in progressing with their training.

Joint working between the 4 Statutory Education Bodies (SEBs) and the GMC, Medical Royal Colleges and Faculties led to an agreed derogation of the UK established processes. New "no fault" outcomes were created to ensure trainees could progress to the next stage of their training. The virtual process has been accepted and is an approach that will be utilised in the future. As described in the Impact of COVID-19 section, there are impacts on progression across all medical specialties which are being managed at an individual level.

Medical Appraisal Process

Over the course of 2020/21, the Revalidation Support Unit (RSU) worked closely with the Chief Medical Officer, Medical Directors, GMC and appraisal leads across the four nations to agree and implement national changes to the medical appraisal process to respond appropriately to the changing needs of the service and the profession during the pandemic.

The GP Appraisal process was suspended in March in light of COVID-19 and our GP appraisers' time was released to support Primary Care services across Wales. We participated in Four Nations discussions in preparation for the recommencement of the appraisal process and medical appraisal recommenced across all sectors in Wales on 1st October with a focus on wellbeing and support.

Trainee Support

We continued to actively support a significant number of trainees across medical and dental specialties dealing with various factors in relation to their training through the Professional Support Unit (PSU).

At the end of 2020/21, the Professional Support Unit were supporting 339 trainees with 28% receiving additional psychological support. The Unit took on 68 new cases in Q4 with 51% being via self-referral. 2020/21 has been a challenging year and PSU continues to see a high demand for support related to COVID-19 pandemic issues, with **60%** of current active cases seeking support related to health issues, including COVID-19, compared to 29% historically.

7.3 Dental Quality Management

Dental Foundation Training (DFT)

Quality Assurance of Educational Supervisors

We implemented Dental Educational Supervisor Approval Process (DESAP) – Management system to communicate, collate and manage quality assurance information in respect of the approval of our Educational Supervisors (ESs).

Foundation Dentists

The Review of Competence Progression (RCP) process is used to manage the progress of our trainees against the DFT curriculum and our process has external verification by the South West Deanery.

During 2020-21 Foundation Dentists have had the opportunity to feedback on their training whilst also taking part in a Quality Improvement project overseen by a Quality Improvements Educator

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Furthermore, we have piloted APLAN (Anonymous Peer Learning and Assessment Network) this year. This platform is independent of the e-portfolio and gives foundation dentists the opportunity to prepare case presentations and have them viewed by a network of peers for balanced feedback. The process can help to identify and manage educational supervisor bias, identify educational supervisor treatment bias, improve Feedback and Congruence whilst helping to identify educational supervisor and foundation dentist educational needs.

Dental Core Training (DCT)

Further to a detailed Quality Assurance (QA) Review this year our Dental Core Training Programme continues to develop QA processes to ensure trainee fulfilment, satisfaction and safe progression and also to ensure that LEPs are providing safe and effective training placements. The DCT Team engages with stakeholders to collect feedback which informs change management of the programme.

Work on quality this year included ensuring that the DCTs met the curriculum requirements and that this was externally reviewed by HEE South West.

The end of year curriculum requirements were amended for 2019-20 on account of COVID-19 at a UK nationally agreed level. The areas that were QA included Supervised Learning Events, Patient Satisfaction Questionnaires, Multi-source feedback, delivery of a Quality Improvement or Audit project, review of Clinical Logbooks, compliance with Continuous Professional Development requirements, production of and deliver against a Personal Development Plan.

Separately the DCT Trainees had an opportunity to feed back on their training through end of placement questionnaires either at 6 or 12 months.

Dental Specialty Training (DST)

Interim Review of Competency Progression and Annual Review of Competency Progression took place for all trainees including input from Lay and Specialty Advisory Committee (SAC) Representation. Feedback provided by lay and SAC representatives were complimentary about the processes undertaken and the approach to quality assurance.

The end of year curriculum requirements were amended for 2019-20 on account of COVID-19 at a UK nationally agreed level.

Separately the DST had the opportunity to feedback on their training through questionnaires at the ARCP or interim meetings plus an on-line survey on completion of training, and also by having a representative on each of the Specialty Training Committees (STCs).

A full submission was made to the General Dental Council (GDC) in December 2020 as part of a quality assurance inspection for Dental Specialty Training delivered through HEIW.

Dental Trainee Support

Our Dental Professional Support Unit in year supported 13 professionals in year. Support was facilitated by streamlined and modernised processes with further developments in place to secure an online application system.

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7.4 Pharmacy Quality Management

The Pharmacy Deanery has signed a Memorandum of Understanding with the General Pharmaceutical Council (GPhC) for the pre-registration foundation pharmacist programme to set and

monitor the quality standards in Wales ensuring the GPhC minimal standards are met and additional standards agreed.

Over the course of the next 12 months, a quality management framework will be refined and tested with the 2021/22 HEIW pre-registration foundation pharmacist multi-sector programmes. The framework will be fully implemented for the 2022/23 all Wales HEIW multi-sector pre-registration foundation pharmacist cohort.

Furthermore, the Pharmacy Deanery provides the quality framework for the pre-registration Pharmacy technician training across Wales which includes:

- Recruitment and management of Pharmacy Technician Educational Supervisors
- Recruitment of Pharmacy Technician trainees
- Quality Management of Trainee Placements
- Progression of Pharmacy Technician Trainees
- Management of Trainee Programme Directors

For Pharmacy Technicians Quality management is currently measured via Awarding Bodies (Pearsons for BTEC and City & Guilds for NVQ). As a City & Guilds Approved NVQ Centre we have to demonstrate that all processes from recruitment of trainees and staff to completion of training programme certification are effectively managed via a quality assured process.

Furthermore, we implement quality measures from Welsh Government to ensure compliance of delivery of an evolving Modern Apprenticeship Framework.

In the future, a Quality Assurance Framework mapped to the new Initial Education and Training programme for pharmacy technicians will be applicable for all sectors of practice.

Within pre-registration pharmacy technicians it was agreed to prioritise resources from our own team and secure additional input from NHS Wales organisations to clear the short-term backlog in assessments. HEIW is continuing with further contingency planning in case of any further contractual failure by our partner.

Complaints handling

In January the Board approved HEIW's bespoke Complaints Handling Policy which reflects our unique role within NHS Wales as a training and education provider. As a Special Health Authority HEIW does not come under the legislation relating to the NHS Complaints Policy, Putting Things Right, which, in any event, is designed for a patient facing organisation. Our Complaints Handling Policy outlines the process for dealing with concerns and complaints, emphasises a swift resolution of issues where possible and outlines how the implementation of the policy will be monitored. The Policy also supports organisation learning and seeks to identify and share lessons learnt from complaints. HEIW received less than 5 Complaints under the Complaints Handling Policy during the reporting period.

8.0 Our Workforce

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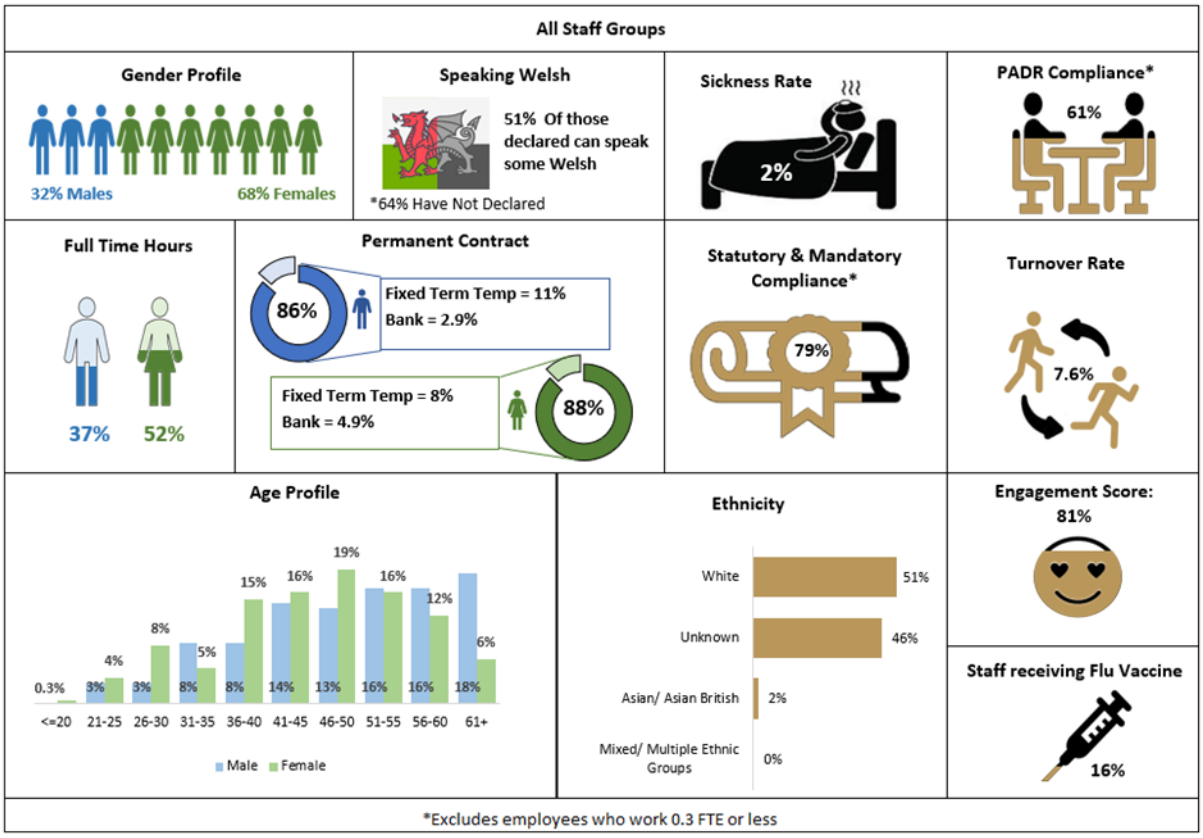
Our people are our most precious asset. HEIW's aspiration is to be an exemplar employer and a great place to work. This has been one of our six Strategic Aims since we were created in 2018, placing it right at the heart of our work and People and Organisational Development practices. Our workforce challenges are different to other organisations in NHS Wales both in respect of the skills our staff need, legacy contractual terms and also the number of sessional workers. It has taken some time to wholly understand the staff group make-up and to tailor our corporate approaches to embrace their differing

needs. For almost half our staff we are the second employer, their main employment being in a health board or trust. Many of these staff work less than 3 sessions a week for HEIW. In that context we have needed to balance what we need organisationally in areas such as statutory and mandatory training and appraisal with what we can reasonably ask for from these staff.

Workforce Infographic as at March 2021



Workforce Movement

The HEIW headcount increased to 453 by the end of March 2021, which is an increase of 11 since the end of December and 42 over the 12-month period. This reflects growth in a number of departments, e.g., Digital, where there was a need for strengthening the function to include areas such as cyber security and also to provide a strategic presence at Board level. It also reflects specific growth in the workforce transformation agenda including in respect of nursing and Allied Health Professionals and the development of our programmes associated with succession management and compassionate leadership. It also relates to TUPE transfers that have taken place including those relating to the Nurse Staffing Act and Health Care Science Programme staff. New staff continue to be successfully onboarded and inducted whilst working from home, with positive feedback from our new employees.

Turnover

The 12-month rolling turnover rate for HEIW for the period to March 2021 was 7.6%. This remains relatively low but at a level which continues to be healthy enough to continue to support business continuity and organisational memory whilst also bringing in new thinking and new ideas.

Sickness

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HEIW's rolling 12-month sickness rate was 1.8%. This is the same level as the beginning of the year. It remains substantially below the NHS Wales target of 4.1% and the NHS Wales average of 4.79%. The sickness absence levels have remained at significantly low levels throughout the year and have not negatively reacted to the impact of COVID-19 conditions or Winter illnesses.

PADR and Mandatory and Statutory Training

We have more work to do on our PADR and mandatory and statutory training compliance to meet the national targets. At the end of the year we achieved 61% compliance against the PADR target and 79% compliance with the mandatory and statutory training. Both of these indicators have national targets of 85% compliance. These indicators are of particular importance in maintaining a highly engaged, high-performing workforce and our work to improve against these targets, including supporting the recording on ESR has been intensified. They have been highlighted in the end of year Service Reviews to all teams as a priority for Quarter 1 of 2021/22.

Engagement and Wellbeing

We have had no grievance or disciplinary cases during the year, indicating a good level of engagement with our workforce. HEIW also achieved the highest response rate to the Staff Survey in 2021, which was 53% against a national average of 19%. The overall engagement score was 81%, which was higher than the national average (75%) which shows very good engagement of our staff.

Equality, Diversity and Inclusion

We are broadly representative of the overall NHS workforce in terms of the gender profile of the organisation, with nearly 70% of workforce being female, and this includes our senior leaders as represented by the HEIW Board.

In respect of our ethnicity profile we have more work to do in representing the ethnicity of the population. Currently those from ethnic minorities make up 2.4% of our workforce which is less than overall NHS Wales profile of 6.6%, 4% in RCT and 3.2% of the overall population of Wales.

Our age profile is more in keeping with NHS Wales workforce overall with the majority of workforce being between 36 and 60. Across younger age brackets we have work to do with our data indicating a younger workforce to be half of the average of NHS Wales overall.

Strategic Equality Plan

In 2020/21 we developed and approved our first Strategic Equality Plan.

As part of the development process for the Strategic Equality Plan, internal engagement was undertaken utilising focus group methodologies. This allowed us to retest our equality objectives against the new backdrop of the pandemic. Work on individual directorate action plans which deliver the high-level actions within our SEP has been completed.

We continue to engage with external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion. Since 2019 we have opted to sign up to:

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- Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff

- Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to the workplace
- Dying to Work TUC – additional employment protection for terminally ill workers
- Anti-Violence Collaboration – sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff
- Communication Access Symbol – 1st organisation in Wales to make a commitment to adopting Communication Access Symbol – giving a voice to people living with a communication disability.

Policy development has continued and last year saw us sign off and implement policies in relation to Domestic Abuse and Mental Wellbeing in the Workplace and we have also undertaken further work in Ty Dysgu to ensure the building enables people with different types of needs and disabilities to work with us on an equal basis.

On a national basis the pandemic has highlighted race equality as a major issue and we have participated in the development of Welsh Government's Race Equality Plan and expect this to be a major focus in 2021/22.

Local Partnership Forum

Our relationships with our Trade Union partners is extremely positive. We have a well-established Local Partnership Forum which meets bi-monthly and has been well supported by our trade union representatives and a HEIW steward has been appointed to undertake trade union duties.

9.0 Financial Performance

The HEIW Board approved its first IMTP, including a 5-year financial plan, at its meeting on 20th January 2020. The plan included an estimated resource requirement of £253.700m for the 2020/21 financial year increasing to £309.286m by 2024/25. Following various funding adjustments during the year, including as a result of the impact of the COVID-19 pandemic, the final resource allocation was £234.819m. HEIW reported an underspend of £95k 2020/21, meeting its financial duty to break-even against the Revenue Resource Limit (RRL).

The key reasons for the underspend variances were 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, and lower bursary funded placements than planned in commissioned education and training budgets.

The draft annual accounts were submitted to Welsh Government on 30th April 2021.

Expenditure on the two main commissioning areas is shown in the table below. Operating costs of £29.3m relate to non-commissioning expenditure including staff and director costs (£17.1m), premises and related items (£5.2m), establishment costs (£3.0m), supplies and services (£3.3m) and other expenditure (£0.7m). Capital expenditure during the year totalled £84k against the Capital Resource Limit (CRL) of £105k.

Non-Medical Training & Education	£'m
Student Training Fees (Universities)	62,171
Additional Training Costs (Universities)	75
Funding for Healthcare Education Fees (Health Boards & Trusts)	1,830
Student Bursaries Reimbursement (Universities)	23,042
Student Salaries Reimbursement (Health Boards & Trusts)	18,193
Advanced Practice Training fees	1,237

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Healthcare Support Working Training	1,964
Non-Medical Prescribing	319
Training related Travel and Subsistence	2,942
TOTAL	**111,773**

Postgraduate Medical, Dental & Pharmacy Education	**£'m**
Training Grade Salaries	52,462
Postgraduate Centre and Study Leave	4,768
GP Registrars	25,748
Dental Foundation Trainees	4,269
Pre-Registration Pharmacists	3,688
Induction & Refresher	43
Welsh Clinical Academic Training	1,634
GP CPD and Appraisal Costs	527
Other	447
TOTAL	**93,586**

10.0 Welsh Language

HEIW comes under the original (1993) Welsh Language Act and the submission of our draft Welsh Language scheme to the Welsh Language Commissioner is considered within page 18 of the Annual Governance Statement.

During 2020/21 we have continued to roll out our Welsh Language Policy, and focussed on increasing the services provided by HEIW through the medium of Welsh and strengthening the language skills of our staff. During lockdown we have innovated to reaffirm both the compliance messages and wining 'hearts and minds' in the online environment. This has included holding informal sessions with staff, online singing sessions, and a staff conference focussed on benefits of bilingualism. The successful implementation of our Welsh Language policy over the past year is demonstrated in part by the number of staff learning Welsh increasing from 32 to 52 learners, while demand for translation has grown from just over 1.1 million words, to 3.2 million words per year. To support the growth in our translation requirement we have created an internal translation team and three members joined the team this year. In year we also extremely proud to be able to simultaneously translate our Board meeting to promote the equal use of the language in our business.

Externally, we continue to engage regularly with a wide range of stakeholders, including the Welsh Language Commissioner and the Welsh Language Partnership Board. We have ensured that the contract specification for the Strategic Review of Health Education contains a number of provisions to improve the language skill of the future NHS workforce including: a prescribed amount of compulsory Welsh awareness and basic language training and free Welsh language lessons for those who want to learns Welsh or improve their Welsh language skills. The overall aim is to increase the Welsh language skills of the workforce and these changes will eventually impact over 9000 students from September 2022. We have engaged with both the Medical Schools, The School of Dentistry and the Deanery, as well as with the LHB's, with the aim of creating a continuum of language awareness and learning opportunities at all stages of a health worker's career.

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A key factor to the success of these initiatives, as well as contributing to the growth of Welsh usage in health and care settings generally, is the promotion of "More than just Words" the strategic

framework for health, social services and social care. An evaluation of the initiative so far has been taking place over the year, and we have been proactive in our input to this process.

11.0 Sustainability

Biodiversity & Decarbonisation

During 2020-21, we have been proactive in our approach to the biodiversity and decarbonisation agenda, culminating in staff engagement on a Biodiversity and Decarbonisation Strategy, developed on the back of earlier proactive facilities work across Ty Dysgu, including the use of LED lighting throughout and improvements to recycling facilities. Our strategy will be delivered via a proportionate HEIW action plan, in line with the Welsh Government decarbonisation strategy, that will support wider plans and ambitions through our functions and activities.

Emissions & Waste

We monitor emissions and waste creation on an ongoing basis, taking account of the impact of COVID-19 and our commitment under the Environment (Wales) Act 2016 and the section 6 enhanced biodiversity and resilience of ecosystems duty for public authorities in the exercise of functions. As a Strategic Health Authority of NHS Wales, our emissions differ considerably as an office-based organisation.

HEIW has been located at Ty Dysgu, Nantgarw, since its go-live date in October 2018. Full occupation was achieved following the completion of building works in January 2019. HEIW's first full year of operation was 2019-20, which provided the first opportunity to review a full year of the organisation's utility and waste emissions. With a second full year of operation in 2020-21, we have been able to compare utility emissions.

In 2020-21, use of Ty Dysgu was restricted due to COVID-19 and staff worked remotely for most of the year, but we continued to maintain the fabric of the building and meet health and safety requirements throughout. At the outset of the pandemic, we moved to a 100% virtual working model. From July 2020, we enabled access to the building for health and wellbeing purposes whilst maintaining the requirements of government guidelines.

Table 1 shows emissions for the whole of 2020-21, with Table 2 providing a comparison between 2019-20 and 2020-21. As anticipated, we have seen a significant reduction as a result of the pandemic and restricted use of Ty Dysgu with the exception of our gas usage which is currently being investigated. We anticipate similar usage through the early stages of 2021-22, whilst public health working restrictions are in place.

Prior to the start of 2020-21, HEIW was granted access to All Wales Gas and Electricity contracts ensuring more efficient charges for usage.

Table 1: Utilities (Units and Costs) 2020-21

2020-21	Electricity (KWh)	Gas (KWh)	Water & Sewerage (m3)	Waste* (Tonnage)
Q1	72,043	85,909	1289	0 (no collection)
Q2	84,011	75,364	874	2.1
Q3	72,442	131,010	876	1.7
Q4	75,149	168,034	803	3.2
Total Units	303,646	460,317	3842	7.0

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Total cost inc charges (£)	£54,718	£15,502	£6,260	£1,670

*Waste:
100% of waste was diverted from landfill; 62% was recycled
530 kgs of CO2 has been saved; this is equivalent of 2 trees planted

Table 2 Utilities and Waste Comparison 19-20 & 20-21

	Electricity (KWh) 19-20	Electricity (KWh) 20-21	Gas (KWh) 19-20	Gas (KWh) 20-21	Water & sewerage (m3) 19-20	Water & sewerage (m3) 20-21	Waste (Tonnes) 19-20	Waste (Tonnes) 20-21
Total Units	364,107	303,646	407,301	460,317	5210	3842	10.0	7.0
Cost (£)	£78,809	£54,718	£17,806	£15,502	£6,549	£6,260	£3,710	£1,670
Difference in units	- 60,461		+ 53,016		-1368		3	
Difference (%)	-18.10 %		+ 12.2%		-30.2%		-35.3%	
Difference (£)	-£24,091		-£2304		-£0.289		-£2040	
Difference £ (%)	-36.1 %		-13.83%		-4.5%		-75.8%	

The data shows an increase in gas use in 2021. The supplier has acknowledged that this anomaly may be due to an inaccuracy in the gas readings in 2019. This is currently being investigated

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Appendix 1 – Table of Achievements

Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs
Achievements	**Achievements**
• Endorsement from WG and publication of the 10 Year Workforce Strategy to 2030. • Transfer of Widening Access team into HEIW. • Transfer of Train Work Live into HEIW portfolio. • Supported the development of BAME risk assessment tool. • Piloted the Continuing Professional Development Course Management System (CMS). • Delivered the first non-clinical qualification for Primary Care Practice administration and reception staff. • Developed and started progression of Made in Wales programme. • Agreed to standardised workforce planning methodology. • Developed and tested a Workforce Capability Matrix	• Phase 1 of Strategic Review of Education completed. • Approved and endorsed Education and Commissioning Plan. • Implemented enhanced Single Lead employer arrangements across a breadth of Medical specialities, dental and pharmacy. • Invested in an interprofessional team to drive forward our approach to co-ordinate Simulation Based Education and hosted 2 webinars to take forward the agenda. • We have professionalised our Training Programme Director programme. • First cohort of nurses commenced on Future Nurse Programme. • Expanded Clinical Fellowship to include Pharmacy and Optometry. • Assisted the rollout of Attend Anywhere to dental practices. • Established Differential attainment programme board to drive forward change. • GMC remain satisfied with HEIW's general approach to quality management • Bilingual and accessible version of the Revalidation Wales site launched • We rebranded 'developing doctors to deliver' to 'Discovering, Developing and Delivering in healthcare' to reflect the increasingly inter-disciplinary nature of the programme
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**
Achievements	**Achievements**
• Developed and utilised 'Gwella' our Leadership Portal. • Led the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action. • Produced Talentbury – 4-day festival of Leadership. • Relaunched the NHS Graduate Scheme with inclusive recruitment, assessment and induction processes and plan to over recruit to an initial cohort of 21. • Piloted Executive Leadership programme developed in conjunction with the Kings Fund. • Created Alumni networks to support Leadership cohort. • We established the NHS Wales Talent Board chaired by the Director General of NHS Wales. • Developed the principles of an internship programme in conjunction with students from Cardiff University.	• Established the first All-Wales endoscopy training programme. • Developed an optometry CPD programme to support eye care services • Developed and delivered critical care training and supported the care home workforce. • Hosted virtual conference on Informing the Future of the Mental Health workforce in Wales and developed CAMHS training. • Delivered workforce developments in Primary Care and started a workforce bulletin. • The Longitudinal Integrated Foundation Training (LIFT) programme is being expanded to a further 4 areas – Swansea, Cardiff, Bridgend and Wrexham • Transferred the All Wales Nurse Staffing Programme, Healthcare Sciences and Allied health Professionals Framework programme teams into the organisation. • We received confirmation of investment in supporting the widening access of careers in social care nursing with the ability to recruit to 3 Care Home Educational Facilitators (CHEF's).

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	• Launched HEIW Open, a dedicated email account enabling training grade doctors to raise concerns about training quality directly with HEIW.
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**
Achievements	**Achievements**
• Publication of our Strategic Equality Plan which explains how HEIW will promote equality, eliminate discrimination and foster good relations. • Piloted and shared a range of wellbeing resources for staff to raise awareness and provide availability of support across mental health, money advice. • Taken forward and embraced our organisational approach to the Biodiversity and decarbonisation agenda and engaged on our strategic plan. • Enhanced structure of Welsh Language team to meet increasing demands and requirements. • Translated 3.5m words into Welsh. A 300% increase on 2019/20 • Enabled staff to work virtually from home within 24 hours. • We continued with necessary maintenance requirements and ensured legislative requirements were met in relation to our headquarter building. • Worked towards and achieved accessibility standards across our websites and applications • We have enhanced our building to enable all visitors to feel comfortable in using our facility through appropriate signage and accessibility requirements. • Achieved 95.85% of non-NHS invoices paid within 30 days of receipt in 2020/21 (against the target of 95%).	• Continued stakeholder engagement by virtual means including Quality Improvement conference, primary care workshops, SAS and mental health conferences. • We launched and utilised our HEIW branding guidelines and utilised across communication channels • We enhanced our social media presence • Moved to virtual board meetings and AGM increasing the ability of stakeholders to attend. • Publication of detailed stakeholder bulletins. • Developed range of bi-lingual materials. • Increasing presence across various forms of media and ensuring appropriate engagement. • Engaged with health boards on the availability of EDUROAM network across all sites. • We identified necessary additional resource requirements to meet the increasing digital requirements of the Organisation • We developed a new website to enable content to meet the needs and accessibility requirements of those it is intended to support.

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Appendix 2- Trends in Education & Training Commissioning

Specialty	2021 Recommendations	August 2020 post numbers	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Anaesthetics/ICM						
Core Anaesthetics Training/ACCS Anaesthetics		122				
Higher Anaesthetics	+3	137	+3			
ACCS Intensive Care		14				
Higher Intensive Care Medicine	+4	27	+4[1]	+2		+4
Emergency Medicine						
Acute Care Common Stem - Emergency Medicine	+2	21				+4
Emergency Medicine (includes PEM & PHEM)	+5	49	+7	+4		+2
Medicine						
Core Medical Training/ACCS Acute Medicine	+15	244	+13			
Acute Internal Medicine	+2	12				
Audiovestibular medicine		1				
Cardiology		38				
Clinical Genetics		5				
Clinical Neurophysiology		1				
Clinical Oncology	+4	16				
Clinical Pharmacology and Therapeutics		3				
Dermatology		17	+3			
Endocrinology and Diabetes Mellitus		23				
Gastroenterology	+2	24				
Genito-urinary Medicine		4				
Geriatric medicine		52				+3
Haematology		18				
Immunology		1				
Medical Oncology	+3	6				
Neurology		17				
Palliative Medicine		13				
Rehabilitation Medicine		2	+1			
Renal medicine		17				
Respiratory Medicine	+2	29				
Rheumatology		10				
Surgery						

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[1] Added in April 2020 as a result of the COVID-19 pandemic and similar increases across the UK.

Core Surgical Training		100				
Cardio-thoracic surgery		7				
General surgery	+4	54				
Neurosurgery	-1	8				
Ophthalmology		40			+4	
Oral and Maxillo-facial Surgery		9				
Otolaryngology		18				
Paediatric Surgery		2				
Plastic surgery	+2	13				
Trauma and orthopaedic surgery		45		+4		
Urology	+4	16				
Vascular surgery		9				
Pathology						
Chemical pathology		4				
Histopathology		20				+2
Infectious diseases		2				
Medical Microbiology and Virology	+3	13	+3			
Paediatric and Perinatal pathology		2				+1
Psychiatry						
Core Psychiatry Training		85				
Child and Adolescent Psychiatry		12				
Forensic Psychiatry		6				
Old Age Psychiatry		11	+2	+2 (not filled)		
General Psychiatry		29				
Psychiatry of Learning Disability		5				
Imaging and Radiology						
Clinical Radiology	+20	82	+ 10	+4	+7	+11
Nuclear medicine		1				
Women's Health						
Obstetrics and gynaecology	+2	93				
Community Sexual & Reproductive Health		2				
Paediatrics	+6	143				
Public Health Medicine		23				
Foundation Training						
Foundation Year 1		339	Separate business case			
Foundation Year 2		339				
General Practice			Subject to separate business case			

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Health Professional Commissioning Trends

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										

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	15	30
Podiatry	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	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	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

English, Catherine
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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																	
	87																						
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/	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Cancer Genomics	1	1	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																			
Histocompatability & Immunology	1	1	0	1																			
Transfusion Science	0	0	1																				

English (Ireland)
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Meeting Date	**10th June 2021**	**Agenda Item**	**2.5**
Report Title	**Presentation of Annual Accounts 2020-21**		
Report Author	Martyn Pennell, Head of Financial Accounting		
Report Sponsor	Eifion Williams, Director of Finance		
Presented by	Eifion Williams, Director of Finance		
Freedom of Information	Open Session		
Purpose of the Report	To present the Board with the audited Annual Accounts for 2020-21 and, subject to a recommendation from the Audit & Assurance Committee, to request that the Board approves the accounts prior to submission to Welsh Government		
Key Issues	Following submission of the draft annual accounts to Welsh Government on 30th April 2021 Audit Wales have now substantially completed their audit. Their ISA 260 report that is also presented to this Board meeting summarises their findings. Audit Wales are proposing to issue an unqualified audit opinion for the HEIW accounts for 2020-21.		
Specific Action Required ***(please ✓ one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
				✓
Recommendations	Subject to a recommendation from the Audit & Assurance Committee, the Board is asked to: • Approve the audited accounts for 2020-21.		

English Catherine
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PRESENTATION OF ANNUAL ACCOUNTS 2020-21

1. INTRODUCTION

This purpose of this report is to present the Board with the audited Annual Accounts for 2020-21 and, subject to a recommendation from the Audit & Assurance Committee, to request that the Board approves the accounts prior to submission to Welsh Government

2. BACKGROUND

At the Audit & Assurance Committee on 6th May 2021 members were presented with the draft 2020-21 accounts for HEIW that had been submitted to Welsh Government on 30th April 2021. Following submission, Audit Wales commenced their review process and have now substantially completed this year's audit. The final accounts are provided in appendix 1.

As detailed in their ISA 260 report being presented in this meeting, Audit Wales are intending to issue an unqualified audit report for this year's accounts once they have been provided with a Letter of Representation by HEIW. This is included within the ISA 260 and the Chief Executive and Chair of HEIW will be asked to sign this subject to approval of the accounts at Board.

There are no non-trivial misstatements identified in the accounts which remain uncorrected and they contain no corrections for misstatements. A number of disclosure amendments have been made as detailed in Appendix 3 of the ISA 260 report.

Audit Wales have identified one significant issue across NHS Wales in relation to the funding of an element of clinicians pension tax liabilities by Welsh Government. Where an individual elects to use this scheme the costs and funding will be recognised within the accounts of their employing organisation. The deadline to opt in to the scheme is 31st March 2022, and therefore HEIW does not have sufficient information on which to base an estimate of any costs at the balance sheet date. Following technical discussions between Welsh Government and Audit Wales, unless an organisation can provide evidence that they have no eligible clinicians who are able to claim under the scheme then they are required to recognise a contingent liability in their 2020-21 accounts. Welsh Government has provided standard wording for the unquantified contingent liability to all NHS Wales organisations and this has been disclosed in note 21.1 of the financial statements.

Subject to approval by the Board, the final accounts will be submitted to Welsh Government on 11th June 2021 and are planned to be signed by the Auditor General for Wales on 15th June 2021.

HEIW would like to thank the Audit Wales team for their work on the audit this year. Both teams have been required to quickly adapt to a different auditing model and its success reflects the professionalism and dedication of both parties.

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3. GOVERNANCE AND RISK ISSUES

No governance or risk issues have been identified.

4. FINANCIAL IMPLICATIONS

The audited financial statements show that for 2020-21 HEIW has met its requirements to:

- Break-even against its Revenue Resource Limit over the accounting period. Note 2.1 on page 22 of the financial statements shows a revenue underspend of £95k;
- Break-even against its Capital Resource Limit over the accounting period. Note 2.2 on page 22 of the financial statements shows a capital underspend of £21k;
- Pay at least 95% of non-NHS invoices within 30 calendar days. Note 2.4 on page 23 shows that 95.9% of invoices were paid within the target.

5. RECOMMENDATION

Subject to a recommendation from the Audit & Assurance Committee, the Board is asked to:

- Approve the audited accounts for 2020-21.

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

Quality, Safety and Patient Experience
There is no impact on quality, safety and patient experience.
Financial Implications
There are no direct financial implications as a result of this paper. The achievement of the required financial duties for the year are detailed in paragraph 4 above.
Legal Implications (including equality and diversity assessment)
HEIW has a statutory requirement to produce a set of annual accounts in line with the deadlines set by Welsh Government. The review and approval of the accounts by the Board on 10th June 2021 will allow HEIW to meet the submission requirements.
Staffing Implications
There are no direct staffing implications.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
There are no long-term implications.

Report History	Draft annual accounts presented to Audit & Assurance Committee on 6th May 2021. Audited annual accounts presented to Audit & Assurance Committee on 9th June 2021.
Appendices	Appendix 1 – Audited Annual Accounts 2020-21

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Health Education and Improvement Wales (HEIW)

FOREWORD

These accounts have been prepared by Health Education and Improvement Wales, a Welsh Special Health Authority under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

These accounts cover the period 1st April 2020 to 31st March 2021.

Statutory background

HEIW was established as a Special Health Authority by establishment order 2017 No. 913 (W. 224), which was made 11th September 2017 and came into force on the 5th October 2017.

HEIW operated in a shadow form until 1st October 2018 with all establishment and set up costs being borne by the Welsh Government, and with the predecessor bodies of NHS Wales Shared Services Partnership (NWSSP) hosted by Velindre University NHS Trust and Cardiff University delivering operational activity to 30th September 2018.

On 1st October 2018 staff were transferred into HEIW and the organisation became fully operational.

HEIW has a leading role in the education, training, development and shaping of the healthcare workforce, supporting high-quality care for the people of Wales.

Performance Management and Financial Results

HEIW must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by HEIW which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

HEIW has an annual requirement to achieve a balanced year end position against the Resource limits set for the year.

Performance against the resource limit is reported in Note 2 to the financial statements.

English,Catherine
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Statement of Comprehensive Net Expenditure for the period ended 31 March 2021

	Note	2020-21 £000	2019-20 £'000 Restated
Non Medical Education And Training	3.1	**111,773**	108,559
Postgraduate Medical, Dental & Pharmacy Education	3.2	**93,586**	77,592
Other Operating Expenditure	3.3	**29,897**	27,567
		235,256	213,718
Less: Miscellaneous Income	4	**(532)**	(698)
Net operating costs before interest and other gains and losses		**234,724**	213,020
Investment Revenue	5	**0**	0
Other (Gains) / Losses	6	**0**	0
Finance costs	7	**0**	0
Net operating costs for the financial period		**234,724**	213,020

See note 2 on page 22 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 63 form part of these accounts

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Other Comprehensive Net Expenditure

	2020-21 £000	2019-20 £'000
Net gain / (loss) on revaluation of property, plant and equipment	0	0
Net gain / (loss) on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net gain / (loss) on revaluation of available for sale financial assets	0	0
Impairment and reversals	0	0
Other comprehensive net expenditure for the period	0	0
Total comprehensive net expenditure for the period	**234,724**	213,020

The notes on pages 8 to 63 form part of these accounts

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Statement of Financial Position as at 31 March 2021

	Notes	31 March 2021 £'000	31 March 2020 £'000
Non-current assets			
Property, plant and equipment	11	**2,179**	2,595
Intangible assets	12	**0**	0
Trade and other receivables	15	**0**	0
Other financial assets	16	**0**	0
Total non-current assets		**2,179**	2,595
Current assets			
Inventories	14	**0**	0
Trade and other receivables	15	**1,765**	1,074
Other financial assets	16	**0**	0
Cash and cash equivalents	17	**6,148**	7,465
		7,913	8,539
Non-current assets classified as "Held for Sale"	11	**0**	0
Total current assets		**7,913**	8,539
Total assets		**10,092**	11,134
Current liabilities			
Trade and other payables	18	**(7,661)**	(7,157)
Other financial liabilities	19	**0**	0
Provisions	20	**(7)**	(130)
Total current liabilities		**(7,668)**	(7,287)
Net current assets/ (liabilities)		**245**	1,252
Non-current liabilities			
Trade and other payables	18	**(148)**	(171)
Other financial liabilities	19	**0**	0
Provisions	20	**0**	0
Total non-current liabilities		**(148)**	(171)
Total assets employed		**2,276**	3,676
Financed by :			
Taxpayers' equity			
General Fund		**2,276**	3,676
Revaluation reserve		**0**	0
Total taxpayers' equity		**2,276**	3,676

The financial statements on pages 2 to 7 were approved by the Board on 10 June 2021

Chief Executive and Accountable Officer …….. Date ……

The notes on pages 8 to 63 form part of these accounts

English,Catherine
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Statement of Changes in Taxpayers' Equity
For the period ended 31 March 2021

Changes in taxpayers' equity	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Balance at 1 April 2020	3,676	0	**3,676**
Net operating cost for the period	(234,724)		**(234,724)**
Net gain/(loss) on revaluation of property, plant and equipment	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Other reserve movement	0	0	**0**
Transfers between reserves	0	0	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers to/from (please specify)	0	0	**0**
Total recognised income and expense for period	(234,724)	0	**(234,724)**
Net Welsh Government funding	231,777		**231,777**
Welsh Government notional funding	1,547		**1,547**
Balance at 31 March 2021	2,276	0	**2,276**
Included in Net Welsh Government Funding:			
Welsh Government Covid 19 Capital Funding	0		0
Welsh Government Covid 19 Revenue Funding	1,076		1,076

The notes on pages 8 to 63 form part of these accounts

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Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2020

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity			
Balance at 1 April 2019	3,685	0	**3,685**
Net operating cost for the year	(213,020)		**(213,020)**
Net gain/(loss) on revaluation of property, plant and equipment	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Other reserve movement	0	0	**0**
Transfers between reserves	0	0	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers to/from LHBs	0	0	**0**
Total recognised income and expense for period	(213,020)	0	**(213,020)**
Net Welsh Government funding	212,496		**212,496**
Welsh Government notional funding	515		**515**
Balance at 31 March 2020	3,676	0	**3,676**

The notes on pages 8 to 63 form part of these accounts

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Statement of Cash Flows for period ended 31 March 2021

	notes	2020-21 £'000	2019-20 £'000
Cash Flows from operating activities			
Net operating cost for the financial period		**(234,724)**	(213,020)
Movements in Working Capital	27	**(210)**	740
Other cash flow adjustments	28	**1,924**	1,112
Provisions utilised	20	**0**	(8)
Net cash outflow from operating activities		**(233,010)**	(211,176)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(84)**	(95)
Proceeds from disposal of property, plant and equipment		**0**	0
Purchase of intangible assets		**0**	0
Proceeds from disposal of intangible assets		**0**	0
Payment for other financial assets		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Payment for other assets		**0**	0
Proceeds from disposal of other assets		**0**	0
Net cash inflow/(outflow) from investing activities		**(84)**	(95)
Net cash inflow/(outflow) before financing		**(233,094)**	(211,271)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**231,777**	212,496
Capital receipts surrendered		**0**	0
Capital grants received		**0**	0
Capital element of payments in respect of finance leases and on-SoFP		**0**	0
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**231,777**	212,496
Net increase/(decrease) in cash and cash equivalents		**(1,317)**	1,225
Cash and cash equivalents (and bank overdrafts) at 1 April 2020		**7,465**	6,240
Cash and cash equivalents (and bank overdrafts) at 31 March 2021		**6,148**	7,465

The notes on pages 8 to 63 form part of these accounts

English,Catherine
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Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Special Health Authorities (SHAs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2020-21 Manual for Accounts. The accounting policies contained in that manual follow the 2020-21 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, except for IFRS 16 Leases, which is deferred until 1 April 2022; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the SHA for the purpose of giving a true and fair view has been selected. The particular policies adopted by the SHA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts*.*

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the SHA are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the SHA. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the SHA and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the SHA for the Welsh Government. Income received from LHBs transacting with the SHA is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

English Catherine
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Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34.1 within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

Elizabeth Catherine
08/07/2021 15:38:55

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

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● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

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Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

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Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale

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within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11. Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1. The NHS Wales organisation as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2. The NHS Wales organisation as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is

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considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2020-21 and 2019-20, although no costs were apportioned to HEIW during either year. The WRP is hosted by Velindre NHS Trust.

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1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

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1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

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1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

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Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service 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. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The NHS Wales organisation has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The are no estimation uncertainties at the SoFP date that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

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1.25 Private Finance Initiative (PFI) transactions

The NHS Wales organisation has no PFI arrangements.

1.26. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.27. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where there is a transfer of function the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.28. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts.
Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2022.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.29. Accounting standards issued that have been adopted early

During 2020-21 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

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1.30. Charities

The NHS Organisation has no NHS Charitable Fund.

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2. Financial Duties Performance

HEIW was established as a Special Health Authority. The statutory financial duties of Special Health Authorities are set out in section 172 of the National Health Service (Wales) Act 2006.

Section 172(1) sets out what is referred to as the 'First Financial Duty' - a duty to secure that HEIW expenditure does not exceed the aggregate of the funding allotted to it for a financial year. Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations.

HEIW was issued with a Remit Letter on 25 October 2018, confirming that the period to 31 March 2019 would remain a transitional period as HEIW commenced full operations. Accordingly the Remit Letter set out objectives for delivery by HEIW for the period to 31 March 2019 and beyond, and set the requirement that HEIW prepare an annual plan for 2019/20 and move to a three year cycle from 2020-23 in accordance with the NHS Wales Planning Framework. The HEIW Board approved its 2020-2023 IMTP in January 2020 and subsequently submitted it to Welsh Government for its approval. As a result of the COVID-19 pandemic the approval process was paused and Welsh Government required all organisations to complete quarterly plans for 2020-21, and in December 2020 issued a further planning framework that required NHS organisations to develop and submit an annual plan for 2021-2022.

HEIW is therefore not subject to a Second Financial Duty for the period of account to 31 March 2021 given the temporary arrangements and there being no extant administrative duty in place. HEIW is expected to report in the Annual Report and Accounts for the period of account to 31 March 2021 performance against its objectives set out in the 2020-21 annual plan.

2.1 Revenue Resource Performance

	Financial performance 2020-21
	£'000
Net operating costs for the period	**234,724**
Less general ophthalmic services expenditure and other non-cash limited expenditure	**0**
Less revenue consequences of bringing PFI schemes onto SoFP	**0**
Total operating expenses	**234,724**
Revenue Resource Allocation	**234,819**
Under /(over) spend against Allocation	**95**

HEIW has met its financial duty to break-even against its Revenue Resource Limit over the period.

2.2 Capital Resource Performance

	2020-21
	£'000
Gross capital expenditure	**84**
Add: Losses on disposal of donated assets	**0**
Less: NBV of property, plant and equipment and intangible assets disposed	**0**
Less: capital grants received	**0**
Less: donations received	**0**
Charge against Capital Resource Allocation	**84**
Capital Resource Allocation	**105**
(Over) / Underspend against Capital Resource Allocation	**21**

HEIW has met its financial duty to break-even against its Capital Resource Limit over the period.

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2.3 Duty to prepare a 1 year plan

Due to the pandemic, the process for the 2020-2023 integrated plan was paused in spring 2020 and a temporary quarterly planning arrangement put in place for 2020-21. HEIW's 2020-21 plan was approved in phases by the Board in May 2020, July 2020 and November 2020.

As a result, HEIW did not have a formal administrative duty to have an approved plan for 2020-21. As HEIW only had an annual duty to report in 2019-20, there is no extant formal planning duty to report against.

The Minister for Health and Social Services extant approval

Status	
Date	N/A

2.4 Creditor payment

The SHA is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The SHA has achieved the following results:

	2020-21	2019-20
Total number of non-NHS bills paid	**4,715**	6,582
Total number of non-NHS bills paid within target	**4,520**	6,265
Percentage of non-NHS bills paid within target	**95.9%**	95.2%

HEIW has met the target.

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3. Analysis of gross operating costs

3.1 Non Medical Education and Training

	2020-21 Total £'000	2019-20 Restated £'000
Student Training Fees (Universities)	62,171	58,916
Additional Training Costs (Universities)	75	1,026
Funding for Healthcare Education Fees (Health Boards & Trusts)	1,830	2,450
Student Bursaries Reimbursement (Universities)	23,042	23,126
Student Salaries Reimbursement (Health Boards & Trusts)	18,193	15,604
Advanced Practice Training fees	1,237	1,389
Healthcare Support Working Training	1,964	1,935
Non-Medical Prescribing	319	287
Training related Travel and Subsistence	2,942	3,826
Total	**111,773**	108,559

3.2 Postgraduate Medical, Dental & Pharmacy Education	**2020-21 £'000**	**2019-20 £'000 Restated**
Training Grade Salaries	52,462	50,319
Postgraduate Centre and Study Leave	4,768	4,745
GP Registrars	25,748	18,452
Dental Foundation Trainees	4,269	0
Pre-Registration Pharmacists.	3,688	1,375
Induction & Refresher	43	83
Welsh Clinical Academic Training	1,634	1,349
GP CPD and Appraisal Costs	527	845
Other	447	424
Total	**93,586**	77,592

For 2020/21 a new line was included within note 3.2 for the costs of funding 'Pre-registration Pharmacists'. In previous years these costs were included within 'Student Salaries Rembursement (Health Boards and Trusts)' in note 3.1. For comparative purposes the figures reported in the 2019/20 accounts have been amended to reflect the new classification. For 2020/21 'Pre-registration Pharmacists' includes £2,971k of costs paid through NWSSP as the single lead employer.

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3.3 Other Operating Expenditure

	2020-21 £'000	2019-20 £'000
Directors' costs	982	1,052
Operational Staff costs	16,098	13,604
Single lead employer Staff Trainee Cost	0	0
Supplies and services - clinical	82	42
Supplies and services - general	3,246	2,230
Consultancy Services	152	158
Establishment	3,029	4,070
Transport	0	0
Premises	5,211	5,433
External Contractors	294	231
Depreciation	500	489
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	166	172
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	47	(21)
Research and Development	0	0
Other operating costs	90	107
Total	**29,897**	27,567

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

Increase/(decrease) in provision for future payments:	2020-21 £'000	2019-20 £'000
Clinical negligence;		
Secondary care	0	0
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	0	(22)
Gross increase/(decrease) in provision for future payments	0	**(22)**
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	47	1
Less: income received/due from Welsh Risk Pool	0	0
Total	**47**	**(21)**

	2020-21 £	2019-20 £
Permanent injury included within personal injury £:	0	0

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4. Miscellaneous Income

	2020-21	2019-20
	£'000	£'000
Local Health Boards	0	26
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
NHS trusts	152	85
Foundation Trusts	0	0
Other NHS England bodies	0	0
Local authorities	0	0
Welsh Government	0	100
Welsh Government Hosted Bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	0	0
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other income from activities	0	0
Patient transport services	0	0
Education, training and research	380	487
Charitable and other contributions to expenditure	0	0
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	0	0
Receipt of Government granted assets	0	0
Non-patient care income generation schemes	0	0
NWSSP	0	0
Deferred income released to revenue	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Total	**532**	698

Welsh Government Covid 19 income included in total above;.	0

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment re personal injury claims

	2020-21	**2019-20**
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	22.43	21.79

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5. Investment Revenue

	2020-21	2019-20
	£000	£000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	**0**	0

6. Other gains and losses

	2020-21	2019-20
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	**0**	0

7. Finance costs

	2020-21	2019-20
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	0	0
Provisions unwinding of discount	0	0
Other finance costs	0	0
Total	**0**	0

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8. Operating leases

HEIW as lessee

As at 31st March 2021 HEIW had 1 operating lease agreement in place for the lease of a premises, 2 arrangements in respect of equipment and 1 in respect of vehicles, with 1 premises lease having expired in year.

Payments recognised as an expense	**2020-21**	**2019-20**
	£000	£000
Minimum lease payments	380	380
Contingent rents	0	0
Sub-lease payments	0	0
Total	**380**	380

Total future minimum lease payments		
Payable	**£000**	£000
Not later than one year	371	378
Between one and five years	1,456	1,460
After 5 years	773	1,137
Total	**2,600**	2,975

HEIW as lessor

Rental revenue	**£000**	£000
Rent	0	0
Contingent rents	0	0
Total revenue rental	**0**	0

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	**0**	0

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9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total 31-Mar-21	2019-20
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	12,522	959	240	0	0	**13,721**	11,807
Social security costs	1,194	0	0	0	0	**1,194**	1,020
Employer contributions to NHS Pension Scheme	2,053	0	0	0	0	**2,053**	1,689
Other pension costs	5	0	0	0	0	**5**	0
Other employment benefits	0	0	0	0	0	**0**	0
Termination benefits	0	0	0	0	0	**0**	31
Total Employee costs	**15,774**	**959**	**240**	**0**	**0**	**16,973**	14,547

Please give detail of staff under "Other".

Charged to capital	0	0
Charged to revenue	16,973	14,547
	16,973	14,547

Net movement in accrued employee benefits (untaken staff leave accrual included above)	0	46
Covid 19 Net movement in accrued employee benefits (untaken staff leave accrual included in above)	68	0

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total 31-Mar-21	2019-20
	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	188	6	5	0	0	**199**	169
Medical and dental	44	1	0	0	0	**45**	43
Nursing, midwifery registered	3	2	0	0	0	**5**	3
Professional, Scientific, and technical staff	15	0	0	0	0	**15**	12
Additional Clinical Services	2	0	0	0	0	**2**	3
Allied Health Professions	1	0	0	0	0	**1**	0
Healthcare Scientists	0	0	0	0	0	**0**	0
Estates and Ancilliary	0	0	0	0	0	**0**	0
Students	0	0	0	0	0	**0**	0
Total	**253**	**9**	**5**	**0**	**0**	**267**	230

9.3. Retirements due to ill-health

	31-Mar-21	31-Mar-20
Number	0	0
Estimated additional pension costs £	0	0

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

HEIW offers three salary sacrifice schemes for childcare vouchers, bikes and lease cars.

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9.5 Reporting of other compensation schemes - exit packages

Exit packages cost band (including any special payment element)	2020-21 Number of compulsory redundancies	2020-21 Number of other departures	2020-21 Total number of exit packages	2020-21 Number of departures where special payments have been made	2019-20 Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	**0**	0	0
£10,000 to £25,000	0	0	**0**	0	0
£25,000 to £50,000	0	0	**0**	0	1
£50,000 to £100,000	0	0	**0**	0	0
£100,000 to £150,000	0	0	**0**	0	0
£150,000 to £200,000	0	0	**0**	0	0
more than £200,000	0	0	**0**	0	0
Total	**0**	**0**	**0**	**0**	**1**

Exit packages cost band (including any special payment element)	2020-21 Cost of compulsory redundancies	2020-21 Cost of other departures	2020-21 Total cost of exit packages	2020-21 Cost of special element included in exit packages	2019-20 Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	**0**	0	0
£10,000 to £25,000	0	0	**0**	0	0
£25,000 to £50,000	0	0	**0**	0	31,200
£50,000 to £100,000	0	0	**0**	0	0
£100,000 to £150,000	0	0	**0**	0	0
£150,000 to £200,000	0	0	**0**	0	0
more than £200,000	0	0	**0**	0	0
Total	**0**	**0**	**0**	**0**	**31,200**

Exit costs paid in year of departure	Total paid in year 2020-21	Total paid in year 2019-20
	£'s	£'s
Exit costs paid in year	**0**	31,200
Total	**0**	**31,200**

Redundancy costs have been paid in accordance with the NHS Redundancy provisions, other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where HEIW has agreed early retirements, the additional costs are met by HEIW and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

An extra contractual payment was made to a former employee during 2019-20 totalling £31,200. This was not deemed to be an exit payment so has been classified as a 'special payment' in table 9.5 above.

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9.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in HEIW in the financial period to 31 March 2021 was £165k to £170k (2019-20 £160k to £165k). This was 3.2 times (2019-20 3.11 times) the median remuneration of the workforce, which was £51,668 (2019-20 £52,306).

During the period, 0 (2019-20, 0) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £14,503 to £165,610 (2019-20, £14,265 to £162,650).

The banded remuneration of the Chief Executive is £150k to £155k (2019-20, £150k to £155k). This is 2.99 times (2019-20, 2.92 times) the median remuneration of the workforce.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

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9.7 Pension Costs

PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

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The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,000 for the 2020-2021 tax year (2019-2020 £6,136 and £50,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

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10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that HEIW pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the HEIW financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	31-Mar-21	**31-Mar-21**	31-Mar-20	31-Mar-20
NHS	**Number**	**£000**	Number	£000
Total bills paid	2,072	121,353	2,623	109,713
Total bills paid within target	1,934	116,479	2,293	101,223
Percentage of bills paid within target	**93.3%**	**96.0%**	87.4%	92.3%
Non-NHS				
Total bills paid	4,715	102,677	6,582	99,008
Total bills paid within target	4,520	101,991	6,265	98,579
Percentage of bills paid within target	**95.9%**	**99.3%**	95.2%	99.6%
Total				
Total bills paid	**6,787**	**224,030**	9,205	208,721
Total bills paid within target	**6,454**	**218,470**	8,558	199,802
Percentage of bills paid within target	**95.1%**	**97.5%**	93.0%	95.7%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	31-Mar-21	31-Mar-20
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	**0**	0

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11. Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2020	0	1,431	0	0	573	0	1,394	482	**3,880**
Indexation	0	0	0	0	0	0	0	0	**0**
Additions									
- purchased	0	0	0	0	14	0	70	0	**84**
- donated	0	0	0	0	0	0	0	0	**0**
- government granted	0	0	0	0	0	0	0	0	**0**
Transfer from/into other organisations	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	0	0	**0**
At 31 March 2021	0	1,431	0	0	587	0	1,464	482	**3,964**
Depreciation at 1 April 2020	0	184	0	0	573	0	362	166	**1,285**
Indexation	0	0	0	0	0	0	0	0	**0**
Transfer from/into other organisations	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	0	0	**0**
Provided during the period	0	147	0	0	0	0	271	82	**500**
At 31 March 2021	0	331	0	0	573	0	633	248	**1,785**
Net book value at 1 April 2020	0	1,247	0	0	0	0	1,032	316	**2,595**
Net book value at 31 March 2021	0	1,100	0	0	14	0	831	234	**2,179**
Net book value at 31 March 2021 comprises :									
Purchased	0	1,100	0	0	14	0	831	234	**2,179**
Donated	0	0	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	0	0	**0**
At 31 March 2021	0	1,100	0	0	14	0	831	234	**2,179**
Asset financing :									
Owned	0	1,100	0	0	14	0	831	234	**2,179**
Held on finance lease	0	0	0	0	0	0	0	0	**0**
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	**0**
PFI residual interests	0	0	0	0	0	0	0	0	**0**
At 31 March 2021	0	1,100	0	0	14	0	831	234	**2,179**

The net book value of land, buildings and dwellings at 31 March 2021 comprises :

	£000
Freehold	0
Long Leasehold	1,100
Short Leasehold	0
	1,100

'Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

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11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2019	0	1,413	0	0	573	0	1,358	441	**3,785**
Indexation	0	0	0	0	0	0	0	0	**0**
Additions									
- purchased	0	18	0	0	0	0	36	41	**95**
- donated	0	0	0	0	0	0	0	0	**0**
- government granted	0	0	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	0	0	**0**
At 31 March 2020	0	1,431	0	0	573	0	1,394	482	**3,880**
Depreciation at 1 April 2019	0	37	0	0	573	0	96	90	**796**
Indexation	0	0	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	0	0	**0**
Provided during the year	0	147	0	0	0	0	266	76	**489**
At 31 March 2020	0	184	0	0	573	0	362	166	**1,285**
Net book value at 1 April 2019	0	1,376	0	0	0	0	1,262	351	**2,989**
Net book value at 31 March 2020	0	1,247	0	0	0	0	1,032	316	**2,595**
Net book value at 31 March 2020 comprises :									
Purchased	0	1,247	0	0	0	0	1,032	316	**2,595**
Donated	0	0	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	0	0	**0**
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	**2,595**
Asset financing :									
Owned	0	1,247	0	0	0	0	1,032	316	**2,595**
Held on finance lease	0	0	0	0	0	0	0	0	**0**
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	**0**
PFI residual interests	0	0	0	0	0	0	0	0	**0**
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	**2,595**

The net book value of land, buildings and dwellings at 31 March 2020 comprises :

	£000
Freehold	**0**
Long Leasehold	**1,247**
Short Leasehold	**0**
	1,247

'Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

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11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2020	0	0	0	0	0	**0**
Plus assets classified as held for sale in the period	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the period	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2021	0	0	0	0	0	**0**
Balance brought forward 1 April 2019	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2020	0	0	0	0	0	**0**

Assets sold in the period

There were no assets sold in the period.

Assets classified as held for sale during the period

No assets were classified as held for sale during 2020-21.

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12. Intangible non-current assets

2020-21

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	**0**
Additions- purchased	0	0	0	0	0	0	**0**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Gross cost at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Amortisation at 1 April 2020	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	0	**0**
Provided during the period	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Amortisation at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 1 April 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2021							
Purchased	0	0	0	0	0	0	**0**
Donated	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	**0**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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12.1 Intangible non-current assets
2019-20

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	**0**
Additions- purchased	0	0	0	0	0	0	**0**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Gross cost at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Amortisation at 1 April 2019	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	0	**0**
Provided during the year	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Amortisation at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 1 April 2019	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2020							
Purchased	0	0	0	0	0	0	**0**
Donated	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	**0**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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13 . Impairments

	31-Mar-21 Property, plant & equipment £000	**31-Mar-21 Intangible assets £000**	**31-Mar-20** Property, plant & equipment £000	**31-Mar-20** Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	0	0	0	0
Reversal of impairments	0	0	0	0
Total of all impairments	**0**	**0**	0	0
Analysis of impairments charged to reserves in period :				
Charged to the Statement of Comprehensive Net Expenditure	0	0	0	0
Charged to Revaluation Reserve	0	0	0	0
	0	**0**	0	0

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14.1 Inventories

	31-Mar-21	31-Mar-20
	£000	£000
Drugs	0	0
Consumables	0	0
Energy	0	0
Work in progress	0	0
Other	0	0
Total	**0**	0
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31-Mar-21	31-Mar-20
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	**0**	**0**

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15. Trade and other Receivables

Current

	31-Mar-21 £000	31-Mar-20 £000
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	22
Welsh NHS Trusts	347	22
Non - Welsh Trusts	0	0
Other NHS	0	8
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	237	129
Provision for irrecoverable debts	(51)	(4)
Pension Prepayments NHS Pensions	0	0
Other prepayments	1,232	897
Other accrued income	0	0
Sub total	**1,765**	1,074
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	**0**	0
Total	**1,765**	1,074

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15. Trade and other Receivables

Receivables past their due date but not impaired	31-Mar-21	31-Mar-20
	£000	£000
By up to three months	51	34
By three to six months	0	2
By more than six months	0	0
	51	36

No debtors past due (but not impaired) are greater than six months old.

Expected Credit Losses (ECL) previously Allowance for bad and doubtful debts

Balance at 1 April 2020	**(4)**	**(3)**
Transfer to other NHS Wales body	0	**0**
Amount written off during the period	0	**0**
Amount recovered during the period	0	**0**
(Increase) / decrease in receivables impaired	(47)	**(1)**
ECL/Bad debts recovered during period	0	**0**
Balance at 31 March 2021	**(51)**	(4)

In determining whether a debt is impaired consideration is given to the age of the debt and the results ofactions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	91	69
Other	0	0
Total	**91**	69

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16. Other Financial Assets

	Current		Non-current	
	31-Mar-21	31-Mar-20	**31-Mar-21**	31-Mar-20
	£000	£000	**£000**	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	**0**	**0**	**0**	**0**

17. Cash and cash equivalents

	31-Mar-21	31-Mar-20
	£000	£000
Opening Balance	**7,465**	6,240
Net change in cash and cash equivalent balances	**(1,317)**	1,225
Balance at 31 March 2021	**6,148**	7,465
Made up of:		
Cash held at Government Banking Service (GBS)	6,148	7,465
Commercial banks	0	0
Cash in hand	0	0
Cash and cash equivalents as in Statement of Financial Position	**6,148**	7,465
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	**6,148**	7,465

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities £0k
PFI liabilities £0k

The movement relates to cash, no comparative information is required by IAS 7 in 2020-21.

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18. Trade and other payables

Current	**31-Mar-21**	31-Mar-20
	£000	£000
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	1,575	1,621
Welsh NHS Trusts	999	301
Other NHS	439	93
Taxation and social security payable / refunds	368	329
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	2	0
Non-NHS trade payables - revenue	1,570	3,095
Local Authorities	0	6
Capital payables-Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	23	23
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	227	189
Non NHS Accruals	2,446	1,481
Deferred Income:		
Deferred Income brought forward	19	11
Deferred Income Additions	12	8
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(19)	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub total	**7,661**	7,157
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital Creditors- Tangible	0	0
Capital Creditors- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	148	171
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub total	**148**	171
Total	**7,809**	7,328

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

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18. Trade and other payables (continued)

Amounts falling due more than one year are expected to be settled as follows:	31-Mar-21	31-Mar-20
	£000	£000
Between one and two years	23	23
Between two and five years	69	69
In five years or more	56	79
Sub-total	148	171

19. Other financial liabilities

	Current		Non-current	
Financial liabilities				
	31-Mar-21	**31-Mar-20**	**31-Mar-21**	**31-Mar-20**
	£000	£000	**£000**	£000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	**0**	0	**0**	0

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20. Provisions

	At 1 April 2020	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2021
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	**0**	0	0	0	0	0	0	0	**0**
Primary care	**0**	0	0	0	0	0	0	0	**0**
Redress Secondary care	**0**	0	0	0	0	0	0	0	**0**
Redress Primary care	**0**	0	0	0	0	0	0	0	**0**
Personal injury	**0**	0	0	0	0	0	0	0	**0**
All other losses and special payments	**0**	0	0	0	0	0	0	0	**0**
Defence legal fees and other administratio	**0**	0	0	0	0	0	0		**0**
Pensions relating to former directors	**0**			0	0	0	0	0	**0**
Pensions relating to other staff	**0**			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	**0**			0	0	0	0	0	**0**
Restructuring	**0**			0	0	0	0	0	**0**
Other	**130**		0	0	3	0	(126)		**7**
Total	**130**	**0**	**0**	0	3	0	(126)	**0**	**7**
Non Current									
Clinical negligence:-									
Secondary care	**0**	0	0	0	0	0	0	0	**0**
Primary care	**0**	0	0	0	0	0	0	0	**0**
Redress Secondary care	**0**	0	0	0	0	0	0	0	**0**
Redress Primary care	**0**	0	0	0	0	0	0	0	**0**
Personal injury	**0**	0	0	0	0	0	0	0	**0**
All other losses and special payments	**0**	0	0	0	0	0	0	0	**0**
Defence legal fees and other administratio	**0**	0	0	0	0	0	0		**0**
Pensions relating to former directors	**0**			0	0	0	0	0	**0**
Pensions relating to other staff	**0**			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	**0**			0	0	0	0	0	**0**
Restructuring	**0**			0	0	0	0	0	**0**
Other	**0**		0	0	0	0	0		**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL									
Clinical negligence:-									
Secondary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Primary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Redress Secondary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Redress Primary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Personal injury	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
All other losses and special payments	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Defence legal fees and other administratio	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**
Pensions relating to former directors	**0**			**0**	**0**	**0**	**0**	**0**	**0**
Pensions relating to other staff	**0**			**0**	**0**	**0**	**0**	**0**	**0**
2019-20 Scheme Pays - Reimbursement	**0**			**0**	**0**	**0**	**0**	**0**	**0**
Restructuring	**0**			**0**	**0**	**0**	**0**	**0**	**0**
Other	**130**		**0**	**0**	**3**	**0**	**(126)**		**7**
Total	**130**	**0**	**0**	**0**	**3**	**0**	**(126)**	**0**	**7**

Expected timing of cash flows:

	in year to 31 March 2022	Between 1 April 2022 31 March 2026	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	0	0	0	**0**
Primary care	0	0	0	**0**
Redress Secondary care	0	0	0	**0**
Redress Primary care	0	0	0	**0**
Personal injury	0	0	0	**0**
All other losses and special payments	0	0	0	**0**
Defence legal fees and other administration	0	0	0	**0**
Pensions relating to former directors	0	0	0	**0**
Pensions relating to other staff	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	0	0	0	**0**
Restructuring	0	0	0	**0**
Other	7	0	0	**7**
Total	**7**	**0**	**0**	**7**

The provision of £7k held on the balance sheet at 31st March 2021 relates to the estimated costs of holiday pay due on overtime for the 2019/20 and 2020/21 financial years.

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20. Provisions (continued)

	At 1 April 2019	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2020
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	**0**
Primary care	0	0	0	0	0	0	0	0	**0**
Redress Secondary care	0	0	0	0	0	0	0	0	**0**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	0	0	0	0	0	0	0	0	**0**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	30	0	0	0	0	(8)	(22)		**0**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	**0**
Restructuring	0			0	0	0	0	0	**0**
Other	0		0	0	130	0	0		**130**
Total	**30**	**0**	**0**	**0**	**130**	**(8)**	**(22)**	**0**	**130**
Non Current									
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	**0**
Primary care	0	0	0	0	0	0	0	0	**0**
Redress Secondary care	0	0	0	0	0	0	0	0	**0**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	0	0	0	0	0	0	0	0	**0**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	0	0	0	0	0	0	0		**0**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	**0**
Restructuring	0			0	0	0	0	0	**0**
Other	0		0	0	0	0	0		**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL									
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	**0**
Primary care	0	0	0	0	0	0	0	0	**0**
Redress Secondary care	0	0	0	0	0	0	0	0	**0**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	0	0	0	0	0	0	0	0	**0**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	30	0	0	0	0	(8)	(22)		**0**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	**0**
Restructuring	0			0	0	0	0	0	**0**
Other	0		0	0	130	0	0		**130**
Total	**30**	**0**	**0**	**0**	**130**	**(8)**	**(22)**	**0**	**130**

The provision of £130k held on the balance sheet at 31st March 2020 is made up of:
- £4k for the estimated costs of holiday pay on overtime worked in HEIW since 1st October 2018. This is as a result of a case brought against the East of England Ambulance Service that is pending an appeal.
- £78k for the estimated costs of untaken annual leave as at 31st March 2020 by Dental Trainees in non-NHS settings. This is as a result of the COVID-19 pandemic.
- £48k for the estimated costs of untaken annual leave as at 31st March 2020 by Pharmacy Technicans/Pre-reg Pharmacists in non-NHS settings. This is as a

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21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts :	31-Mar-21 **£'000**	31-Mar-20 £'000
Legal claims for alleged medical or employer negligence		
Secondary Care	0	0
Primary Care	0	0
Secondary Care Redress	0	0
Primary Care Redress	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	**0**	0
Amounts recovered in the event of claims being successful	0	0
Net contingent liability	**0**	0

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

Welsh Government, on behalf of Health Education & Improevement Wales will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.
This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants.

Clinical staff have until 31 March 2022 to opt for this scheme and the ability to make changes up to 31 July 2026.

At the date of approval of these accounts, there was insufficient data of take-up of the scheme by the Welsh clinical staff to enable a reasonable assessment of future take up to be made. As no reliable estimate can therefore be made to support the creation of a provision at 31 March 2021, the existence of an unquantified contingent liability is instead disclosed.

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21.2 Remote Contingent liabilities	31-Mar-21 £'000	31-Mar-20 £'000
Please disclose the values of the following categories of remote contingent liabilities :		
Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
Total	**0**	**0**

21.3 Contingent assets

	31-Mar-21 £'000	31-Mar-20 £'000
None	0	0
	0	0
	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments	31-Mar-21 £'000	31-Mar-20 £'000
Property, plant and equipment	0	0
Intangible assets	0	0
Total	**0**	0

English,Catherine
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23. Losses and special payments

HEIW has made no paymenta included within the 'losses and special payments' definition during the period. Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial period

	Amounts paid out during period to 31 March 2021	
	Number	**£**
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	0	0
Total	0	0

Analysis of cases which exceed £300,000 and all other cases

Cases exceeding £300,000	**Number**	**Case type**	**Amounts paid out in period** £	**Cumulative amount** £
None				
Sub-total			**0**	**0**
All other cases			0	0
Total cases			**0**	**0**

English,Catherine 06/04/2021 14:38:55

24. Finance leases

24.1 Finance leases obligations (as lessee)

HEIW has no finance lease obligations as lessee.

Amounts payable under finance leases:

Land

	31-Mar-21 £000	31-Mar-20 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

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24.1 Finance leases obligations (as lessee) continue

Amounts payable under finance leases:

Buildings

	31-Mar-21	31-Mar-20
Minimum lease payments	**£000**	£000
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

Other

	31-Mar-21	31-Mar-20
Minimum lease payments	**£000**	£000
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

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24.2 Finance leases obligations (as lessor) continued

HEIW has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

	31-Mar-21	31-Mar-20
Gross Investment in leases	**£000**	£000
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

HEIW has no PFI schemes which are deemed to be on or off the statement of financial position.

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25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

HEIW has no PFI schemes which are deemed to be on or off the statement of financial position.

Commitments under off-SoFP PFI contracts	**Off-SoFP PFI contracts**	Off-SoFP PFI contracts
	31 March 2021	31 March 2020
	£000	£000
Total payments due within one year	**0**	0
Total payments due between 1 and 5 years	**0**	0
Total payments due thereafter	**0**	0
Total future payments in relation to PFI contracts	**0**	0
Total estimated capital value of off-SoFP PFI contracts	**0**	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	**£000**
Contract start date:	**N/A**
Contract end date:	**N/A**

	£000
Contract start date:	**N/A**
Contract end date:	**N/A**

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2021 £000	**On SoFP PFI Imputed interest 31 March 2021 £000**	**On SoFP PFI Service charges 31 March 2021 £000**
Total payments due within one year	**0**	**0**	**0**
Total payments due between 1 and 5 years	**0**	**0**	**0**
Total payments due thereafter	**0**	**0**	**0**
Total future payments in relation to PFI contracts	**0**	**0**	**0**

	On SoFP PFI Capital element 31 March 2020 £000	On SoFP PFI Imputed interest 31 March 2020 £000	On SoFP PFI Service charges 31 March 2020 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

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	31 March 2021
	£000
Total present value of obligations for on-SoFP PFI contracts	**0**

25.3 Charges to expenditure	31-Mar-21	31-Mar-20
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

PFI scheme expiry date:	31-Mar-21 £000	31-Mar-20 £000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the organisation is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract	On / Off-statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0

PFI Contract

None

25.5 Public Private Partnerships during the year

HEIW has no Public Private Partnerships

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26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. HEIW is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. HEIW has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing HEIW in undertaking its activities.

Currency risk

HEIW is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Ste rling based. HEIW has no overseas operations. HEIW therefore has low exposure to currency rate fluctuations.

Interest rate risk

HEIW is not permitted to borrow. HEIW therefore has low exposure to interest rate fluctuations

Credit risk

Because the majority of HEIW funding derives from funds voted by the Welsh Government HEIW has low exposure to credit risk.

Liquidity risk

HEIW is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the We lsh Government as the requirement arises. HEIW is not, therefore, exposed to significant liquidity risks.

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27. Movements in working capital

	31-Mar-21	31-Mar-20
	£000	£000
(Increase)/decrease in inventories	**0**	0
(Increase)/decrease in trade and other receivables - non-current	**0**	0
(Increase)/decrease in trade and other receivables - current	**(691)**	(273)
Increase/(decrease) in trade and other payables - non-current	**(23)**	(23)
Increase/(decrease) in trade and other payables - current	**504**	1,036
Total	**(210)**	740
Adjustment for accrual movements in fixed assets - creditors	**0**	0
Adjustment for accrual movements in fixed assets - debtors	**0**	0
Other adjustments	**0**	0
	(210)	740

28. Other cash flow adjustments

	31-Mar-21	31-Mar-20
	£000	£000
Depreciation	**500**	489
Amortisation	**0**	0
(Gains)/Loss on Disposal	**0**	0
Impairments and reversals	**0**	0
Release of PFI deferred credits	**0**	0
NWSSP Covid assets issued debited to expenditure but non-cash	**0**	0
Covid assets received credited to revenue but non-cash	**0**	0
Donated assets received credited to revenue but non-cash	**0**	0
Government Grant assets received credited to revenue but non-cash	**0**	0
Non-cash movements in provisions	**(123)**	108
Other movements	**1,547**	515
Total	**1,924**	1,112

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29. Events after the Reporting Period

There are no events after the reporting date that have a material impact on the 2020/21 financial statements.

The financial statements were approved by the Chief Executive as Acountable Officer on the date certified by the Auditor General for Wales

30. Related Party Transactions

The Welsh Government is regarded as a related party. During the accounting period HEIW has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	187	231,777	0	0
Welsh LHBS	80,527	0	1,576	0
Welsh NHS Trusts	40,808	152	998	346
Local Authorities	526	0	0	0
Swansea University	24,311	0	406	0
Cardiff University	27,088	0	608	0
University West of England	203	0	47	0
University of South Wales	17,438	0	479	0
Royal College of Nursing	88	0	40	0
Displaced People in Action Ltd (DPIA)	37	0	0	0
General Pharmaceutical Council (GPhC)	1	0	0	0
Royal College of Physicians	13	0	0	0
General Medical Council (GMC)	0	14	0	0
	191,227	**231,943**	**4,154**	**346**

During the year, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

Tina Donnelly is a Fellow of the University of South Wales and Royal College of Nursing

Ruth Hall is a visiting Chair of the University of West of England and an advisory Board Member, Centre for Public Policy Wales at Cardiff University.

Ceri Phillips is Head of College of Human and Health Sciences, Swansea University.

Heidi Phillips is Associate Professor Primary Care, Swansea University

Mr Eifion Williams is a Member of the Finance Committee of Swansea University.

Pushpinder Mangat, Nicola Johnson and Sian Richards are seconded from Swansea Bay University Health Board.

Julie Rogers is seconded from Welsh Government.

31. Third Party assets

HEIW does not hold cash on behalf of third parties.

English,Catherine
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32. Pooled budgets

HEIW does not operate any pooled budgets.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

HEIW is deemed to operate as one segment.

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34. Other Information

34.1. 6.3% Staff Employer Pension Contributions - Notional Element

The notional transactions are based on estimated costs for the twelve month period, calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions as at month eleven and the actual employer staff payments for month 12.
Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

Statement of Comprehensive Net Expenditure for the year ended 31 March	**2020-21 £000**	**2019-20 £000**
3.2 Postgraduate Medical, Dental & Pharmacy Education	922	0
3.3 Other Operating Expenditure	625	515
Statement of Changes in Taxpayers' Equity For the year ended 31 March		
Net operating cost for the year	-1,547	-515
Notional Welsh Government Funding	1,547	515
Statement of Cash Flows for year ended 31 March		
Net operating cost for the financial year	0	0
Other cash flow adjustments	1,547	515
2.1 Revenue Resource Performance		
Revenue Resource Allocation	1,547	515
3. Analysis of gross operating costs		
3.2 Postgraduate Medical, Dental & Pharmacy Training		
GP Registrars	725	0
Dental Foundation Trainees	74	0
Pre-Registration Pharmacists	123	0
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	19	37
Staff costs	606	478
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	625	515
Charged to capital	0	0
Charged to revenue	625	515
18. Trade and other payables		
Current		
Pensions: staff	0	0
28. Other cash flow adjustments		
Other movements	1,547	515

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34.2 Other Information

Welsh Government Covid 19 Funding

	2020-21 £000
Capital	
Capital Funding Field Hospitals	0
Capital Funding Equipment & Works	0
Capital Funding other (Specify)	0
Welsh Government Covid 19 Capital Funding	**0**
Revenue	
Sustainability Funding	0
C-19 Pay Costs Q1 (Future Quarters covered by SF)	0
Field Hospital (Set Up Costs, Decommissioning & Consequential losses)	0
PPE (including All Wales Equipment via NWSSP)	0
TTP- Testing & Sampling - Pay & Non Pay	0
TTP - NHS & LA Tracing - Pay & Non Pay	0
Vaccination - Extended Flu Programme	0
Vaccination - COVID-19	0
Staff Bonus Payment	924
Annual Leave Accrual - Increase due to Covid	152
Urgent & Emergency Care	0
Support for Adult Social Care Providers	0
Hospices	0
Independent Health Sector	0
Mental Health	0
Other Primary Care	0
Other	0
Welsh Government Covid 19 Revenue Funding	**1,076**

The HEIW SHA has received no other funding directly linked to Covid 19.

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34. Other Information

34.3. IFRS 16

IFRS 16 Implementation

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 Leases until 1 April 2022, because of the circumstances caused by Covid-19.

To ease the pressure on NHS Wales Finance Departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group,Finance Department.

We expect the introduction of IFRS16 will not have a significant impact and this will be worked through for disclosure in our 2021-22 financial statements.

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THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH PARAGRAPH 3(1) OF SCHEDULE 9 TO THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

HEALTH EDUCATION AND IMPROVEMENT WALES

1. Health Education and Improvement Wales (HEIW), a special health authority, shall prepare accounts for the financial period 5th October 2017 to 31 March 2019 and subsequent financial years in the form specified in paragraphs 2 to 4 below.

BASIS OF PREPARATION

2. The accounts of HEIW shall comply with:

(a) the accounting principles and disclosure requirements of the Government Financial Reporting Manual ('the FReM') issued by HM Treasury which is in force for that financial year, as detailed in the NHS Wales Manual for Accounts; and

(b) any other specific guidance or disclosures required by the Welsh Government.

3. The accounts shall be prepared so as to:

(a) give a true and fair view of the state of affairs as at the year-end and of the net expenditure, financial position, cash flows and changes in taxpayers' equity for the financial year then ended; and

(b) provide disclosure of any material expenditure or income that has not been applied to the purposes intended by the National Assembly for Wales or material transactions that have not conformed to the authorities which govern them.

4. Compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts is inconsistent with the requirement to give a true and fair view, the requirements of the FReM as detailed in the NHS Wales Manual for Accounts should be departed from only to the extent necessary to give a true and fair view. In such cases, informed and unbiased judgment should be used to devise an appropriate alternative treatment which should be consistent both with the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Welsh Government.

Signed by the authority of the Welsh Ministers

Signed:

Dated:

Alan Brace, Director of Finance HSSG

English Catherine
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Archwilio Cymru
Audit Wales

Audit of Accounts Report – Health Education and Improvement Wales

Audit year: 2020-21

Date issued: June 2021

Document reference: 2438A2021-22

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This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

English,Catherine
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Contents

We intend to issue an unqualified audit report on your Accounts with an Emphasis of Matter paragraph and substantive report drawing attention to a disclosure note in your accounts. There are some issues to report to you prior to their approval.

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Audit of Accounts Report

Introduction

1 We summarise the main findings from our audit of your 2020-21 accounts in this report.

2 We have already discussed these issues with the Director of Finance and Head of Financial Accounting.

3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.

4 We set this level at £2,352,500 for this year's audit.

5 There are some areas of the accounts that may be of more importance to the reader and we have set a lower materiality level for these, as follows:

- Remuneration report (remuneration £5,000 banding, pension disclosures £1,000)
- Related party disclosures (personal interests £10,000, Companies £50,000)
- Audit fee (£1,000)

6 We have now substantially completed this year's audit.

7 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and, our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Impact of COVID-19 on this year's audit

8 The COVID-19 pandemic has had a significant impact on all aspects of our society and continues to do so. You are required by law to prepare accounts and it is of considerable testament to the commitment of your accounts team that you have succeeded preparing a high quality draft account, to deadline, in the face of the challenges posed by this pandemic. We are extremely grateful to the professionalism of the team in supporting us to complete our audit in such difficult circumstances.

9 The pandemic has unsurprisingly affected our audit and we summarise in **Exhibit 1** the main impacts. Other than where we specifically make recommendations, the detail in **Exhibit 1** is provided for information purposes only to help you understand the impact of the COVID-19 pandemic on this year's audit process.

English,Catherine
06/04/2021 15:38:55

Exhibit 1 – impact of COVID-19 on this year's audit

Timetable	• We received the draft accounts on 30 April 2021. • Our deadline for completing our audit was changed to 11 June 2021. • At the request of HEIW management, we conducted our audit of accounts work largely to the original timetable, the Audit and Assurance Committee and Board meetings for consideration of the audited financial statements were moved to 9 and 10 June 2021 respectively to give sufficient time for WG to conclude upon all-Wales issues and provide the relevant guidance. • We are making arrangements for the Auditor General for Wales to certify your audit report on 15 June 2021 and for your accounts to be laid before the Senedd, alongside all of the other NHS Wales 2020-21 accounts, on 16 June 2021.
Electronic signatures	Electronic signatures will be required for the HEIW Accounting Officer and Chair to sign the accounts, and for the AGW to certify the accounts.
Audit evidence	• HEIW officers provided electronic working papers in accordance with our agreed Audit Deliverables Report. • HEIW officers provided audit evidence to the audit team via secure e-mail. • HEIW officers were available on MS Teams for discussions, and also for the sharing of on-screen information/evidence. • Audit Wales secured remote read-only access to the HEIW Oracle ledger which enabled the audit team to query the ledger and hence reduce the burden on HEIW officers to provide this information. • HEIW was also part of the Audit Wales Analytics Assisted Audit pilot whereby general ledger was provided independently by NWSSP and incorporated into the application for use by the audit team.
Other	MS Teams-based HEIW Audit and Assurance Committee meetings have enabled us to proficiently discharge our responsibility for reporting to those charged with governance.

English Catherine
06/04/2021 10:38:55

10 We will be reviewing what we have learned for our audit process from the COVID-19 pandemic and whether there are innovative practices that we might

adopt in the future to enhance that process. We will engage with HEIW officers in this post-project learning soon after completion of our audit work.

Proposed audit opinion

11 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**. We intend to include an Emphasis of Matter paragraph in the opinion to draw attention to a disclosure in your accounts regarding clinicians' pensions tax liabilities and a substantive report which sets out further details. This matter is set out in **Exhibit 2** below.

12 We would issue a 'qualified' audit opinion if we had material concerns about any aspects of your accounts; however, since this is not the case, we anticipate issuing an unqualified opinion.

13 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.

14 Our proposed audit report is set out in **Appendix 2**.

Significant issues arising from the audit

Uncorrected misstatements

15 There are no non-trivial misstatements identified in the accounts which remain uncorrected.

Corrected misstatements

16 The accounts contain no corrections for misstatements. **Appendix 3** is a summary of disclosure amendments made to the draft accounts.

Other significant issues arising from the audit

17 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. There was one issue arising regarding Clinicians' Pension Tax Liabilities, the implications of which are summarised in **Exhibit 2**:

English,Catherine
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Exhibit 2 – significant issues arising from the audit

Emphasis of matter – Clinicians' Pension Tax Liabilities	Within the Audit Report we draw attention to Note 21.1 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. The opinion is not modified in respect of this matter.
Substantive report - Clinicians' Pension Tax Liabilities	All NHS bodies will be held harmless for the impact of the Ministerial Direction, however, the Auditor General's opinion is that any transactions included in the Authority's financial statements to recognise this liability would be irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting.

Recommendations

18 There are no issues sufficiently significant to warrant bringing to your attention. The accounts team produced a high-quality draft account and we identified no significant weakness within the systems and controls that produce the financial information.

English,Catherine
06/04/2021 15:38:55

Appendix 1

Final Letter of Representation

Auditor General for Wales

Audit Wales

24 Cathedral Road

Cardiff

CF11 9LJ

[Date]

Representations regarding the 2020-21 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Health Education and Improvement Wales for the year ended 31 March 2020 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
  - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
  - make judgements and estimates on a reasonable basis;
  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
  - prepare them on a going concern basis on the presumption that the services of Health Education and Improvement Wales will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.
- The design, implementation and maintenance of internal control to prevent and detect error.

English, Catherine
06/04/2021 11:38:55

Information provided

We have provided you with:

- Full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Health Education and Improvement Wales and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

Enquiry Gatherer
06/04/2021 17:39:55

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are no non-trivial misstatements within the accounts which remain uncorrected.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 8 June 2021.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	Signed by:
Chief Executive	Chair
Date:	Date:

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Appendix 2

Proposed audit report

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Health Education and Improvement Wales for the year ended 31 March 2021 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as at 31 March 2021 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other

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ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Emphasis of Matter – Clinicians' pension tax liabilities

I draw attention to Note 21.1 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. My opinion is not modified in respect of this matter.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

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Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Performance Report has been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of

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financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Education and Improvement Wales policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the posting of unusual journals.
- Obtaining an understanding of Health Education and Improvement Wales' framework of authority as well as other legal and regulatory frameworks that Health Education and Improvement Wales operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Health Education and Improvement Wales.

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In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Education and Improvement Wales controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Report

Please see my Report on pages x to y.

Adrian Crompton
Auditor General for Wales
15 June 2021

24 Cathedral Road
Cardiff
CF11 9LJ

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Report of the Auditor General to the Senedd

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Health Education and Improvement Wales Special Health Authority's financial statements. I am reporting on these financial statements for the year ended 31 March 2021 to draw attention to a key matter for my audit. This is the implication of the ministerial direction on senior clinicians' pensions. I have not qualified my 'true and fair' opinion in respect of this matter.

Ministerial direction on senior clinicians' pensions

NHS Pension scheme and pension tax legislation is not devolved to Wales. HM Treasury's changes to the tax arrangements on pension contributions in recent years included the reduction in the Annual Allowance limit from over £200,000 in 2011-12 to £40,000 in 2018-19. As a result, in cases where an individual's pension contributions exceed certain annual and / or lifetime pension contribution allowance limits, then they are taxed at a higher rate on all their contributions, creating a sharp increase in tax liability.

In a Written Statement on 13 November 2019, the Minister for Health and Social Services had noted that NHS Wales bodies were: 'regularly reporting that senior clinical staff are unwilling to take on additional work and sessions due to the potentially punitive tax liability'. In certain circumstances this could lead to additional tax charges in excess of any additional income earned.

On 18 December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages. If NHS clinicians opted to use the 'Scheme Pays' facility to settle annual allowance tax charges arising from their 2019-20 NHS pension savings (ie settling the charge by way of reduced annual pension, rather than by making an immediate one-off payment), then their NHS employers would meet the impact of those tax charges on their pension when they retire.

The Ministerial Direction was required because this solution could be viewed by HMRC to constitute tax planning and potentially tax avoidance, hence making the expenditure irregular. Managing Welsh Public Money (which mirrors its English equivalent) specifically states that 'public sector organisations should not engage in…tax evasion, tax avoidance or tax planning'.

A Ministerial Direction does not make regular what would otherwise be irregular, but it does move the accountability for such decisions from the Accounting Officer to the Minister issuing the direction.

The solution applies only to annual allowance tax charges arising from an increase in the benefits accrued in the NHS Pension Scheme during the tax year ended 5 April 2020. For the tax year ended 5 April 2021, the Chancellor increased the thresholds for the tapered

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annual allowance and, as a result, it is anticipated that the risk to the supply of clinical staff has been mitigated.

The Authority currently has insufficient information to calculate and recognise an estimate of the potential costs of compensating senior clinical staff for pension benefits that they would otherwise have lost, by using the 'Scheme Pays' arrangement. As a result, no expenditure is recognised in the financial statements but as required the Authority has disclosed a contingent liability in Note 21.1 of its financial statements.

All NHS bodies will be held harmless for the impact of the Ministerial Direction, however in my opinion any transactions included in the Authority's financial statements to recognise this liability would be irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting.

I have not modified my regularity opinion in this respect this year because as set out above, no expenditure has been recognised in the year ended 31 March 2021. I have however placed an Emphasis of Matter paragraph in my audit report to highlight this issue and, have prepared this report to bring the arrangement to the attention of the Senedd.

Adrian Crompton

Auditor General for Wales

15 June 2021

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Appendix 3

Summary of corrections made

During our audit we recommended some additions, amendments and deletions to disclosures within the accounts to ensure completeness, clarity, accuracy and consistency throughout, and to comply with best practice as set out in the NHS Wales 2019-20 Manual for Accounts.

Exhibit 3: summary of disclosure amendments made to the draft accounts

Disclosure Note	Nature of amendment
Note 2 Financial duties performance	Narrative disclosure updated to reflect the second financial duty for the 2020-21 financial year.
Note 21 Contingent liabilities	Inclusion of a narrative disclosure for the contingent liability in respect of clinicians' pension tax liability.
Note 29 Events after the reporting period	Insertion of standard disclosure for compliance with the FReM regarding the date the accounts are authorised for issue.
Remuneration report	Correction to the salary disclosure for one Director. Correction to the sickness absence data disclosed for the current and prior years.
Various disclosure notes	A number of narrative and disclosure amendments, not identified separately in this table, as not regarded as material to the financial statements.

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Catherine Gwynn
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Meeting Date	10 June 2021	**Agenda Item**	**2.8**
Report Title	Matters Reported In-Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To set out key issues discussed at the In-Committee Board Meeting held on 27 May 2021.		
Key Issues	In accordance with Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. This report sets out the decisions made by Board In-Committee on 27 May 2021.		

Specific Action Required *(please ✓ one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	✓			

Recommendation	Members are asked to: • **Note** the report for information.

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DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 27 MAY 2021

1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meeting held on 27 May 2021.

2. BACKGROUND

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

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

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

3. PROPOSAL

The report provides an overview of matters considered by the In-Committee Board Meeting held on 27 May 2021 and is intended to further demonstrate HEIW's commitment to open and transparent decision making.

4. GOVERNANCE AND RISK ISSUES

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

- **Chairs Report** – The Board received and noted a verbal update from the Chair.
- **Chief Executives Report** – The Board received and noted a verbal update from the Chief Executive.
- **Key Issues Report from the Joint In-Committee Meeting of the Audit and Assurance Committee and Education Commissioning and Quality Committee held on 14 May 2021** - The Board received and noted the Chairs key issue report for the closed session of the Joint Committee held on 14 May 2021.
- **Evaluation of the Tenders for Phase 1 of the Strategic Review of Professional Education** – The Board received and approved the submission of the proposed contract award, for the future provision of pre-registration health professional education in Wales (the Contracts) to the Welsh Government for noting.

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- **Office of Chief Digital Officer Hosting Agreement and Arrangements** – The Board received and noted the report.
- **Key Issues Report from the Audit and Assurance in-committee meeting held on 7 April 2021** – The Board received and noted the Chairs key issue report for the closed session of the Audit and Assurance Committee held on 7 April 2021.
- **Key Issues Report from Audit and Assurance in-committee meeting held on 6 May 2021**- The Board received and noted the Chairs key issue report for the closed session of the Audit and Assurance Committee held on 6 May 2021.
- **Key Issues Report from Remuneration and Terms of Service meeting held on 25 March 2021 -** The Board received and noted the Chairs key issue report for the Remuneration and Terms of Service Committee held on 25 March 2021.
- **Key Issues Report from Remuneration and Terms of Service meeting held on 29th April 2021 -** The Board received and noted the Chairs key issue report for the closed session of the Audit and Assurance Committee held on 29 April 2021.

5. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update. However, any resource implications would have been detailed in the original requests for ratification.

6. RECOMMENDATION

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

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

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

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and experience of patients and staff.	
Financial Implications	
There are no direct resource implications related to this report. However, any resource implications would have been detailed in the original requests for ratification.	
Legal Implications (including equality and diversity assessment)	
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.	
Staffing Implications	
There are no direct staffing implications on workforce within this report. However, specific impact, where relevant, will have been considered within individual reports references within this update.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
There are no direct implications on the Act. However, specific impact, where relevant, will have been considered within individual reports references within this update.	
Report History	This report is provided at each meeting of the Board.
Appendices	None.

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