

HEIW (Open) Board Meeting

Thu 27 May 2021, 11:15 - 13:00

Zoom

Agenda

11:15 - 11:25 **1. PRELIMINARY MATTERS**

10 min

 00 - Board Agenda (Open) 270521.pdf (2 pages)

1.1 Welcome and Introductions

Presenter: Chair/Oral

1.2 Apologies for Absence

Presenter: Chair/Oral

1.3 Declarations of Interest

Presenter: Chair/Oral

1.4 Draft Minutes of the Board Meeting held on 25 March 2021

Presenter: Chair/Attachment

 1.4 - FINAL Board Minutes (Open) March 2021.pdf (10 pages)

1.5 Action Log from the Board Meeting held on 25 March 2021

Presenter: Chair/Attachment

 1.5 - FINAL Board Actions (Open) March 2021.pdf (2 pages)

1.6 Matters Arising

Presenter: Chair/Oral

11:25 - 11:45 **2. CHAIR AND CHIEF EXECUTIVE REPORTS**

20 min

2.1 Chair's Report

Presenter: Chair/Attachment

 2.1 - Chairs Board Report 27 May 2021.(Final).docx.pdf (5 pages)

2.2 Chief Executive's Report

Presenter: Chief Executive/Attachment

 2.2 - CEO Report May 2021. (F).pdf (6 pages)

11:45 - 12:15 **3. STRATEGIC MATTERS**


30 min

3.1 Update on Health Professional Graduate Recruitment

English Catherine
05/26/2021 08:52:11

3.2 Update on HEIW's Role in Leading National Programmes

Presenter: Director of Workforce and Organisational Development & Interim Director of Nursing/Attachment




 3.2 Update on HEIW's Role in Leading National Programmes - May 2021 FINAL.pdf (8 pages)

12:15 - 12:55
40 min

4. GOVERNANCE, PERFORMANCE AND ASSURANCE




4.1 Director of Finance Report

Presenter: Director of Finance/Attachment

-  4.1a - May 2021 - Finance Board paper.pdf (5 pages)
-  4.1b - May 2021 - Board Finance Paper Appendix 1.pdf (2 pages)
-  4.1c - 2021_22 MMR Template April 21.pdf (33 pages)



4.2 End of Year Annual Performance Report 2020/21

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

-  4.2a - Q4 End of Year Performance Report Cover Paper Final.pdf (24 pages)
-  4.2b - 2021-05-11 Quarterly Integrated Performance Report End of Year 2020-21 Final.pdf (39 pages)
-  4.2c - 2021-05-12- HEIW - Performance Reporting Dashboard - Mar21.pdf (3 pages)

4.3 Procurement Compliance Annual Report 2020/21

Presenter: Director of Finance/Attachment

-  4.3a - HEIW Procurement Compliance Annual Report_May_2021.pdf (3 pages)
-  4.3b Health Education Improvement Wales 010420 - 310321.pdf (13 pages)

4.4 Board Self Assessment against the Corporate Governance Code


Presenter: Board Secretary/Attachment

-  4.4a - AG self assessment -Corporate Governance Code (13.05.21).pdf (3 pages)
-  4.4b - Appendix 1 - AG Self Assessment - CGCode(F)docx.pdf (10 pages)

4.5 Key Issues Reports




4.5.1 Audit and Assurance Committee held on 7 April 2021

Presenter: Chair of Committee/Attachment

-  4.5.1b - Key Issues Report Appendix 1.pdf (3 pages)
-  4.5.1a - Key Issues Report AAC (7 April) to Board (tracked)270521.pdf (3 pages)


4.5.2 Audit and Assurance Committee held on 6 May 2021

Presenter: Chair of Committee/Attachment

-  4.5.2b - Key Issues Report AAC (6 May) Appendix 1(tracked).pdf (2 pages)
-  4.5.2a - Key Issues Report AAC (6 May) to Board 270521(open)(tracked).pdf (3 pages)
-  4.5.2c - Key Issues Report AAC (6May) Appendix 2.pdf (12 pages)

4.6 In Committee Decisions

Presenter: Board Secretary/Attachment

-  4.6 - In Committee Decisions (March) Board (tracked)270521.pdf (4 pages)

5. OTHER MATTERS

5.1 Any Other Urgent Business

Presenter: Chair/Oral

5.2 Summary of Key Actions

Presenter: Chair/Oral

5.3 Dates of Next Meetings

Presenter: Chair/Oral

HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Open Board Meeting – 11:15-13:00

to be held on Thursday, 27 May 2021

Via Microsoft Teams/Teleconference

AGENDA

PART 1	PRELIMINARY MATTERS	11:15-11:25
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 25 March 2021	Chair/Attachment
1.5	Action Log from the Board meeting held on 25 March 2021	Chair/Attachment
1.6	Matters arising	Chair/Oral
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	11:25-11:45
2.1	Chair's Report	Chair/Oral
2.2	Chief Executive's Report	Chief Executive/Oral
PART 3	STRATEGIC MATTERS	11:45-12:15
3.1	Update on Health Professional Graduate Recruitment	Interim Director of Nursing/ Oral
3.2	Update on HEIW's Role in Leading National Programmes	Director of Workforce and Organisational Development & Interim Director of Nursing/ Attachment
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	12:15-12:55
4.1	Director of Finance Report	Director of Finance/ Attachment
4.2	End of Year Annual Performance Report	Director of Planning Performance & Corporate Services/ Attachments
4.3	Procurement Compliance Annual Report 2020/21	Director of Finance/ Attachment
4.4	Board Self-Assessment against the Corporate Governance Code	Board Secretary/ Attachment
4.5	To receive key issue report from the: 4.5.1 - Audit & Assurance Committee held on 7 April 2021. 4.5.2 – Audit & Assurance Committee held on 6 May 2021.	Chair of the Committee/ Attachment
4.6	In Committee Decisions	Board Secretary/ Attachment
PART 5	OTHER MATTERS	12:55-13:00
5.1	Any Other Urgent Business	Chair/Oral
5.2	Summary of Key Actions	Chair/Oral

5.3	<p>Dates of Next Meetings:</p> <ul style="list-style-type: none"> • HEIW Board to be held on 10 June 2021 via Zoom/Teleconference. • HEIW Board Development Session to be held on 17 June 2021 via Microsoft Teams/Teleconference
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In accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960 it shall be resolved that representatives of the press and other members of the public be excluded from the latter part of the meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting is to be held in private session.

English Catherine
05/26/2021 08:52:11

UnConfirmed Minutes of the HEIW Board Meeting
held at 10.30am on 25 March 2020
via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw

Present:

Dr Chris Jones	Chair
John Hill Tout	Vice Chair, Independent Member
Dr Ruth Hall	Independent Member
Gill Lewis	Independent Member
Professor Ceri Phillips	Independent Member
Dr Heidi Phillips	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
Nicola Johnson	Director of Planning, Performance and Corporate Services
Sian Richards	Director of Digital
Helen Cade	Communications and Engagement Manager
Huw Owen	Welsh Language Service Manager
Catherine English	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
2503/1.1	Welcome and Introductions	
	The Chair welcomed everyone to the meeting. A quorum was confirmed present.	
2503/1.2	Apologies for absence	
	Apologies were received from Tina Donnelly.	
2503/1.3	Declaration of interest	
	<p>The following members declared an interest through their connections with universities with reference to agenda items 3.3 Phase 1- Strategic Review of Health Professional Education and agenda [4.1] the Key Issue Report from the Chair of the Education, Commissioning and Quality Committee which considered a recommendation relating to Phase 2 of the Strategic Review.</p> <ul style="list-style-type: none"> • Dr Ruth Hall, Independent Member • Professor Ceri Phillips, Independent Member • Dr Heidi Phillips, Independent Member • Angela Parry, Interim Director of Nursing • Eifion Williams, Director of Finance • Professor Pushpinder Mangat, Medical Director 	

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	The Chair noted that all declarations were included in the Declaration of Interest Register and had previously been declared.	
2503/1.4	To receive and confirm the minutes of the Board held on 28 January 2021	
Resolved	The minutes were received and approved as an accurate record of the meeting.	
2503/1.5	Action Log	
Resolved	<p>The Board received the Action Log and noted the actions were either complete or matters for consideration on today's agenda. Eifion Williams provided the following update:</p> <p>2801/4.1 Non-NHS invoice compliance: HEIW had undertaken considerable work to improve the process, and the Public Sector Pay Policy target had been met with more than 95% of invoices paid by February. Eifion Williams will provide a full update to the Audit and Assurance Committee on 7 April.</p>	
Resolved	The Board noted the Action Log	
2503/1.6	Matters Arising	
	The Board considered an extension to the term for holding virtual meetings of the Board and its Committees.	
Resolved	It was agreed that the term for holding virtual meetings of the Board and its Committees be extended to the end of September 2021.	DB
PART 2	CHAIR AND CHIEF EXECUTIVE'S REPORT	
2503/2.1	Chair's Report	
	<p>The Board received the report.</p> <p>The Chair reflected on events of the past year, noting that COVID-19 had impacted everyone's lives and resulted in a period of grim milestones and personal tragedies. At the same time, there had been encouraging accounts of compassion and caring. It was important to recognise everyone's efforts, especially trainers, teachers, and educators who have worked to support the NHS workforce's training and education. The Chair expressed his thanks to the NHS workforce for their efforts throughout the pandemic and HEIW's staff in maintaining education and training.</p> <p>The Chair expressed his admiration for the effort that had gone into the vaccine programme and explained how it had helped highlight the importance of embracing new technology.</p> <p>The Chair congratulated Professor Ceri Phillips, who leaves the Board at the end of the month to take up the Vice Chair's role at Cardiff and Vale University Health Board. The Chair thanked Professor Ceri Phillips for his contribution to the work of HEIW and wished him every success in his new role.</p> <p>The Chair reflected on what has been a busy period for HEIW and stressed the vital role HEIW would play in supporting the NHS and Social Care in Wales to build back better, stronger, and fairer. It will be important to ensure the future workforce is fit for purpose and has compassionate leadership focused on staff and trainees' wellbeing.</p>	

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	<p>The Chair outlined the work taking place around the inequalities agenda and congratulated the organisation for supporting the SAS conference, which offered an opportunity to listen to the accounts of those affected by those issues.</p> <p>Finally, the Chair asked the Board to ratify the Chairs Action as detailed on page 5 of his report. The Chair had undertaken to ratify the signing of the contract with the supplier CDMS Interactive Solutions to provide the Gwalia Digital Leadership and Talent Management Portal.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the range of work highlighted by the Chair. • ratified the Chair's Action as detailed in page 5 of the Chair's report. 	
2503/2.2	Chief Executive's Report	
	<p>The Board received the report.</p> <p>In presenting the report, Alex Howells reiterated the messages of the Chair's Report, noting that the efforts of staff had resulted in limited disruption to educational and training programmes and provided an opportunity to build on that achievement in the coming year.</p> <p>It was noted that the Workforce Strategy had been anchored into Welsh Governments recovery and reset plans and that this will help shape next year's Annual Plan and inform the direction of travel.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the Chief Executive's report. 	
PART 3	STRATEGIC MATTERS	
2503/3.1	Annual Plan 2021-22	
	<p>The Board received the report.</p> <p>Nicola Johnson introduced the final draft Annual Plan 2021/22 and extended her thanks to all those who had contributed to its development. It was confirmed the continuing uncertainty in the public health situation, coupled with the political timing, meant certain elements of the Annual Plan, particularly around finances, would continue to be developed during quarter one and would be re-presented to the Board in May or July for final sign off.</p> <p>The Board was invited to sign off the final draft for sharing with Welsh Government. It was confirmed that Welsh Government has asked HEIW to share the Annual Plan at the end of March for feedback. The Annual Plan had been updated to reflect the Race Equality Plan and guidance received from Welsh Government, consultation with the Board and wider stakeholder engagement. HEIW will review the Annual Plan every quarter to ensure the organisation's priorities reflect the context of the ongoing response and recovery agenda.</p> <p>The Board noted the inclusion of strategic aims and key deliverables and agreed there was a need to extend those in the future to include</p>	

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	<p>outcomes and impacts highlighting the value and importance of HEIW's work.</p> <p>The Board discussed the Annual Plans linkages with Social Care Wales, particularly the Workforce Strategy for Health and Social Care and noted work is continuing to identify other key joint deliverables.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • received the Final Draft Annual Plan 2021-22 and approved it for sharing with Welsh Government for feedback; • Noted the strategic objective deliverables will be reviewed on a quarterly basis in year to maintain our agility regarding the COVID19 pandemic; • Noted there will be an additional refinement of the financial plan in quarter one; • Noted the final Annual Plan 2021/22 will be presented to the Board in May or July for approval; 	NJ
2503/3.2	Launch of Compassionate Leadership Principles	
	<p>The Board received the report.</p> <p>In introducing the report, Julie Rogers highlighted that considerable progress continued to be made concerning this strategic aim and set of objectives. The work surrounding compassionate and collective leadership has been accelerated in response to the COVID-19 pandemic and will be fundamental in helping the workforce recover and reset.</p> <p>Julie Rogers explained that a review of two consultation exercises undertaken jointly by HEIW, Social Care Wales and Academi Wales, had concluded an agreed set of Compassionate Leadership Principles, to be launched in April. The launch will be supported by a marketing campaign, focusing on highlighting one principle a month to embed these principles in recruitment, policy, and procurement processes to encourage system-wide cultural change.</p> <p>The Board discussed the importance of mentoring and the need to ensure it is delivered consistently across NHS Wales. The Board noted that in February 2021, HEIW commenced a six-month executive mentoring programme providing members of the Talentbury network with an opportunity to participate in three mentoring sessions with Tracy Myhill. An evaluation of the programme will take place in August.</p> <p>It was confirmed that a series of milestones and project plans have been developed around compassionate leadership which are reflected in HEIW's Annual Plan. The Board stressed the importance of capturing the outcomes of the leadership work as an indicator of the leadership environment and culture.</p> <p>The Chair noted the pandemic had highlighted some good examples of compassionate leadership and stressed the importance of showing care and compassion for one another.</p>	

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Resolved	The Board noted the report and progress made to date.	
2503/3.3	Phase 2 – Strategic Review of Health Professional Education	
	<p>The Chair reminded members of the declarations of interest restated at the start of the meeting.</p> <p>The Board received the report.</p> <p>Angela Parry introduced the report drawing the Boards attention to the revised timeframes, programme phases and associated costs for phase two of the Strategic Review of Health Professional Education.</p> <p>Angela Parry noted that, although there had been considerable learning from phase one, phase two encompassed several strategic opportunities to reshape education and training and would require a more customised approach which would take time. While some contractual arrangements needed to be considered, the report proposed adopting a phased approach to minimise any risk to HEIW while ensuring attention is paid to the NHS's need to reset and recover from the pandemic. While it was originally hoped that phase 2 would be completed by September 2022; given, the scope of the work and in recognition of the opportunities it presents to NHS Wales, it was now likely to take a total of five years to complete.</p> <p>Dr Ruth Hall confirmed that the Commissioning, Education and Quality Committee had considered the proposals in depth at their last meeting and had supported the revised timescales and proposal to recruit a project manager.</p> <p>The Board considered how this work would help NHS Wales build back stronger and fairer and discussed the opportunities this work presented for HEIW to progress the equality agenda. The Board acknowledged the delivery of education and care had changed considerably in response to the COVID-19 pandemic, and the implementation of phase 2 would allow HEIW to take that work forward. However, this would require considerable engagement and support and link back to broader work being undertaken around the digital and Welsh language agendas. It would also provide an opportunity for HEIW to look at where education is best positioned to build the workforce of Wales and to build the reputation of Wales as a great place to train and learn.</p> <p>The Board acknowledged the importance of phase 2 as a fundamental building block of HEIW's offering and thanked Angela Parry and her team for the work and progress to date. The Board looked forward to further reports and updates in the future.</p>	
Resolved	<p>The Board noted</p> <ul style="list-style-type: none"> the revised five-year timeframe; differing phases of phase two and the anticipated programme costs. 	
2503/4	GOVERNANCE, PERFORMANCE AND ASSURANCE	
2503/4.1	Director of Finance Report	

	<p>The Board received the report.</p> <p>In presenting the report, Eifion Williams explained that HEIW is reporting an underspend of £2.2m against profiled budgets at the end of February 2021. It was highlighted that all directorates across HEIW are underspent to varying degrees, which is explained further in the report's appendices. Drawing attention to commissioning funding, it was explained that HEIW's estimated position at the end of the financial year would require returning an estimated £5m to Welsh Government in the final quarter.</p> <p>It was highlighted that HEIW's new financial plan for 2021-22 has funding set at £275m, representing an increase of some £40m in the likely expenditure of the current financial year.</p> <p>Drawing attention to the Public Sector Payment Policy (PSPP), Eifion explained that for the period 1 April to 28 February 2021, HEIW had paid 95.2% of non-NHS invoices within the 30-day target. A breakdown of the position and comparison to month 11 is provided in the table at paragraph 5.5.</p> <p>The Board noted the likely underspend on Capital Expenditure and considered whether Welsh Government were likely to reduce the capital funding next year in response. Eifion Williams advised that Welsh Government had not given this indication to date and noted that, while the entire capital allocation may not be fully spent this year, there would only be a small underspend which is unlikely to draw Welsh Governments concern. The Board further discussed how the digital programme would influence capital expenditure decisions in the future.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the financial position reported for HEIW at month 11; • noted the summarised explanation of key variations by Directorate; • noted the Capital position and the Balance Sheet position; • noted the achievement of the PSPP target in month 11;. • Agreed the proposed return of £5m underspent commissioning funding to Welsh Government in quarter four. 	EW
2503/4.2	Q3 Performance Report	
<p>English Catherine 05/26/2021 08:52:11</p>	<p>The Board received the report.</p> <p>In presenting the report, Nicola Johnson highlighted that overall, HEIW had made good progress on delivering the revised Strategic Objectives and performed effectively during the period covered by the report. It was noted that while there was a reasonable fill rate to the autumn cohort of Health Professionals, lockdown has affected the spring cohort recruitment for pre-registration nursing. However, since the report was drafted, further work has shown that there has only been a 2-3% decrease that can be attributed to the pandemic in the spring cohort's fill rate.</p>	

	<p>It was noted that the number of trainees supported through the Professional Support Unit (PSU) for health-related reasons had increased since January 2020; the Executive Team has agreed to invest more support in the PSU to support this increase.</p> <p>The Board thanked Nicola Johnson and her team for the comprehensive overview of performance in the quarter and noted the significant achievements outlined in the report.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the Performance Report and dashboard. 	
2503/4.3	Annual Equality Report 2019-2020	
	<p>The Board received the report.</p> <p>Julie Rogers introduced the report explaining that public sector organisations have a duty under the Equality Act 2010 to produce and publish Annual Equality Reports. This report was HEIW's first full Annual Quality Report and covered 2019-20. Julie Rogers thanked the team for compiling the report and explained that it demonstrated a real commitment to quality and diversity and highlighted a broad range of activities that were undertaken during HEIW's first full twelve months of operation.</p> <p>The Board were encouraged by the report and thanked the team for their efforts in pulling it together.</p>	
Resolution	The Board approved the publication of HEIW's Annual Equality Report 2019-20 by March 31 2021.	JR
2503/4.4	Welsh Language Scheme Consultation Feedback	
	<p>The Board received the report.</p> <p>Dafydd Bebb introduced the report explaining that there were three main updates to note within the report: the Welsh Language Scheme Consultation results; progress against our top ten priority areas in respect of HEIW's existing Welsh Language Policy, and the broader work undertaken by HEIW in respect of the Welsh language.</p> <p>In relation to the public consultation results, Dafydd Bebb noted the virtual consultation ran for a period of thirteen weeks, coming to an end in January. HEIW contacted Eighty-four external bodies directly, and while a relatively limited number of substantive responses was received, these were positive and supportive. The Board are asked to approve the draft Scheme for submission to the Commissioner.</p> <p>It was confirmed that in respect of the top ten priority areas, good progress was reported despite the challenges associated with working remotely. This was illustrated through the increase in demand for translation services resulting in HEIW translating an average 350,000 words every month, equating to over four million words a year. In addition, the number of staff enrolled on this year's welsh learning programme increased by 50%, with 52 learners now enrolled. This was</p>	

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	<p>a testament to the hard work and positive skills set that Huw Owen has brought to the role.</p> <p>In terms of the broader programme, considerable work has been done in terms of the services we provide outside of the body, with the Welsh language running as a golden thread throughout the Workforce Strategy. HEIW has introduced several steps to support A Healthier Wales' aim of strengthening the NHS workforce's Welsh language skills through phase 1 of the Strategic Review of Health Education. This included the requirement that all students undergo a Welsh language awareness course annually and that free Welsh language lessons are made available to any students wishing to learn Welsh.</p> <p>The Board recognised the importance of the Welsh language as a golden thread running through NHS Wales and the importance of using the language in the workplace. The Board congratulated Huw Owen and his team on how they have drawn from the policy and reinforced the importance of the Welsh language and HEIW's position as a bi-lingual organisation.</p> <p>The Board expressed their thanks to everyone involved in the organisation in promoting the use of the Welsh language and encouraging all of us to learn and speak Welsh.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • approved the Welsh Language Scheme for submission to the Welsh Language Commissioner; and • noted the report in respect of the 'top ten priorities' for the Welsh language policy, together with the broader progress made by HEIW. 	DB
2503/4.5	Corporate Risk Register	
<p>English Catherine 05/26/2021 08:52:11</p>	<p>The Board received the report.</p> <p>Dafydd Bebb introduced the report, noting that there are currently nine risks on the Corporate Risk Register, one has been assessed as red and eight assessed as amber.</p> <p>It was confirmed the red risk related Cyber Security and that good progress was being made in implementing the Cyber Security Implementation Plan.</p> <p>The Board noted that since the register had last been considered by the Board in September three risks (risks 17, 18 and 19) had been added to the Corporate Risk Register since the last report and six risks (risks 3, 4, 5, 9,14 and 18) had been removed.</p> <p>Gill Lewis advised that the Corporate Risk Register is regularly reviewed at the Audit and Assurance Committee and explained the Committee had been monitoring the cybersecurity risk closely and were pleased with the work that was underway to mitigate and manage the risk.</p>	

	The Board commended the organisation on its approach to the Corporate Risk Register and were pleased to see it firmly on the senior management team's agenda. The Board considered the need to focus on what would happen if the risks identified were realised and requested that they be built into future reports.	
Resolution	The Board thanked the organisation for the way it approaches the risk register and noted the contents of the report.	
2503/4.6	Key Issue Reports from the:	
2611/4.6.1	Education, Commissioning & Quality Committee held on 9 February 2021	
	<p>The report was received by the Board.</p> <p>Dr Ruth Hall provided the Board with an update on discussions that took place at the Education, Commissioning, and Quality Committee meeting held on the 9th February. It was explained that the Committee received an update regarding the COVID-19 implications for Education and Training for all healthcare professional students and trainees and noted the considerable effort by HEIW staff to minimise disruption to students and the adjustments to the delivery of theory-based teaching had enabled study to continue. A number of risks had been highlighted to the Committee regarding the ability to progress several medical, surgical and dental training areas focused on practice-based competencies, but the Committee were satisfied with the work being undertaken to manage and mitigate the impact.</p> <p>It was confirmed the Committee also considered the National Students Survey and noted that Wales had the highest score in student experience across the UK, reflecting the quality of our commissioned education. The Committee also received an overview of Phase 2 of the Strategic Review of Health Professional Education Contracts and were reassured with the work that is ongoing but would continue to monitor issues as they emerge.</p>	
Resolved	<p>The Board:</p> <ul style="list-style-type: none"> • noted the declarations of interest re-stated at the beginning of the meeting. • noted the report. • approved the Committees recommendation for Phase 2 of the Strategic Review of Health Professional education Contracts to follow the revised 5-year timeframe and new approach. • approved the Terms of Reference for the Multi-Professional Quality and Education Group and the Education Advisory Group. 	
2503/4.7	In-Committee Decisions	
Resolved	The Board received and noted the report which provided the key issues discussed 'in committee' at the January Board meeting.	
2503/4.8	Forward Work Programme 2021/22	
	The Board received the report.	
Resolved	The Board approved the Forward Work Programme	
2503/5	FOR INFORMATION/NOTING	

2503/5.1	NHS Wales Shared Services Partnership Committee Assurance Report for the meeting held on 21 January 2021	
	The Board received and noted the report.	
2503/5.2	Approved Minutes of the NHS Wales Collaborative Leadership Forum held 1 December 2020	
	The Board received and noted the minutes.	
2503/6	OTHER MATTERS	
2503/6.1	Any Other Urgent Business	
	There were no other matters for consideration.	
2611/6.2	Date of next meeting	
	Dates of Next Meetings: <ul style="list-style-type: none"> • HEIW Board Development Session to be held on 29 April 2021 to be held via Microsoft Teams/Teleconference • HEIW Board to be held on 27 May 2021 to held via Zoom/Teleconference. 	

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Chris Jones (Chairman)

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Date:

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HEIW Board (Open)
25 March 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	An update has been scheduled into the Board Forward Work Programme for July 2021
2503/1.6	Matters Arising			
	<ul style="list-style-type: none"> 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			
	<ul style="list-style-type: none"> 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	Success measures are included in the Plans on a Page for each Strategic Objective. Further work on outcomes and KPIs is being undertaken to support the implementation of the Performance Framework (ongoing over the next 12 months).
	<ul style="list-style-type: none"> The final Annual Plan 2021-22 be shared with Welsh Government by the end of March. 	Director of Planning, Performance and Corporate Services	March 2021	Completed
	<ul style="list-style-type: none"> The final Annual Plan 2021-22 to be presented to Board in May/July for final sign off. 	Director of Planning, Performance and Corporate Services	July 2021	Will be presented to July's Board for final sign off.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
2503/3.4	Director of Finance Report			
	<ul style="list-style-type: none"> The £5m of commissioning funding to be returned to Welsh Government before 31st March 2021. 	Director of Finance	31 st March 2021	Completed
2503/4.3	Annual Equality Report 2019/20			
	<ul style="list-style-type: none"> HEIW's Annual Equality Report 2019-20 to be published by March 31 2021. 	Deputy Chief Executive/Director of Workforce and OD	31 March	Completed
2503/4.4	Welsh Language Scheme Consultation Feedback			
	<ul style="list-style-type: none"> The draft Welsh language Scheme to be submitted to Welsh Government 	Board Secretary	March 2021	Completed

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WALES

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

Meeting Date	27 May 2021	Agenda Item	2.1
Report Title	Chair's Report		
Report Author	Dr Chris Jones, Chairman		
Report Sponsor	Dr Chris Jones, Chairman		
Presented by	Dr Chris Jones, Chairman		
Freedom of information	Open		
Specific action required	<p>The Board is asked that:</p> <ul style="list-style-type: none">- the report be noted and- That the three Chair's Action in respect of the following be ratified:<ul style="list-style-type: none">• to approve an invoice from Health Education England for the sum of £363,985.• to approve that HEIW host the employment of the Chief Nursing Office for Wales.• to appoint Lisa Llewelyn as Director of Nurse and Health Professional Education.		

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CHAIR'S REPORT

1. PURPOSE OF REPORT

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

2. CHAIRMAN'S REPORT

Following on from the Welsh Parliamentary Elections 2021 we have a New Health Minister - Eluned Morgan, a new Deputy Minister for Mental Health and Wellbeing - Lynne Neagle, and Julie Morgan continues as Deputy Minister for Social Services. We look forward to working with the Ministers as we navigate through the challenges for health and social care in Wales. The role of HEIW as a National body for NHS leadership, workforce and training will be a critical factor as we strive to rest and build back stronger our Health and Social Care services. Today's agenda reflects key components for recovery, the future of training and education and the role HEIW has in supporting the foundation economy.

The success of the COVID-19 vaccination programme now means that Wales can look forward to getting on cautiously with less in the way of social restrictions and renewing how we go about our daily lives. For many this will be both a relief and a challenge. As an organisation I would like to recognise the work and focus that has been achieved over the last year by our staff and our partners. I very much look forward to rebalancing the home and office-based work. It would be such a pleasure to re invigorate our team working and innovation. Clearly this will need to be done with due care and ensuring we properly engage and involve the staff going forward.

We are all acutely aware of how the current situation with COVID-19 in India and surrounding countries will be particularly upsetting for our colleagues in Wales who have family and friends in that region. The news this week from India paints a distressing picture within excess of 300,000 deaths from the pandemic, including a significant number of clinicians on the front line. A high proportion of our Medical Trainees, SAS Doctors, GPs, Consultants and Nurses originate from the Asian subcontinent. Together with BAPIO Wales and BINA, HEIW has reached out to extend our thoughts and support for our colleagues in such difficult times.

Board Matters

Following the appointment of Ceri Phillips to the Vice Chair position in Cardiff and Vale UHB I have started the process to seek appointment of a new Board member for HEIW.

Arrangements are being made to undertake end of year appraisal of independent members.

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At our April Board Development Session, we had an interesting presentation on the UK Consultation on Regulation that will inform the HEIW submission. We had a presentation and discussion on the Welsh Government consultation on the draft Race Equality Plan and this will form the basis for HEIW's response. Board members also received an update and overview of the Leadership and Succession Programme. This was followed by lively discussion and was seen to be a really important and exciting agenda. The progress made was recognised and very much appreciated given the COVID-19 challenges over the last 18 months.

Board members have also had two special briefing sessions during the reporting period – Mental Health and Wellbeing, and the response to the consultation Rebalancing Care and Support White Paper on Social Care.

I attended the in committee joint meeting of the Audit and Education commissioning and Quality committees on the 14th May to consider the evaluation process around and recommendations made in respect of the successful bidders arising from Phase 1 of the Strategic Review of Health Education. This phase of the work is reaching its conclusion. It has been a mammoth task and has been undertaken in a professional and focused way.

Independent Members meet informally on a fortnightly basis for a catchup.

John Hill-Tout and I have twice weekly catch ups. I continue to meet formally with Alex as CEO on a weekly basis and members of the executive team fortnightly.

Together with Board members I joined the staff conference on the 19th April, on the benefits of working within a Bilingual organisation. This was a lively, informative and engaging session, very much enjoyed by all.

Chairs of all Welsh Health organisations continue to meet monthly. In May we met with Helen Herkots the Older peoples Commissioner and focused on the challenges and experiences of older people through the pandemic. There were updates and presentations on the epidemiology of the COVID-19 pandemic together with a presentation from Mark Bellis on the wider population harms. This was both interesting and sobering. I had the opportunity to update Chairs on my work on Integrated Governance in Urgent and Emergency Care. We then met with Dr Andrew Goodall and had a wide-ranging discussion around NHS rest and emerging priorities for the next 4 years.

Vice Chair's Report

Vice Chairs continue to meet monthly although there have been no meetings with Ministers during the election period. Attention has turned to the recovery plans following the pandemic particularly in those areas for which Vice Chairs have responsibility. There is particular concern at the impact of the Pandemic on Performance targets, given the increased demand for all services, but especially services for Eating Disorders and for Children and Young People.

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The Mental Health Delivery Plan sets out the priorities for the next three years and Vice Chairs have been asked to monitor how new investment funds are being used, and the actions taken to focus on prevention.

As part of the Together for Children and Young People initiative, the NEST framework will be launched on 25th May, and will be led through Regional Partnership Boards across Wales, to coordinate services for children.

The work that HEIW is doing to develop the Workforce Plan for Mental Health will be crucial to these initiatives.

At our April Meeting, Vice Chairs received a presentation on HEIW's work to support students who are on placements and welcomed the supportive measures which are in place.

On 5th May I attended an excellent session organised by NHS Employers on Healthy Working Relationships, at which HEIW was well represented, and which strongly referenced the importance of the Workforce Strategy for Health and Social Care.

Finally, I must say how much I enjoyed the staff conference on the 19th April, on the benefits of working within a Bilingual organisation. Thank you to everyone involved in this inspiring event.

Chair's Actions

Three Chair's Actions were undertaken during the reporting period. The Board is asked to ratify each Chair's Action.

Chair's Action – Health Education England Invoice

Chair's Action was taken to approve an invoice from Health Education England for the sum of £363,985. The invoice related to costs for recruitment and specifically to HEIW's share of the medical and dental recruitment costs for 2020-21. This is the first year that HEIW have had the budget for the whole of the recruitment costs.

Chair's Action was taken in respect of the matter on 13 April. In accordance with HEIW's Standing Orders Chair's Action was undertaken by the Chair and Chief Executive after first consulting with two Independent Members.

Chair's Action – Hosting of the Chief Nursing Officer for Wales

Chair's Action was taken to approve that HEIW host the employment of the Chief Nursing Office for Wales. Chair's Action was taken following the consideration of the formal note of advice received on the matter from the Director of Workforce and Organisation Development dated 23 April. The formal note of advice in respect of this matter was also considered at the meeting of the Remuneration and Terms of Service Committee on 29 April.

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Chair's Action was taken in respect of the matter on 25 April. In accordance with HEIW's Standing Orders Chair's Action was undertaken by the Chair and Chief Executive after first consulting with two Independent Members.

Chair's Action – Director of Nurse and Health Professional Education

Chair's Action was taken to appoint Lisa Llewelyn as Director of Nurse and Health Professional Education. The appointment has previously been supported by the meeting of the Remuneration and Terms of Service Committee held on 29 April.

Chair's Action was taken in respect of the matter on 7 May. In accordance with HEIW's Standing Orders Chair's Action was undertaken by the Chair and Chief Executive after first consulting with two Independent Members.

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

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

Meeting Date	27 May 2021	Agenda Item	2.2
Report Title	Chief Executive's Report – May 2021		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

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CHIEF EXECUTIVES REPORT – MAY 2021

1. INTRODUCTION

As you will see from the Board's agenda the start of the year has been taken up with a lot of time spent on education and training priorities – the strategic review reaching a key milestone; the development of next year's education and training plan; and, the work associated with this year's Allied Health Professional and Health Care Science graduate cohort. This provides the opportunity for a more strategic discussion across the NHS about education and training which is very timely given the focus on reset and recovery – as it ultimately requires a collective effort. Although the Annual Plan is not officially agreed it still provides the route map for our work – it is ambitious, but that is inevitable as the system puts all of its efforts into addressing challenges that were always with us even before the pandemic. We need to ensure that we have the capability and skill set within the organisation to not just plan but to deliver on change and improvement, and that will be a key focus for the Executive Team, recognising that the remote working model has made this particularly challenging. We had a very helpful development session on quality improvement led by our QIST colleagues from the Medical Deanery which has given us food for thought in terms of development opportunities.

2. KEY ACTIVITIES

Coronavirus – Reset and Recovery

The indicators for the Coronavirus have been moving in the right direction with restrictions gradually lifting. The recent focus on the variant originally identified in India has reminded us that we are still very much in a pandemic situation, and we are waiting to understand what the data tells us about the severity, transmission and impact of this variant. The vaccination programme continues to make excellent progress.

From an NHS perspective the focus is very much on rest and recovery, and the new government has reaffirmed its commitment to progressing this in the context of extant strategies and plans such as A Healthier Wales and the Workforce Strategy for Health and Social Care.

With Social Care Wales, we will shortly be publishing the next 12 months Workforce Strategy Implementation Plan, in line with this year's focus on annual plans and the critical role in reset and recovery. In line with the "Prudent in Practice" feature of the National Clinical Framework we have been curating the resources and programmes led by HEIW that support our staff in working at the top of their licence as a guide for clinical teams who will need to consider all opportunities to flex available resources.

We continue to monitor the impact of the pandemic on education and training, particularly as it relates to individual progression.

Hydysgu remains open for those staff who need to come in for business or wellbeing reasons and the Executive Team has started to meet on site each week. We continue to hold a virtual staff open forum every fortnight, which continues to be well attended,

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to ensure that there is regular communication and an opportunity to update staff on any changes or developments.

In anticipation of the full roll out of the vaccination programme during the summer we are planning for a new operating model to be implemented from that point, which will see a return to more office based working for all of our staff.

New Appointments

I am pleased to confirm that we have appointed Lisa Llewelyn to the role of Director of Nurse and Health Professional Education. Originally from Wales, Lisa has most recently been the Director of Workforce for the Suffolk and North East Essex Integrated Care System, which was a joint post for the Clinical Commissioning Group and Health Education England. Prior to that Lisa was Director of Nursing and Clinical Quality in the North East Essex Clinical Commissioning Group for six years, including four years as Deputy Chief Officer. Lisa started her career in the NHS as a Registered Nurse, then qualifying as a Registered Midwife and later as a Registered Health Visitor so brings a wide range of clinical knowledge into the role, as well as broader experience of working on multi professional and population health challenges, including in primary care and mental health. Lisa is also a fluent Welsh speaker which means that 50% of the executive team are Welsh speakers.

Lisa will be starting with us on 1 June to allow a month's handover from Angela Parry. Angela has been our interim Director of Nursing since June 2020. I am sure the Board will join me in thanking Angela for the professional support and leadership she has provided during what has been a very challenging time, and for becoming such a valued member of the Executive Team and Board.

Leadership and Succession Planning

The second meeting of the National Talent Board was held earlier this month, and focused on opportunities to increase diversity in leadership and the Executive Director programme that we had developed with the Kings Fund. Earlier this month we also launched the Compassionate Leadership principles and will continue to promote these by featuring case studies and information about each individual principle over the next few months. We have also commenced our "internship" pilot with nine undergraduates from Cardiff university who had a 2 week induction to HEIW during the Easter break, and who will return to undertake a 6 week placement in the summer holidays. All teams are currently putting together improvement projects that the interns can lead.

Strategic Review of Health Professional Education

The Strategic Review of Health Professional Education continues to be a key area of activity. The evaluation process and outcome for the tender process for Phase 1 of the Strategic Review process was reviewed last week at a closed joint meeting of the Education Commissioning and Quality Committee and Audit and Assurance Committee. We expect to be able to announce the successful bidders for the Phase 1 contracts in early July. We are confident that the outcome of this process will deliver significant benefits for undergraduate education in Wales.

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Update on the Annual Education Commissioning and Training Plan 2022/23

The process of developing the Education Commissioning and Training Plan is underway and will reflect the need to continue to maintain a healthy new pipeline of new entrants to the workforce in the context of some significant changes and redesign of education and training programmes. The engagement process with key stakeholders has commenced and this year for the first time will include consideration of the plan by the Education Advisory Committee which will take place at its meeting in June. The final version of the plan will be considered for approval at the July meetings of the Education Commissioning and Quality Committee and Board before being submitted to Welsh Government for approval and funding.

Update on Health Professional Graduate Recruitment

HEIW has a key role to play in ensuring that the graduates we fund through the education and training plan transition into the workforce in Wales in line with the bursary “tie in”. With multiple programmes and organisations this is a complex task and involves contributions from HEIs, Health Boards and Trusts and NWSSP. Different approaches have been tested out in 2020 and 2021 as described in the paper included on the agenda and these are currently being evaluated to inform a sustainable approach for the future.

Transfer of National Strategic Work Programmes

Several national strategic work programmes transferred to HEIW during 2020/21 and today’s agenda includes an update on these areas. A number are particularly aligned to our workforce transformation agenda and provide the opportunity for us to make a clear contribution to the safety and quality of care. Integrating these programmes and establishing new teams has been a complex task during the pandemic given our remote working model but we are confident that we now have clear objectives in place for all programmes as part of the annual plan. We have also been reviewing the governance arrangements to ensure that we are able to discharge our accountability for these programmes, whilst recognising that there are other key stakeholders that also need to play a key role.

Primary Care

This month we have contributed to a planning session for the strategic programme for primary care and have presented our emerging work on the Primary Care Education and Training Framework to policy and professional leads in WG. We are also involved in the primary care contract reform work led by WG, as workforce is clearly an important theme, particularly in relation to development of the multi professional team. We are currently consulting on a GP nursing competence framework.

Annual Plan for 2021/22

The draft Annual Plan was considered at the March Board where it was well received and approved for sharing with Welsh Government. We await receiving formal feedback from Welsh Government, although informal feedback has been positive. The final

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version of the Annual Plan will be submitted for approval by the Board at its meeting on 10 June, together with a clear Resource Plan for 21/22.

End of Year Performance Report

Our end of year performance report, which provides assurance on the organisation's performance in 2020/21 is included on today's agenda. In January the Board approved our Performance Framework and we continue to focus on the development of our dashboard. Overall, the report shows there is positive assurance on the delivery of our Quarter 3 and Quarter 4 Operational Plan. The report also highlights areas of challenge and this includes the escalation of the issues in respect of the bursary which led to the streamlining process for the associated recruitment process for students upon qualification.

We are undertaking a series of end of year service reviews with individual teams to ensure that there is a deep dive into the plans and performance of each area including the corporate teams.

Annual Reporting

The Annual Report, which includes the Annual Accounts, Performance Report and Accountability report will be considered at an additional meeting of the Audit and Assurance Committee held on 9 June and of the Board on 10 June. The final version of the Annual Report will be filed with Welsh Government on 11 June.

Hosting of the Office of the Chief Digital Officer

The Board received a special briefing earlier this month in respect of the plan for HEIW to host the Office of the Chief Digital Office (OCDO) for Health and Social Care on behalf of Welsh Government. This forms part of the NHS Executive function which is being developed in response to the Parliamentary Review. Negotiations in respect of the Hosting Agreement are currently ongoing with Welsh Government and it is anticipated that the hosting of the OCDO will commence in October.

Risk

There are currently nine risks on the Corporate Risk Register of which two are assessed as red:

- Cyber security and
- the contractual status of some aspects of post graduate education

3. RECOMMENDATION

The Board is asked to note this report.

Governance and Assurance

Link to IMTP
strategic
aims

Strategic Aim 1:
To lead the planning,
development and

Strategic Aim 2:
To improve the
quality and

Strategic Aim 3:
To work with
partners to influence

(please ✓)	wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	accessibility of education and training for all healthcare staff ensuring that it meets future needs	cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓

Quality, Safety and Patient Experience	
There are no direct quality, patient safety and experience issues relating to this report.	
Financial Implications	
There are no direct financial implications of this report.	
Legal Implications (including equality and diversity assessment)	
There are no direct legal implications of this report.	
Staffing Implications	
There are no direct staffing implications of this report	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.	
Report History	The CEO report is presented at each open Board session which is held once every two months.
Appendices	N/A.



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

Meeting Date	27 May 2021	Agenda Item	3.2
Report Title	Update on HEIWs Role in Leading National Programmes		
Report Author	Charlette Middlemiss and Angie Oliver		
Report Sponsor	Angela Parry and Julie Rogers		
Presented by	Angela Parry		
Freedom of Information	Open		
Purpose of the Report	<p>This paper will inform the Board on:</p> <ol style="list-style-type: none"> 1. The national programmes of work transferred to HEIW during 2020/21. 2. Update on developments and progress 		
Key Issues	<ul style="list-style-type: none"> • Several national work programmes transferred to HEIW during 2020/21. • To reflect the agenda and focus of the programmes they have transferred into two of HEIWs Directorates - Nursing, AHP and HCS and the Workforce and OD Directorate. • Governance arrangements for some of the workforce transformation programmes are being revised to reflect the transfer to HEIW. • Annual funding arrangements do not reflect the longer-term timelines required to support the implementation of national frameworks. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Board Members are asked to:</p> <ul style="list-style-type: none"> • Receive and note the report for information. 		

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UPDATE ON HEIW's ROLE IN LEADING NATIONAL PROGRAMMES

1. INTRODUCTION

Several national work programmes with substantial workforce components have transferred to HEIW during 2020/21. These are aligned with our statutory functions and provide opportunities for us to embed an integrated and multi professional approach in line with the Workforce Strategy for Health and Social Care. The programmes are complex and diverse and require significant leadership, partnership working and engagement, structured project management and clear governance.

This paper will provide the Board with an overview of developments and progress on each programme. The programmes have transferred into two of HEIW's Directorates: Nursing, AHP and HCS and the Workforce and OD Directorates, and this paper is structured to reflect this.

2. WORKFORCE TRANSFORMATION TEAM

The following programmes have transferred into the Workforce Transformation Team and have critical roles to play in relation to safety and quality of patient care.

- Nurse Staffing Team (NST) - transferred to HEIW from Public Health Wales (PHW) in July 2020. Previously hosted by PHW to support NHS Wales on the implementation of the Nurse Staffing Levels (Wales) Act (2016)
- Health Care Science (HCS) Framework – transferred to HEIW from the NHS Wales Collaborative in October 2020.
- Allied Health Care (AHP) Framework: 'Looking Forward Together' – established in 2020 to support the implementation of the AHP Framework.
- Wales Optometry Post Graduate Education centre (WOPEC) - Transferred from Cardiff University to HEIW in April 2021.

With the exception of the AHP programme the NST, HCS and WOPEC are all established programmes with allocated funding directly from Welsh Government (WG). All four programmes are an integral part of HEIW's workforce transformation team portfolio of work and are led by the individual Heads of Workforce Transformation.

2.1 All Wales Nurse Staffing Programme

The Nurse Staffing Programme commenced in 2011 with a remit to deliver an evidence - based method to support the effective deployment of nursing staff. The Nurse Staffing Levels (Wales) Act was passed into law in March 2016 and has a phased implementation. Initially the Act was commenced within adult acute medical and surgical inpatient wards but will eventually be applied everywhere nurses are either employed or commissioned.

There are 5 workstreams within the programme; adult medical and surgical inpatients, paediatric inpatients, mental health inpatients, health visiting and district nursing. The work streams are sponsored by, and report to the Directors of Nursing and the Chief Nursing Officer. The HEIW Nurse Staffing Team (NST) has transferred into HEIW to support these workstreams to enable Health Boards and Trusts to comply with the

requirements of the Act. Whilst these work streams are at different stages, each continues to make significant progress and achievements. The role of each work stream is to devise an evidence-based approach to determine appropriate staffing levels within their area of speciality. The approach must be evidenced in the Welsh context and follow a common model of triangulation, which centres on three critical sources of knowledge: patient acuity, quality indicators and professional judgement.

The pandemic has impacted upon the programmes ability to deliver on some of the key actions against initial timelines. Nevertheless, the programme continues to look at new and innovative ways to engage with stakeholders to progress the work and ensure alignment with other programmes of work. Examples include converting training and feedback sessions using digital technology.

The current priority is ensuring there is an agreed approach within NHS organisations to support data collection and reporting. HEIW are working with Digital Health and Care Wales and HB/Trusts to find solutions.

2.2 Healthcare Science in Wales (HCS) 'Looking Forward' Framework work programme

In March 2018, the WG published the 'Healthcare Science in NHS Wales – Looking Forward' Framework. The Framework sets out the vision and direction of travel for the HCS workforce (50 different professions) in Wales and discusses some of the challenges currently faced by this diverse, system spanning workforce.

The Framework covers the total HCS workforce from Bands 2 to 9. This includes Health and Care Professional Council regulated professions: Biomedical Scientists, Radiographers and Clinical Scientists; other professionals who are regulated via assured voluntary registers as well as non-regulated professions.

A small project team transferred into HEIW along with this work. Whilst the pandemic impacted on some of the key actions a number of achievements have been made including, development of a compendium of good practice examples; hosting a webinar to celebrate the contribution of the healthcare science workforce in the response to Covid-19 during HCS Week; captured innovation and new ways of working via dissemination of an online survey to support HCS deployment; production of a newsletter to share updates on the programme and to celebrate successes of the HCS workforce.

A draft project plan is in development to support the delivery of the programme going forward which is being shared with key stakeholders. The newly appointed Head of Transformation who is an Audiologist by professional background takes up post on 17th May. Currently funding is agreed annually by Welsh Government.

2.3 AHP Framework: Looking Forward Together' work Programme

The AHP Framework was published in 2019 and describes a 10-year vision for transforming AHP services across the Health & Care System in Wales. In 2020 the Welsh Government requested that HEIW lead the development and implementation of the Framework as there is a substantial workforce component.

The Head of AHP Workforce Transformation appointed in 2020 has developed an initial two-year workplan shaped around the Framework's vision, the seven themes in the Workforce Strategy for Health & Social Care, lessons learnt from the COVID-19 pandemic and the National Clinical Framework (2021). With identified yearly deliverables the programme has a number of aims which are shown below:

- Confident and effective leadership and development of career pathways for advanced and consultant practice
- Adopt and lead integrated models of rehabilitation / early intervention, public health / prevention, and primary & community care
- Routine use quality improvement methodologies to transform practice in response to changing population need.
- Skilled and adaptable multi-professional support worker workforce
- Facilitate access a range of education and training opportunities to support the development of new skills and career development
- Competent and confident use of digital tools and resources to support practice.
- Use of new and alternative workforce models to support the size and shape of the current and future workforce
- Promote AHPs as accessible and attractive careers in Wales.

The project initiation document and structure for managing the implementation of the framework has been agreed by Directors of Therapies and Health Sciences and WG with funding secured for 2021-2023. The AHP programme will develop and maintain links with a wide range of national programmes of work including, Primary Care, Planned Care and Urgent & Emergency Care. Recruitment to the project team commenced in April.

2.4 Wales Optometry Post Graduate Education Centre (WOPEC)

The 'Future approach to Optometry Services in Wales' document from Welsh Government outlines the direction for the future delivery of eye care services over the 10 years. The ambition for the optometry workforce includes, continuous profession development with reflective practice, mentoring and access to high quality education and skills improvement, developing leaders in optometry to promote and progress the profession with access to leadership programmes.

To facilitate the strategic direction all training, education and CPD to support post registration optometrists in Wales transferred to HEIW in April 2021. This provides the opportunity to review, identify and assess what CPD, lifelong learning and support optometrists receive once they are registered to work in Wales. The impact of proposals and the costs and benefits will be part of the review. A scoping group are following an options appraisal process which is underway.

Following positive results from a qualitative review of mentoring and support for optometrists in practice, the group will also consider the options for supporting newly qualified optometrists. This work will enable HEIW to provide education and training that aligns to the Welsh Government's optometry contract reforms. Negotiations for a new optometry contract are in line with recent changes to dental and GP contracts, with emphasis on clinical services and patient centred decision making.

The newly appointed Head of Transformation for Optometry is developing a plan to achieve the following:

- Commissioning of higher qualification for eye care workforce.
- Review of CPD/ education and training and support for optometry
- Access to leadership and QI resources
- Development of a workforce plan

Three members of staff along with 5 Regional Tutors (all part time) have transferred from Cardiff University to HEIW.

3. WORKFORCE AND ORGANISATIONAL DEVELOPMENT

During 2020/21 three programmes transferred from Welsh Government into HEIW, with funding to support the existing commitments.

- Widening Access Programme
- Train Work Live
- Staff Survey

3.1 Widening Access Programme

In July 2020 the Widening Access programme transferred from Welsh Government to HEIW. Prior to the transfer, WG had agreed to support the programmes below, following the submission of their proposals.

- Widening Access to GP Practice Work Experience programme
- Tomorrow's Doctors: Supporting Medical Careers - Welsh Language Programme
- Widening Access to Pharmacy

Unfortunately, Covid-19 impacted on the ability to deliver the programmes as planned, however two of the programmes (Tomorrow's Doctors and Widening Access to Pharmacy) are exploring and delivering digital alternatives.

We are currently scoping our approach to encompass more health professional areas as we continue to work with partners across universities, colleges, schools, and HB/Trusts. While this specific aspect of the work is undertaken, our Careers and Widening Access team, strive to ensure that we embed the principles of widening access throughout key areas of our agenda including but not limited to, our 'Made in Wales' NHS Careers, Education Commissioning and Differential Attainment programmes.

3.2 Train Work Live

In September 2020 the TrainWorkLive (TWL) international marketing campaign, to support recruitment into NHS Wales, transferred from Welsh Government to HEIW with a budget of £500k. Prior to transfer, TWL, working with key stakeholders including HEIW, had launched targeted campaigns to attract the following groups of healthcare staff to NHS Wales

- Doctors, with specific focus on GP and Psychiatry trainees

- Nurses
- Pre-registration pharmacists (called Trainee Pharmacists from July 2021)

The marketing campaigns

- Showcased NHS Wales, with bespoke stands at healthcare conferences including BMJ Live, RCGP and RCM Conferences and RCN Congress
- Targeted certain countries, in line with the UK Code of Practice for International Recruitment
- Engaged with key stakeholders to develop key marketing messages, which were utilised in targeted digital adverts, including programmatic ads and social media campaigns, with links to the TrainWorkLive website

Covid-19 impacted on the ability to deliver the campaigns as planned during 2020, with five major conferences cancelled, postponed, or changed to a virtual platform. The international digital advertising campaigns were also curtailed, although the Pre-registration Pharmacy campaign proceeded. Covid-19 continues to impact in 2021, with three of the four regular events changed from in-person to a virtual platform. However, TWL will launch year three of the Pharmacy Digital Campaign in June and the team are planning to be at RCGP Conference, Liverpool in October, pandemic rules at that time permitting.

We are liaising with IT and Comms colleagues to transfer from WG to HEIW, the digital TWL collateral, plus work is underway to migrate the TWL website to HEIW platforms. During 2021 we are also reviewing and refreshing our case studies, including sourcing, via professional leads, new volunteer healthcare professional to feature as our new 'split creatives' – we hope to include some of our GPTs and Pre-registration Pharmacists who came to NHS Wales as a result of key marketing messages about training, working and living in Wales, in readiness for new digital advertising campaigns and hopefully a return to in-person events in 2022. TWL campaigns will be based on sound evidence, provided by our Analytics and Workforce Planning; plus, the team will collaborate with colleagues in Careers and Widening Access and Made in Wales.

3.3 Staff Survey

In Autumn 2019, we delivered the NHS Wales staff survey. This differed significantly from previous iterations in the number of questions in the survey, the rapid turnaround of results and the distribution of the survey through a digital approach.

The staff survey group comprising representation from NHS Wales, Welsh Government and the Welsh Partnership Forum, agreed that our new approach to surveying our staff would rationalise how many systems we use to run surveys and move to a simpler approach to encourage active participation and responsibility in conversations to make improvement based on the results at team level wherever possible.

The renewed approach aims to create "system" metrics which help us move towards focusing on relationships and compassionate behaviours. While transactional metrics are still a part of the survey, the revised approach encourages a collectivised and

regular approach to feedback which focuses on participation in feedback and participation in follow-up reflections/conversations/actions.

Currently every organisation has a 'Qlearsite' (survey system) licence for 12 months with an option to extend. During Q1 2021-22 we will be scoping potential options in relation to the best technical solution is for NHS Wales to continue our staff survey work programme, while we recruit to a post which will encompass the lead for the NHS staff survey.

4. GOVERNANCE AND RISK ISSUES

Whilst significant progress in being made, all these programmes are complex and present certain challenges including:

- Relationships and expectations of a diverse range of stakeholders
- Governance structures and reporting - these need to be revised to reflect HEIW's role and accountability. This process is underway.
- Short term funding in line with annual allocation not reflecting the implementation timescale in the Frameworks. This could affect progress if it impacts on recruitment and retention of key staff.

5. FINANCIAL IMPLICATIONS

There is an expectation that financial implications of leading these programmes will be met by WG although clearly there are links and synergies with existing functions and capacity in HEIW. The short-term nature of the funding in line with annual allocation of funds could impact on sustainability and continuity of the programmes with a 10-year requirement timeline for implementation

6. RECOMMENDATION

The Board is asked to note the position of these national programmes.

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Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	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
	X	X	X
	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
	X	X	X
Quality, Safety and Patient Experience			
All of these national programmes focus on improving services for patients			
Financial Implications			
Financial implications are identified within the body of the paper			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
These programmes have short to long lead in times which may require a change to the resources initially secured to support start up work.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History	n/a		
Appendices	n/a		



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

Meeting Date	27 May 2021	Agenda Item	4.1
Report Title	Report of the Director of Finance		
Report Author	Rhiannon Beckett		
Report Sponsor	Eifion Williams		
Presented by	Eifion Williams		
Freedom of Information	Open		
Purpose of the Report	To provide the HEIW Board with a report on the financial position for April 2021 (Month 1).		
Key Issues	HEIW has a statutory duty to break even at year end and this report should assist the Board, Executives and Budget Holders in understanding the financial position reported for Month 1 of the 2021-22 financial year and the actions needed to be in balance at year end.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members of the Board are asked to: <ul style="list-style-type: none"> • note the financial position reported at month one and the underlying reasons for the key variances to budget. 		

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REPORT OF THE DIRECTOR OF FINANCE

1. INTRODUCTION

The report sets out the financial position as at the end of April 2021, reported against updated budgets. The delegated budgets have been derived from the 2021/22 Resource Plan which was drawn from the 2021-22 Annual Plan approved by the HEIW Board and the resource allocation letter received from Welsh Government. The reported financial position of HEIW as at Month 1 is £90,980 underspent and this position was reported to WG in accordance with the requirements of the monitoring return submission.

2. BACKGROUND

This report provides an update on the financial position for the period to the 30th of April 2021, and the report identifies the reasons for any financial variation against the budgets set. Updates to the current year financial plan have been discussed and agreed with the Executive team and will be reflected in month 2. These include the re-apportionment of funding to balance financial plan commitments. The 'Deep Dive' exercises will be continued on a quarterly basis and the Executive team informed of any non-recurrent opportunities that may present.

3. PROPOSAL

The Board is asked to note the financial position reported by HEIW for Month 1 and consider the summarised explanations of the key variations described for each Directorate.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

5.1 Revenue Financial Position as at Month 1

HEIW is reporting an underspend of £90,980 against profiled budgets as at 30th April 2021. The overspend position in Pay budgets is due to the requirement to re-align budgets to balance the financial plan. The underspend in Non-Pay budgets are as a result of reduced face to face training and education activity due to the COVID-19 lockdown restrictions and will also be subject to re-alignment to balance the financial plan. The underspend on Commissioning budgets is as a result of known under recruitment of trainees to programmes in Pharmacy, Dental Foundation training and the Medical training grades, offset by a small overspend within GP training as a result of protected salaries.

The month 1 position was reported to Welsh Government through the monitoring return submitted on day 9 in accordance with the required WHC reporting timetable. The Monitoring Return submitted is included as Appendix 2.

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



As at 30th April 2021

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
INCOME:					
Welsh Government	(19,964,527)	(19,964,527)	0	0	0
Other Income	(64,341)	(55,060)	9,281	0	9,281
Total Income	(20,028,868)	(20,019,587)	9,281	0	9,281
Expenditure					
Board & Executive	147,456	154,019	6,563	0	6,563
Finance	87,455	82,598	(4,857)	0	(4,857)
Planning, Performance and Corporate Services	207,332	201,911	(5,421)	0	(5,421)
Digital and IT	423,983	434,719	10,736	0	10,736
Medical & Pharmacy	9,672,175	9,562,686	(109,489)	0	(109,489)
Nursing	9,191,494	9,210,173	18,679	0	18,679
Human Resources and Organisation Development	298,973	282,501	(16,472)	0	(16,472)
Sub-Total Expenditure	20,028,868	19,928,606	(100,262)	0	(100,262)
Total			(90,980)	0	(90,980)

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

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		13,279	(6,716)		6,563
Chief Executive Reserve			0		0
Finance		(3,536)	(1,321)		(4,857)
Planning, Performance and Corporate Services		(2,742)	(2,679)		(5,421)
Digital and IT		14,764	(4,028)		10,736
Medical & Pharmacy	9,281	(4,027)	(45,888)	(59,574)	(100,207)
Nursing	0	18,505	(410)	584	18,679
Human Resources and Organisation Development		(13,537)	(2,935)		(16,472)
Total	9,281	22,705	(63,977)	(58,990)	(90,980)

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

It is expected that HEIW will manage to ensure that an overall balanced financial position is achieved at year end.

5.2 Commissioning Funding

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

5.3 Capital Expenditure

HEIW has a discretionary capital allocation of £105k for the year.

5.4 Balance Sheet

The balance sheet as at 30th April 2021 is shown below:

	2021/22 Opening Balance	30th April 2021	Movement
	£000s	£000s	£000s
Non-Current Assets:			
Fixed Assets	2,179	2,136	(43)
Current Assets:			
Trade and other receivables	1,293	1,105	(188)
Cash & bank	6,148	2,531	(3,617)
Total Assets	9,620	5,772	(3,848)
Liabilities:			
Trade and other payables	(7,337)	(11,363)	(4,026)
Provisions	(7)	(7)	0
Total Liabilities	(7,344)	(11,370)	(4,026)
	2,275	(5,598)	(7,874)
Financed by:			
General Fund	2,275	(5,598)	(7,874)
Total Funding	2,275	(5,598)	(7,874)

- The movement on non-current assets reflects depreciation charged during 2021/22.
 - Trade and Other Receivables stand at £1.1m as at 30th April 2021.
- Trade and other payables total £11.4m as at 30th April. The main balances include:
 - £3.9m in respect of other NHS Wales organisations. £2.2m is for GP Trainee payments to NWSSP.
 - £4.4m to non-NHS creditors. These are primarily payments due to Universities for costs relating to the 2020/21 financial year. £900k accrued for the COVID bonus payments and £271k for A/L accrual.
 - £0.6m to HMRC and the NHS pensions agency relating to the April payroll payments.

The cash position at the end of month 1 was £2.5m.

5.5 Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires NHS organisations to pay 95% of all invoices within 30 days and is based on a cumulative position. For the period April 2021 HEIW paid 98.6% of non-NHS invoices within this target and paid 100% of NHS invoices.

6. RECOMMENDATION

The Board is asked to note:

- the financial position reported for HEIW at month 1
- the summarised explanation of key variations by Directorate
- the Capital allocation
- the Balance Sheet position

The Board is asked to agree the proposed return of £5m of funding to WG in Q4			
Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
There are no implications for Quality, Safety and Patient Experience			
Financial Implications			
The financial implications are set out above in the body of the report.			
Legal Implications (including equality and diversity assessment)			
HEIW has a statutory responsibility to break even at year end the report sets out the financial position for April 2021. There are no equality and diversity implications of this report.			
Staffing Implications			
There are no staffing implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long-term objectives.			
Report History	The report references and updates the previous finance update shared with the HEIW Board in April 2021.		
Appendices	Further detail is included in Appendix 1.		

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REPORT OF THE DIRECTOR OF FINANCE

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

1. Board and Executives

- An overspend on pay to date is as a result of a requirement to re-align budgets to balance the financial plan in respect of the Director of Planning and Digital posts and Welsh translation Manager and apprentice, offset by less than full time costs for the Interim Director of Nursing and Director of Finance.
- A small overspend on Non-Pay of £6,716 is due to lower than budgeted travel, catering, room hire and training expenses as a result of the Covid-19 pandemic and lockdown, and lower legal and risk costs than budgeted.

2. Finance.

- The pay budgets show a small underspend of £3,536 due to vacancies at band 3 and 5, the band 5 vacancy is currently covered by an agency member of staff.
- There is a favourable variance of £1,321 in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs and lower than budgeted bank charges.

3. Planning, Performance and Corporate Services

- The Pay budgets are underspent at month 1 by £2,742, 2 wte vacant posts are filled by agency staff and an internal secondment.
- There is an underspend of £2,679 against non-pay budgets as a result of savings in utilities costs and other variable costs associated with Ty Dysgu as a result of the home working model.

4. Digital and IT

- There is an overspend against the initial budgets set of £14,674 as a result of the requirement to re-align budgets to balance the financial plan specifically in relation to the Head of Cyber Security role and the appointment of additional temporary agency staff.
- There is an underspend against non-pay budgets of £4,028 as a result of reduced travel as a result of the COVID-19 pandemic.

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5. Medical and Pharmacy

- There is an adverse variance of £9,281 against the other income target as a result of lower than anticipated income from revalidation and CPD courses for Dentists and GPs.
- The underspend on pay of £4,027 is as a result of a number of administration and clerical vacancies across a range of teams which are partly offset by agency costs.
- The underspend on non-pay of £45,888 is as a result of lower than anticipated spend on training expenses, lecture fees and travel and subsistence in the year to date.
- Commissioning budgets are underspent by £59,574 year to date. The underspend is predominantly due to under-recruitment to training grade posts £17,894, £21,901 of underspend in Pharmacy budgets due and £19,575 in Dental Foundation training due to under recruitment. There is also an underspend in GP Induction and Returners and this is offset by an overspend of £15,836 in GP training as a result of protected pay.

6. Nursing

- The overspend in Pay budgets of £18,505 relates predominantly to the non recurrent funding allocation in respect of the Nurse Staffing Levels Team, this has been agreed but not received and so not included in delegated budgets as yet.
- Non-Pay budgets are mainly provided for Commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses.
- It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 21/22. A breakeven position is reported at month 1.
- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and are breakeven in month.

7. Human Resources and Organisation Development

- There are 7 wte vacancies within the core budgets of the Directorate contributing to the £13,537 underspend in month 1.
- A Non-Pay underspend variance of £2,935 is predominantly due to the ongoing impact of Covid-19 restrictions on travel.

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Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	91	0

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HEIW

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Apr 21

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

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

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

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Table A1 - Underlying Position

This table needs completing monthly from Month: 1

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

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

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

Table B - Monthly Positions

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

Period : Apr 21

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A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	19 965	19 717	20 398	20 232	22 796	25 333	23 131	22 132	24 607	23 449	22 961	30 565	19 965	275 286
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	55	18	41	41	41	41	59	43	43	43	43	54	55	522
7	Income Total		20 020	19 735	20 439	20 273	22 837	25 374	23 190	22 175	24 650	23 492	23 004	30 619	20 020	275 808
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1 491	1 475	1 488	1 480	1 481	1 491	1 484	1 484	1 485	1 486	1 486	1 657	1 491	17 988
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	899	913	1 244	1 246	1 078	1 567	1 041	1 179	1 659	1 166	1 137	6 882	899	20 011
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	17 496	17 304	17 664	17 503	20 234	22 272	20 621	19 468	21 462	20 796	20 337	22 127	17 496	237 284
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	43	43	43	44	44	44	44	44	44	44	44	44	43	525
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	19 929	19 735	20 439	20 273	22 837	25 374	23 190	22 175	24 650	23 492	23 004	30 710	19 929	275 808
27	Net surplus/ (deficit)	Actual/F'cast	91	0	0	0	0	0	0	0	0	0	0	(91)	91	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		91
29. Actual YTD surplus/ (deficit) last month		0
30. Current month actual surplus/ (deficit)		91
		Trend
31. Average monthly surplus/ (deficit) YTD		91 ▶
32. YTD /remaining months		8

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		1 092
34. Year to Date Trend Scenario		1 092

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C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
35	DEL Baseline Provider Depreciation	43	43	43	44	44	44	44	44	44	44	44	44	43	525
36	Strategic Depreciation													0	0
37	Accelerated Depreciation													0	0
38	Impairments													0	0
39	Other (Specify in Narrative)													0	0
40	Total	43	43	43	44	44	44	44	44	44	44	44	44	43	525
AME															
41	Donated Asset Depreciation													0	0
42	Impairments													0	0
43	Other (Specify in Narrative)													0	0
44	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

D. Accountancy Gains

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

E. Committed Reserves & Contingencies

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

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Table B2 - Pay Expenditure Analysis

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	898	887	900	892	893	903	896	896	897	898	898	1 069	898	10 927
2	Medical & Dental	440	437	437	437	437	437	437	437	437	437	437	437	440	5 247
3	Nursing & Midwifery Registered	21	21	21	21	21	21	21	21	21	21	21	21	21	252
4	Prof Scientific & Technical	110	107	107	107	107	107	107	107	107	107	107	107	110	1 287
5	Additional Clinical Services	9	11	11	11	11	11	11	11	11	11	11	11	9	130
6	Allied Health Professionals	12	12	12	12	12	12	12	12	12	12	12	12	12	144
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1 490	1 475	1 488	1 480	1 481	1 491	1 484	1 484	1 485	1 486	1 486	1 657	1 490	17 987
Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	1 491	1 475	1 488	1 480	1 481	1 491	1 484	1 484	1 485	1 486	1 486	1 657	1 491	17 988
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1 491	1 475	1 488	1 480	1 481	1 491	1 484	1 484	1 485	1 486	1 486	1 657	1 491	17 988
B - Agency / Locum (premium) Expenditure		0	0	0	0	0	0	0	0	0	0	0	0		
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	30	30	30	30	30	30	30	30	30	30	30	32	362
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	30	30	30	30	30	30	30	30	30	30	30	32	362
11	Agency/Locum (premium) % of pay	2.1%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	1.8%	2.1%	2.0%
C - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
- Analysed by Reason for Using Agency/Locum (premium)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	32	30	30	30	30	30	30	30	30	30	30	30	32	362
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLL													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	30	30	30	30	30	30	30	30	30	30	30	32	362
		0	0	0	0	0	0	0	0	0	0	0	0		

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

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

A3	Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast															
58	Provider Pay (Establishment, Temp & Agency)															
59	Administrative, Clerical & Board Members															
60	Medical & Dental															
61	Nursing & Midwifery Registered															
62	Prof Scientific & Technical															
63	Additional Clinical Services															
64	Allied Health Professionals															
65	Healthcare Scientists															
66	Estates & Ancillary															
67	Students															
68	Sub total Mass COVID-19 Vaccination Provider Pay															
69	Primary Care Contractor (excluding drugs)															
70	Primary Care - Drugs															
71	Secondary Care - Drugs															
72	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7															
73	Healthcare Services Provided by Other NHS Bodies															
74	Non Healthcare Services Provided by Other NHS Bodies															
75	Continuing Care and Funded Nursing Care															
76	Other Private & Voluntary Sector															
77	Joint Financing and Other (includes Local Authority)															
78	Other (only use with WG agreement & state SoCNE/I line ref)															
79																
80																
81																
82	Sub total Mass COVID-19 Vaccination Non Pay															
83	TOTAL MASS COVID-19 VACC EXPENDITURE															
84	PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)															
85	MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE															
A4	Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast															
86	Provider Pay (Establishment, Temp & Agency)															
87	Administrative, Clerical & Board Members															
88	Medical & Dental															
89	Nursing & Midwifery Registered															
90	Prof Scientific & Technical															
91	Additional Clinical Services															
92	Allied Health Professionals															
93	Healthcare Scientists															
94	Estates & Ancillary															
95	Students															
96	Sub total Extended Flu Vaccination Provider Pay															
97	Primary Care Contractor (excluding drugs)															
98	Primary Care - Drugs															
99	Secondary Care - Drugs															
100	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7															
101	Healthcare Services Provided by Other NHS Bodies															
102	Non Healthcare Services Provided by Other NHS Bodies															
103	Continuing Care and Funded Nursing Care															
104	Other Private & Voluntary Sector															
105	Joint Financing and Other (includes Local Authority)															
106	Other (only use with WG agreement & state SoCNE/I line ref)															
107																
108																
109																
110	Sub total Extended Flu Vaccination Non Pay															
111	TOTAL EXTENDED FLU VACC EXPENDITURE															
112	PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)															
113	MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE															
A5	Field Hospital / Surge (Additional costs due to C19) enter as positive value - actual/forecast															
114	Provider Pay (Establishment, Temp & Agency)															
115	Administrative, Clerical & Board Members															
116	Medical & Dental															
117	Nursing & Midwifery Registered															
118	Prof Scientific & Technical															
119	Additional Clinical Services															
120	Allied Health Professionals															
121	Healthcare Scientists															
122	Estates & Ancillary															
123	Students															
124	Sub total Field Hospital / Surge Provider Pay															
125	Primary Care Contractor (excluding drugs)															
126	Primary Care - Drugs															
127	Secondary Care - Drugs															
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7															
129	Provider - Non Pay (Decommissioning Costs)															
130	Healthcare Services Provided by Other NHS Bodies															
131	Non Healthcare Services Provided by Other NHS Bodies															
132	Continuing Care and Funded Nursing Care															

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

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A7	Other (Additional costs due to C19) enter as positive value - actual/forecast																			
172	Provider Pay (Establishment, Temp & Agency)																		0	0
173	Administrative, Clerical & Board Members																		0	0
174	Medical & Dental																		0	0
175	Nursing & Midwifery Registered																		0	0
176	Prof Scientific & Technical																		0	0
177	Additional Clinical Services																		0	0
178	Allied Health Professionals																		0	0
179	Healthcare Scientists																		0	0
180	Estates & Ancillary																		0	0
181	Students																		0	0
182	Other (only use with WG Agreement & state SoCNE/I line ref)																		0	0
183																			0	0
184																			0	0
185																			0	0
186	Sub total Other C-19 Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
187	Primary Care Contractor (excluding drugs)																		0	0
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income																		0	0
189	Primary Care - Drugs																		0	0
190	Secondary Care - Drugs																		0	0
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line																		0	0
192	Provider - Non Pay - PPE																		0	0
193	Healthcare Services Provided by Other NHS Bodies																		0	0
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS																		0	0
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS																		0	0
196	Non Healthcare Services Provided by Other NHS Bodies																		0	0
197	Continuing Care and Funded Nursing Care																		0	0
198	Other Private & Voluntary Sector																		0	0
199	Other Private & Voluntary Sector - Private Hospital Providers																		0	0
200	Joint Financing and Other (includes Local Authority)																		0	0
201	Other (only use with WG Agreement & state SoCNE/I line ref)																		0	0
202																			0	0
203																			0	0
204																			0	0
205																			0	0
206	Sub total Other C-19 Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
207	TOTAL OTHER C-19 EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
208	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)																		0	0
209	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
210	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
211	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
212	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

C - In Year Operational Expenditure Cost Reduction Due To C19

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

0 0 0 0 0 0 0 0 0 0 0 0 0 0

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

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Negative values</i>														
229	Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast													0	0
230														0	0
231														0	0
232														0	0
233														0	0
234														0	0
235														0	0
236														0	0
237														0	0
238														0	0
239	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
240	ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E - Additional Welsh Government Funding for C19

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

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

This Table is currently showing 1 errors

Some errors will be resolved when complete rows have data or associated tables are completed

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

Table C1- Savings Schemes Pay Analysis

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

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

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

This Table is currently showing 0 errors

Table C3 - Tracker

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

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Period : Apr 21

**Table D - Income/Expenditure Assumptions
Annual Forecast**

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University		0	0
2	Aneurin Bevan University		0	0
3	Betsi Cadwaladr University		0	0
4	Cardiff & Vale University		0	0
5	Cwm Taf Morgannwg University		0	0
6	Hywel Dda University		0	0
7	Powys			0
8	Public Health Wales		122	122
9	Velindre		30	30
10	NWSSP			0
11	DHCW			0
12	Wales Ambulance Services			0
13	WHSSC			0
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	Total	0	152	152

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
	13 085	13 085
	10 222	10 222
	15 521	15 521
	21 680	21 680
	11 729	11 729
	7 684	7 684
	605	605
	1 434	1 434
	39 038	39 038
		0
		0
	335	335
		0
		0
		0
		0
0	121 333	121 333

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Table E - Resource Limits

1. BASE ALLOCATION

STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit	Total Capital Resource Limit	Total Capital Drawing Limit	WG Contact and Date Item First Entered into Table
HCHS	Pharmacy	Dental	GMS	£'000		£'000	£'000	£'000	
1	LATEST ALLOCATION LETTER/SCHEDULE REF:								
2	Total Confirmed Funding				270 093		269 568	100	100

2. ANTICIPATED ALLOCATIONS

3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall				0				
4	DEL Non Cash Depreciation - Strategic				0				
5	DEL Non Cash Depreciation - Accelerated				0				
6	DEL Non Cash Depreciation - Impairment				0				
7	AME Non Cash Depreciation - Donated Assets				0				
8	AME Non Cash Depreciation - Impairment				0				
9	AME Non Cash Depreciation - Impairment Reversals				0				
10	Removal of Donated Assets / Government Grant Receipts				0				
11	Total COVID-19 (see below analysis)	0	0	0	0				See below analysis
12	Leadership & Succession - Clinical Executive Leadership programme	60			60 NR	60			Month 1 - Richard Dudley
13	Leadership & Succession - Digital Leadership portal NHS Wales	60			60 NR	60			Month 1 - Richard Dudley
14	Leadership & Succession - NHS Wales Graduate Leadership programme	413			413 NR	413			Month 1 - Richard Dudley
15	Leadership & Succession - Annual Leadership Conference	10			10 NR	10			Month 1 - Richard Dudley
16	Leadership & Succession - A range of Leadership Alumni Events	30			30 NR	30			Month 1 - Richard Dudley
17	Leadership & Succession - Establishment	176			176 NR	176			Month 1 - Richard Dudley
18	Leadership & Succession - Succession Planning	136			136 NR	136			Month 1 - Richard Dudley
19	WG Business Case - Made in Wales	167			167 NR	167			Month 1 - Richard Dudley
20	WG Business Case - RCN Cadet Scheme	60			60 NR	60			Month 1 - Richard Dudley
21	WG Business Case - GP Small Group Learning (PBSQL) Option 4	48			48 NR	48			Month 1 - Richard Dudley
22	WG Business Case - Behavioural Science Training	134			134 NR	134			Month 1 - Richard Dudley
23	WG Business Case - Florence Nightingale Initiative	46			46 NR	46			Month 1 - Richard Dudley
24	WG Business Case - NEP Training Vision - Governance	229			229 NR	229			Month 1 - Richard Dudley
25	WG Business Case - LD Education Framework	174			174 NR	174			Month 1 - Richard Dudley
26	WG Business Case - LTFT Increase based on 20/21	106			106 NR	106			Month 1 - Richard Dudley
27	WG Business Case - Anaesthetic Associates	40			40 NR	40			Month 1 - Richard Dudley
28	Other Initiative - Senior workforce information Office (B6)	19			19 NR	19			Month 1 - Richard Dudley
29	Other Initiative - Workforce Strategy Planning Manager (Ba)	60			60 NR	60			Month 1 - Richard Dudley
30	Other Initiative - Head of Placement Experience & Improvement	82			82 NR	82			Month 1 - Richard Dudley
31	Other Initiative - Work based learning Quality manager and Assessor Trainin	96			96 NR	96			Month 1 - Richard Dudley
32	Other Initiative - Welsh Risk Pool Pre Reg Pharm	30			30 NR	30			Month 1 - Richard Dudley
33	Other Initiative - Pharmacy Fellow	29			29 NR	29			Month 1 - Richard Dudley
34	Other Initiative - Optometry Fellow	43			43 NR	43			Month 1 - Richard Dudley
35	Other initiative - QIST Business Case	47			47 NR	47			Month 1 - Richard Dudley
36	Pay Changes - Director of Planning	115			115 NR	115			Month 1 - Richard Dudley
37	Pay Changes - Director of Digital	115			115 NR	115			Month 1 - Richard Dudley
38	Pay Changes - Welsh Translation Manager	78			78 NR	78			Month 1 - Richard Dudley
39	Pay Changes - Welsh Translation Apprentice	17			17 NR	17			Month 1 - Richard Dudley
40	Pay Changes - Digital Team Changes	119			119 NR	119			Month 1 - Richard Dudley
41	Pay Changes - Secondary Care Team Additional Posts	167			167 NR	167			Month 1 - Richard Dudley
42	Pay Changes - Additional Infrastructure Costs	1 068			1 068 NR	1 068			Month 1 - Richard Dudley
43	Pharmacy Commissioning Budget	350			350 NR	350			Month 1 - Richard Dudley
44	Development Fund	600			600 NR	600			Month 1 - Richard Dudley
45	All Wales Staffing Act	208			208 NR	208			Month 1 - Richard Dudley
46	Other	61			61 NR	61			Month 1 - Richard Dudley
47					0				
48					0				
49					0				
50					0				
51					0				
52					0				
53					0				
54					0				
55					0				
56	Total Anticipated Funding	5 193	0	0	0	5 193	5 193	0	0

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57	Confirmed Resources Per 1. above	270 093	0	0	0	270 093	269 568	100	100
58	Anticipated Resources Per 2. above	5 193	0	0	0	5 193	5 193	0	0
59	Total Resources	275 286	0	0	0	275 286	274 761	100	100

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

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

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Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.	
1	Agreed full year income																		0		
	Details of Anticipated Income																				
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0		
3	DEL Non Cash Depreciation - Strategic																		0		
4	DEL Non Cash Depreciation - Accelerated																		0		
5	DEL Non Cash Depreciation - Impairment																		0		
6	AME Non Cash Depreciation - Donated Assets																		0		
7	AME Non Cash Depreciation - Impairment																		0		
8	AME Non Cash Depreciation - Impairment Reversals																		0		
9	Total COVID-19 (see below analysis)														0				0	See below analysis	
10																			0		
11																			0		
12																			0		
13																			0		
14																			0		
15																			0		
16																			0		
17																			0		
18																			0		
19																			0		
20																			0		
21																			0		
22																			0		
23																			0		
24																			0		
25																			0		
26																			0		
27																			0		
28																			0		
29																			0		
30																			0		
31																			0		
32																			0		
33																			0		
34																			0		
35	Total Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE		Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.																
36	Testing (inc Community Testing)			0																	
37	Tracing			0																	
38	Mass COVID-19 Vaccination			0																	
39	Extended Flu Vaccination			0																	
40	FIBO Hospital / Surge			0																	
41	Cleaning Standards			0																	
42	PPE			0																	
43	Private Providers			0																	
44	Urgent & Emergency Care			0																	
45				0																	

46				0
47				0
48				0
49				0
50				0
51				0
52				0
53				0
54				0
55				0
56				0
57				0
58				0
59				0
60				0
61				0
62				0
63				0
64				0
65				0
66	Total Funding	0	0	0

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Period : Apr 21

This table needs completing monthly from Month: 3
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Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Apr 21 £'000	Forecast Closing Balance End of Mar 22 £'000
Non-Current Assets			
1 Property, plant and equipment			
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	0	0	0
Current Assets			
6 Inventories			
7 Trade and other receivables			
8 Other financial assets			
9 Cash and cash equivalents			
10 Non-current assets classified as held for sale			
11 Current Assets sub total	0	0	0
12 TOTAL ASSETS	0	0	0
Current Liabilities			
13 Trade and other payables			
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions			
17 Current Liabilities sub total	0	0	0
18 NET ASSETS LESS CURRENT LIABILITIES	0	0	0
Non-Current Liabilities			
19 Trade and other payables			
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	0	0	0
24 TOTAL ASSETS EMPLOYED	0	0	0
FINANCED BY: Taxpayers' Equity			
25 General Fund			
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	0	0	0

	Opening Balance Beginning of Apr 21	Closing Balance End of Apr 21	Closing Balance End of Mar 22
EXPLANATION OF ALL PROVISIONS			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40 Total Provisions	0	0	0

ANALYSIS OF WELSH NHS RECEIVABLES (current month)

41 Welsh NHS Receivables Aged 0 - 10 weeks
42 Welsh NHS Receivables Aged 11 - 16 weeks
43 Welsh NHS Receivables Aged 17 weeks and over

£'000
0
0
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
44 Capital	0	0	0
45 Revenue	0	0	0

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	0	0	0
47 Revenue	0	0	0

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This table needs completing monthly from Month: 2

Period : Apr 21

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)													0
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations													0
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets													0
10	Other - (Specify in narrative)													0
11	TOTAL RECEIPTS	0	0	0	0	0	0	0	0	0	0	0	0	0
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages													0
18	Non Pay Expenditure													0
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment													0
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Net cash inflow/outflow	0	0	0	0	0	0	0	0	0	0	0	0	
25	Balance b/f		0	0	0	0	0	0	0	0	0	0	0	
26	Balance c/f	0	0	0	0	0	0	0	0	0	0	0	0	

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Table H - PSPP

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

30 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
	PROMPT PAYMENT OF INVOICE PERFORMANCE													
1	% of NHS Invoices Paid Within 30 Days - By Value	95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%		-95,0%
10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE													
5	% of NHS Invoices Paid Within 10 Days - By Value													
6	% of NHS Invoices Paid Within 10 Days - By Number													
7	% of Non NHS Invoices Paid Within 10 Days - By Value													
8	% of Non NHS Invoices Paid Within 10 Days - By Number													

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

£'000 100
Approved CRL / CEL issued at :

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

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

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Table J - In Year Capital Scheme Profiles

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

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A: In Year Disposal of Assets

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

B: Future Years Disposal of Assets

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

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38							0	
	Total for future years				0	0	0	0

Period : Apr 21

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This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

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

	Period:
11 weeks before end of Apr 21 =	fredag 12. februar 2021
17 weeks before end of Apr 21 =	fredag 1. januar 2021

0,00		0,00	0,00
Invoices paid since the end of the month			
Total outstanding as per MR submission date		0,00	0,00

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Period : Apr 21

Table N - General Medical Services
Table to be completed from Q2 / Month:

6

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Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION

	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Global Sum	1					
MPIG Correction Factor/Practice support payment	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (In hours Access)	7					
Total Quality	8				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0	
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0	
Premises (To equal data in section C Line 138)	14				0	
IM & T	15				0	
Out of Hours (including OOHDF)	16				0	
Dispensing (To equal data in Line 154)	17				0	
Total	18	0	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services <i>Section A (i)</i>	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	19				0	
Childhood Immunisation Scheme	20				0	
Mental Health	21				0	
Influenza & Pneumococcal Immunisations Scheme	22				0	
Services for Violent Patients	23				0	
Minor Surgery Fees	24				0	
MENU of Agreed DES						
Asylum Seekers & Refugees	25				0	
Care of Diabetes	26				0	
Care Homes	27				0	
Extended Surgery Opening	28				0	
Gender Identity	29				0	
Homeless	30				0	
Oral Anticoagulation with Warfarin	31				0	
TOTAL Directed Enhanced Services (must equal line 9)	32		0	0	0	0
National Enhanced Services <i>A (ii)</i>	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	33				0	
Shared care drug monitoring (Near Patient Testing)	34				0	
Drug Misuse	35				0	
IUCD	36				0	
Alcohol misuse	37				0	
Depression	38				0	
Minor injury services	39				0	
Diabetes	40				0	
Services to the homeless	41				0	
TOTAL National Enhanced Services (must equal line 10)	42		0	0	0	0

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

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

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Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					0
Premises	LINE NO.	£000's	£000's	£000's	£000's	£000's
Section C						
Notional Rents	129					
Actual Rents: Health Centres	130					
Actual Rents: Others	131					
Cost Rent	132					
Clinical Waste/ Trade Refuse	133					
Rates, Water, sewerage etc	134					
Health Centre Charges	135					
Improvement Grants	136					
All other Premises (please detail below which should reconcile to line 146)	137					
TOTAL Premises (must equal line 14)	138				0	0
Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
TOTAL of Other Premises (must equal line 137)	146					0
Memorandum item						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					
GENERAL MEDICAL SERVICES						
Dispensing						
Dispensing Data	LINE NO.	WG	Current Plan	Forecast	Variance	Year to Date
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)		£000's	£000's	£000's	£000's	£000's
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 17)	154				0	0

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HEIW

Period : Apr 21

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

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



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

Meeting Date	27 May 2021	Agenda Item	4.2
Report Title	END OF YEAR PERFORMANCE REPORT 2020/21		
Report Authors	Chris Payne, Assistant Director of PPCS Nicola Johnson, Director of PPCS		
Report Sponsor	Nicola Johnson, Director of PPCS		
Presented by	Nicola Johnson, Director of PPCS		
Freedom of Information	Open		
Purpose of the Report	To provide the Board with a report on the organisation's performance in 2020/21, including progress on delivery of our Strategic Aims and performance of our business activities.		
Key Issues	<p>In year the Board approved the organisation's Performance Framework and we have good audit assurance on our performance management processes.</p> <p>Due to the Covid-19 pandemic we have revised and reviewed our IMTP and Strategic Objectives during the year, and in line with national guidance we developed 3 Operational Plans. The report shows that there is positive assurance on the delivery of our Q3/4 Operational Plan and describes our many achievements in the year.</p> <p>There have been challenges as well, 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.</p> <p>Our quality management processes have adapted rapidly to a virtual way of working and we have led engagement to ensure that quality training and education is provided for all our learners.</p> <p>In terms of workforce indicators, whilst we have low sickness rates and high levels of engagement, we acknowledge we have more work to do to improve our PADR and mandatory and statutory training compliance as a priority in 2021/22.</p>		
Specific Action Required	Information	Discussion	Assurance
			X
Recommendations	<p>The Board members are asked to:</p> <ul style="list-style-type: none"> Note the end of year performance report for 2020/21 which is provided for scrutiny and assurance. 		

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END OF YEAR PERFORMANCE REPORT 2020/21

1.0 Introduction

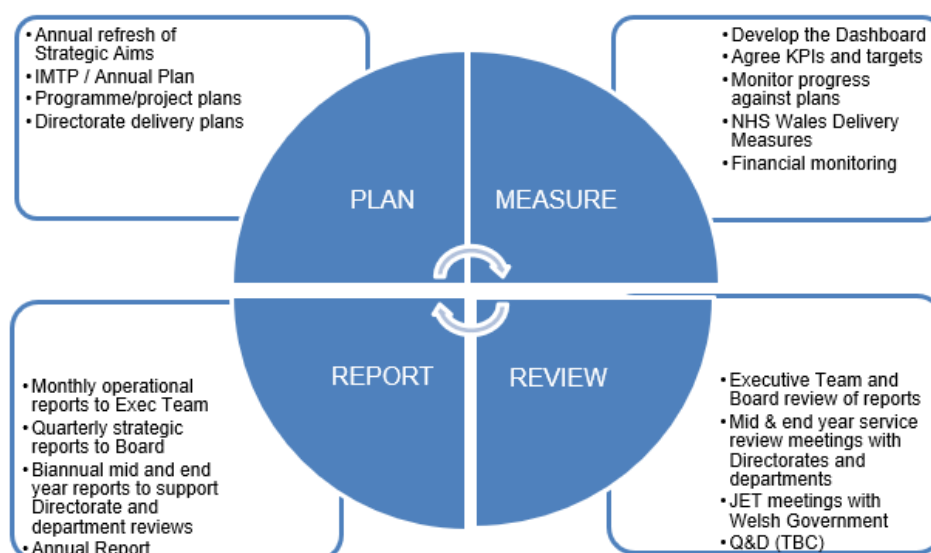
This report provides the overview of the Organisation's performance in 2020/21. It includes the progress against delivery of our Strategic Aims and also the delivery of our business activities.

2.0 Background

As a unique organisation in NHS Wales, in 2020/21 we 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 the Board on our progress with the delivery of our Plans and on the performance of our business activities throughout the year.

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 and it 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 these areas of work, 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 oversee delivery of its operational plans, which were embedded in the approved Performance Framework.

3.0 Assessment

3.1 Agile Planning

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 with 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 on 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 to focus on our crisis management and business continuity response. 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.

3.2 System Response to COVID

As an active partner in the COVID-19 members of our senior and executive team also joined colleagues as part of national emergency planning and coordination groups and HEIW has been represented and contributed to the Welsh Government Nosocomial Group.

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.

3.3 New functions

Throughout 2020-21, the organisation has continued to grow and mature. During the year we have taken on new programmes and functions and therefore 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 All Wales Nurse Staffing 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.

3.4 Summary of Progress by Strategic Aim

To track the progress of the delivery of our 39 Strategic Objectives and to mitigate risks, the following RAG mechanism has been applied to report on the Objectives by Senior Responsible Officers and the reported progress is as follows.

0	Substantially off track for delivery by the end of the year
6	A minority of deliverables off-track to deliver at end of the year, will be completed in 2021/22
33	Completed
7	Deferred

At the end of March 2021, all Objectives included for Q3&4 were identified by Senior Responsible Officers as completed within associated timeframes or, where a minority of deliverables are off track, will be completed in early 2021/22. There were no Objectives rated Red (substantially off track).

This shows that the organisation maintained its strategic focus and balanced the need to support the system response to the pandemic and there is positive assurance with the delivery of our Strategic Objectives by the end of March.

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 and 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 that 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 undertake face to face training.

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.

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.

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.

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.

Welsh Language – Through our dedicated team we have promoted the use of Welsh across the organisation and embedded principles to take forward the requirements of the Welsh Language Act. In year, the number of words translated has trebled to over 3.5m and we have increased our staffing resource to meet demand. In year we also extremely proud to be able to simultaneously translate our Board meeting in the medium of Welsh for those attendees requiring it, to promote the equal use of the language in our business.

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 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.

3.5 Achievements and Challenges

3.5.1 Achievements

There have been many achievements in year as shown in the snapshot table in **Appendix 1**.

3.5.2 Challenges

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 Dental 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

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

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 Associates are also being implemented for 2021 recruitment for completion in May and June. For these groups of 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.

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.

4.0 Highlights from Education and Training Commissioning

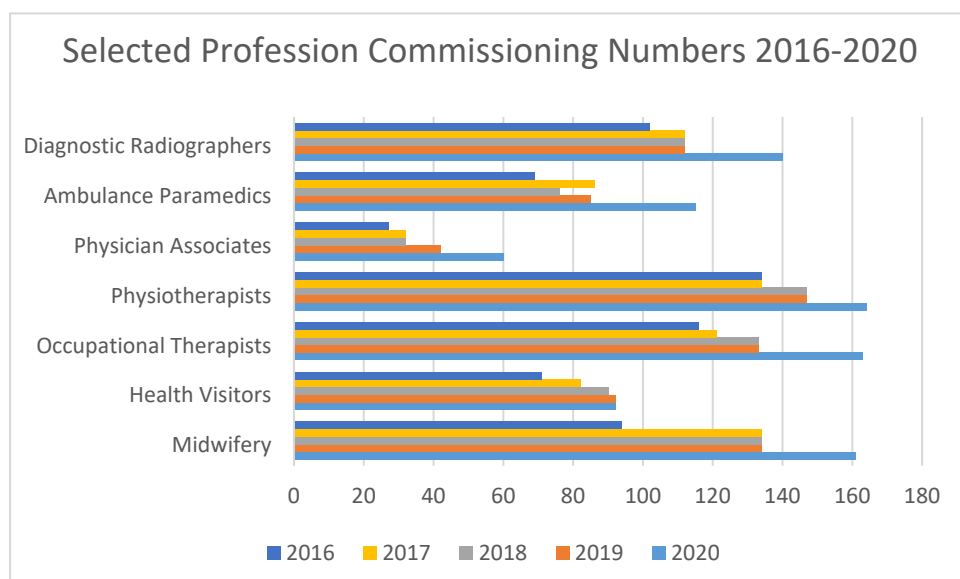
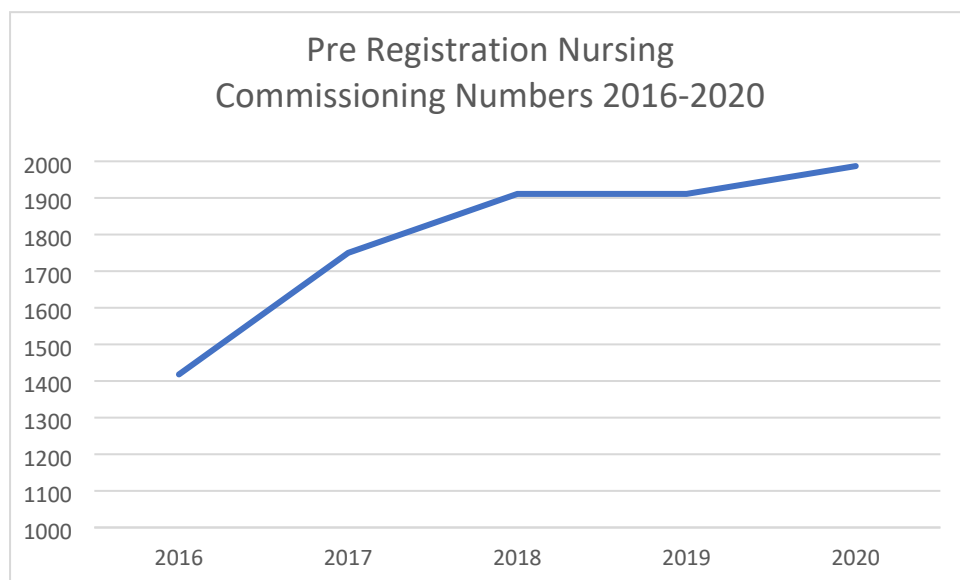
The majority of our budget (88%) is invested in education and training. In 2020/21 we continued to commission an increasing number of training and student places across a range of health professions, in line with continued investment and commitment from Welsh Government in line with our Education and Commissioning Plans.

As shown at any one time 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 the graphs below.



4.1 Fill Rates

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. Details by profession are as follows:

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 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% recruitment 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.

Primary Care medical training – in year the assumption has been to fill 160 GP trainee places, with an option to over-recruit if suitable candidates are available. To support this potential over-recruitment, 200 places were made available and, at the end of March 2021, for posts commencing August 2020 and February 2021, all 200 places were filled against the initial 160 baseline, giving a recruitment rate of 125%.

There also appears to be good uptake of the places commencing in August 2021, with all 161 offered places being filled at this stage.

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 were recruited of the 160 commissioned places in 2020/21, which is an 83% fill rate this year. However, the offer of 160 places represented 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.

However, the UK-wide increase in commissioned places, as well as the pandemic, appear to have had a slight impact on recruitment (community pharmacy) to the 2021/22 intake, with 124 out of 160 being recruited for the 2021/22 intake.

4.2 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.

4.3 Continuing Professional Education

Due to the change to virtual learning as a result of the pandemic response, all teams have been able to increase the volume and range of continuing professional education delivered and the detail is included in the main performance report.

5.0 Quality of Education and Training

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. 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.

5.1 Health Professional Education

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. These are discussed in future contract business meetings as a part of the continuous improvement agenda.

The last full year academic year 2019/20 was completed in August 2020 and the following highlights and challenges were identified:

- Improvement in fill rates and reduction in attrition rates.
- Improved data collection surrounding students on Interruption of Studies (IoS).
- Continued growth in the number of applications per place for Health Professional courses.
- The challenge set 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.
- Application rates to Learning Disability nursing and bio-medical science remain areas of concern. There are 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 managed effectively.

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 / April. However, stakeholder engagement, with students from all Universities and with practice Education Facilitators / mentors has taken place during this period as these are conducted independently from Universities.

5.2 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. A proportionate approach is taken where concerns arise thereby encouraging transparency and effective working relationships in the delivery of solutions.

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 but Paediatric Surgery at the University Hospital of Wales was withdrawn from Enhanced Monitoring status in Q2 at HEIW's recommendation, 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 Local Education Providers (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. Steps were taken to ensure that Local Education Providers (LEPs) had alternative approaches to local quality control and engagement meetings with Associate Medical Directors (Education) were held to discuss progress.

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 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 Local Education Providers 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.

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 and it has been agreed these will continue up to at least September 2021. 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.

To provide an additional route for trainees to raise concerns directly with HEIW about training quality we launched HEIW Open, a dedicated email account. Since its launch there has been an increase in trainees contacting HEIW directly, with 4 valid concerns regarding the quality of training being raised. We have collaborated with the respective LEPs to ensure that action was taken at an early stage, thereby preventing any unnecessary escalation of the concerns.

5.3 Dental Quality Management

5.3.1 Dental Foundation Training (DFT)

Quality Assurance of Educational Supervisors - We implemented the 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. Around 50% of DFT trainees have COVID-related outcomes (32 out of 73) in their Interim RCP. During 2020/21 Foundation Dentists also had the opportunity to feedback on their training whilst also taking part in a Quality Improvement project overseen by a Quality Improvements Educator.

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.

5.3.2 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 (Learning Education Providers) 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 impact of Covid has not been as marked on Core Trainees with only 1 out of 67 having a Covid-related outcome at the Interim RCP stage.

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.

5.3.3 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. Three out of 11 trainees had a Covid-related outcome in their interim or full RCP reviews.

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.

5.4 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. 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.

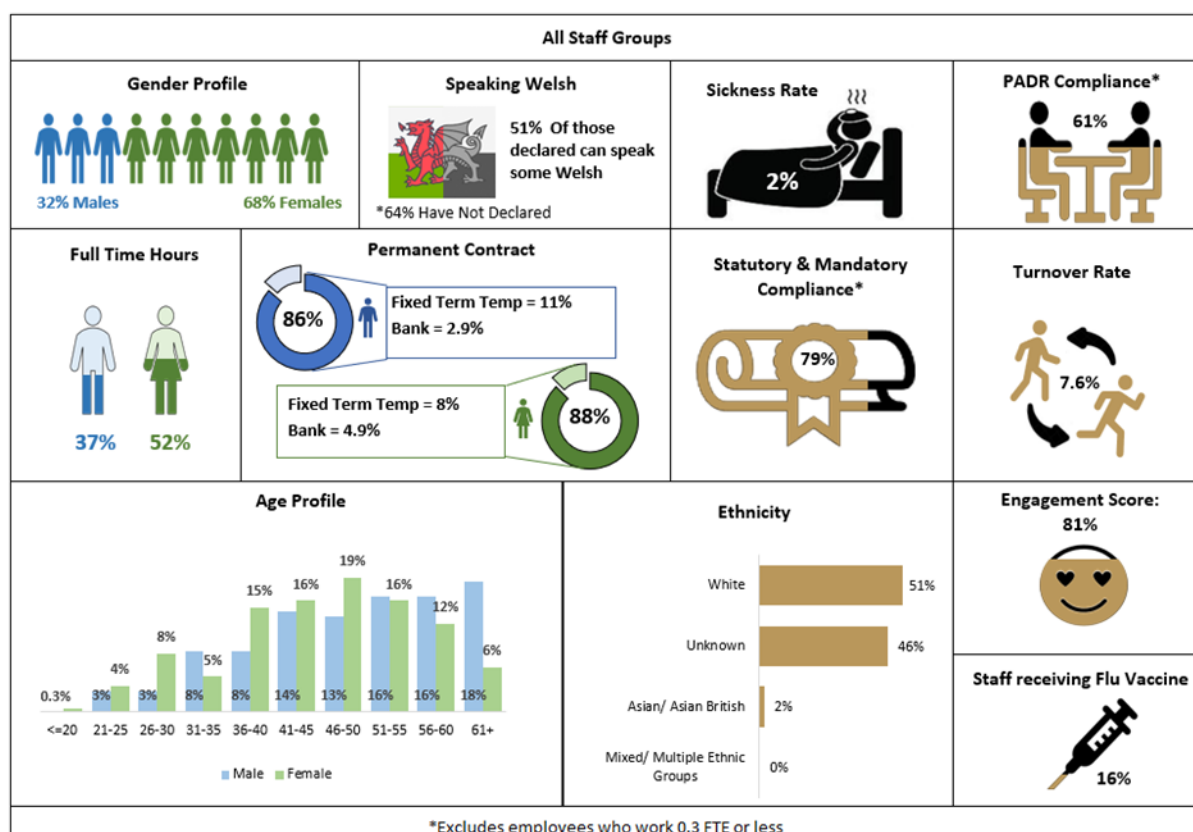
In the future, a Quality Assurance Framework mapped to the new Initial Education and Training programme for pharmacy technicians will be applicable for all sectors of practice.

6.0 Within pre-registration pharmacy technicians our partner training organisation did not meet the contracted performance criteria for Year 1 trainees during 2020/21. With 500 pieces of evidence awaiting assessment in January 2021, there was concern relating to trainee wellbeing and motivation. Our partner's proposed resolution fell short of meeting contractual obligations, and it was agreed to prioritise resources from our own team and secure additional input from NHS Wales organisations to clear the short-term backlog. HEIW is continuing with further contingency planning in case of any further contractual failure by our partner.**Our Workforce**

HEIW's aspiration is to be an exemplar employer and a great place to work. 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. 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 and in that context we balance what we need organisationally in areas such as statutory and mandatory training and appraisal with what we can reasonably ask from these staff.

Workforce Infographic as at March 2021

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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. It also reflects 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

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

As described earlier we have more work to do on our PADR and mandatory and statutory training compliance to meet the national targets and this is a priority for 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

Compliance in recording equality and Welsh Language data has improved over the 12- month period. 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 with our data indicating a younger workforce to be half of the average of NHS Wales overall.

Local Partnership Forum

Our relationships with our Trade Union partners are 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.

7.0 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
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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
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

8.0 RECOMMENDATIONS

The Board is asked to:

- Note the end of year performance report for 2020/21 which is provided for scrutiny and assurance.

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 financial implications arising from this report.			
Legal Implications (including equality and diversity assessment)			
N/A			

Staffing Implications	
N/A	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
N/A	
Report History	25 th March 2021 - Q3 Report Bi-Monthly Reports: 26 th November 2020; 24 th September 2020; 30 th July 2020
Appendices	Appendix 1 – Table of Achievements 2020-21 Attachment 2 – Integrated End of Year Performance Report and Dashboard

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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 <ul style="list-style-type: none"> • 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 	Achievements <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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. 	Achievements <ul style="list-style-type: none"> • 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

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<ul style="list-style-type: none"> Developed the principles of an internship programme in conjunction with students from Cardiff University. 	<p>health Professionals Framework programme teams into the organisation.</p> <ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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%). 	<ul style="list-style-type: none"> 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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Health Education and
Improvement Wales (HEIW)

**Health Education and Improvement Wales
Quarterly Integrated Performance Report
End of Year 2020-21
May 2021**

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SECTION 1: PERFORMANCE AGAINST QUARTER 3/4 PLAN OBJECTIVES

In our Quarter 3/4 2020/21 Operational Plan we agreed to progress 39 Strategic Objectives. This reflected several of the previous IMTP Objectives being restarted or new Objectives being added to support the national Winter Protection Plan. Seven IMTP Objectives were deferred. Milestones were identified for each Objective for the period to the end of Q4 and the detailed report by Objective below outlines the progress on delivering the Q3/4 deliverables.

For the 39 Objectives in the Q3/4 Operational Plan, the following progress status has been reported on the revised deliverables:

0	Substantially off track for delivery by the end of the year
6	A minority of deliverables off-track to deliver at end of the year, will be completed in 2021/22
33	Completed
7	Deferred

There is positive assurance on the delivery of the Q3/4 Operational Plan as reported at the end of the year.

As this is the end of year report, a description has also been given of the impact of the pandemic on individual Objectives with a brief comparison to the original IMTP where relevant.

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'

6 - Green	Completed
1 - Deferred	Strategic Objective 1.7

	Objective 1.1: <i>Lead the development of a multi-professional CPD strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills & capabilities required for the future</i>
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The original IMTP deliverable of development of a strategy was delayed due to the impact of COVID-19. It is anticipated that a draft CPD will be developed for consideration in the early part of 2021/22 alongside the consideration of a funding model to support the strategy. To underpin the delivery of the strategy, initial work has been undertaken to establish and ascertain the CPD activity being undertaken across NHS Wales and contractor professions.

A key element of our improvement approach relates to the development and delivery of a digital Course Management System (CMS). In line with revised deliverables of the Q3/4 Plan, during the year, a pilot system was rolled out to all areas of HEIW to enable the ability to identify ongoing requirements. At the end of Q3 the pilot process and evaluations of the digital CMS had been completed and recommendations were made to implement short-term arrangements for current systems to maintain business continuity. The proposed procurement process is underway, and it is expected to be completed by July 2021, supported via an implementation group chaired by the Digital Director.

Objective 1.2: *Lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales*

Our operational plan for Q3/4 revised the focus of this objective to progressing activity on professional shortages and supply in response to COVID-19 alongside exploring opportunities to maximise the utilisation of the Welsh workforce. Much of our work and learning this year has been built into core organisational business and will inform our future workforce planning.

HEIW has been successful in the lead role in supporting the deployment of staff during COVID ensuring appropriate guidance is in place to protect training and enable progression including placements for healthcare students and innovative solutions to support services. The roles and responsibilities of internal HEIW groups to support workforce planning have also been defined and processes for feeding into the education and commissioning group has been streamlined. Additionally, mechanisms for collating data on medical workforce priorities have been established through training networks and colleges and an internal group established to provide recommendations. Scoping work has also been completed to consider sponsorship role for HEIW in relation to Medical Training Initiative doctors.

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

The work on phase 1 of the National Health and Wellbeing Action Plan was refocussed to support the Covid-19 response. Similarly, to Objective 1.2 our learning and actions this year will inform our future work. In year we have accelerated the national Wellbeing offer and hosted a wealth of resources on our webpages, for our workforce and also students and trainees. The webpages on the HEIW internet are monitored and updated and a new site on the Gwella platform is in development to maximise access and marketing of the resources for the NHS Wales community.

We established a HEIW Health and Wellbeing Matrix Group, with the Directorate leads for the health and wellbeing objectives to undertake a gap analysis of shared health and wellbeing information, resources and tools to inform future priorities. The Group is externally facing with members who lead on staff, student and trainee health and wellbeing. The Group supports a collective understanding of the work HEIW are doing within a “community of practice”, with an opportunity to build on existing ideas and address any gaps.

A Governance Framework has been developed to assess the appropriateness and quality of resources to support physical and mental wellbeing. A template has been developed to capture what resources are being provided to specific staff groups across NHS Wales who may be deemed ‘at risk’.

A Task and Finish Group has been established with core individuals from across NHS Wales to develop the Outline Business Case to progress the findings of the 2020 Occupational Health review.

The Tripartite elements of work in relation to Single Lead employer (SLE) arrangement have been completed in relation to HEIW's responsibilities for 20/21 working with Shared Services as lead employer. A survey to all trainees moving to SLE has been distributed and a follow up survey planned.

Objective 1.4: *Improve access to careers in the health and care sector in partnership with Social Care Wales*

We have approved and developed our 'Made in Wales' programme and appointments have been made to actively pursue the agenda. During the year the transfer of Widening Access programmes from Welsh Government to HEIW was completed and the #TrainWorkLive campaign successfully transferred to the HEIW portfolio and was a headline sponsor at the recent BMJ conference.

Whilst the Careers Strategy was delayed to 2021/22 as part of the review of our Operational Plans, our innovative Careersville platform is under development for launch in October 2021. This will be a valuable asset to enable users to gain a flavour of NHS careers through a wide range of virtual settings. All pages from the existing careers site have been migrated to the new HEIW website and this will facilitate work with target audiences to understand requirements from the site alongside facilitating postgraduate medical careers information being hosted on the NHS career website.

During Q4 Progress has also been made to revise the careers network to incorporate Social Care Wales and to facilitate engagement from April 2021 with an option of expanding the remit of the network to become a Health and Care Network and potentially establishing health ambassadors who would work in partnership with care ambassadors.

Work was also progressed to scope the feasibility of creating a 'reservist workforce' for registered staff considering retirement. 'Pop-Up' workforce procedures have been reviewed during December 2020 with feedback indicating that the provision is not required at the present time. HEIW is also sponsoring Royal College of Nursing cadets over 3 financial years.

Objective 1.5: *Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales*

Work is currently ongoing and progressed in Q4 between HEIW and Shared Services to scope the learning from COVID-19 to inform and reshape the data landscape and to inform the case for investment and new systems. In addition to improving the quality and completeness of data to support workforce analysis a prototype data quality dashboard has been developed in partnership with NHS Shared Services alongside an Electronic Staff Record programme of improvement which is awaiting NHS Workforce Directors sign off.

The establishment of a Centre of Excellence for NHS Wales was deferred in the review of our Operational Plans to focus capacity on responding to COVID requirements but is a priority in the Annual Plan for 2021/22.

Objective 1.6: *Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system*

Many of the original IMTP deliverables have been progressed with regard to workforce planning. During the year, the approach to workforce planning and awareness training has been completed and launched on-line. A new Workforce Strategy and Planning Manager was appointed who engaged on a workforce planning capability matrix which has enabled the

amendment of planning base documents as appropriate. The on-line launch of the capability matrix is included as part of the 2021/22 Annual Plan and the new manager has enabled the first review of the webpages for workforce planning. A project plan for the delivery of a number of online resources has been developed.

COVID impacted on the delivery of training for Primary Care. A recorded and on-line version was requested to replace the face-to-face training and a contract was put in place with Skills For Health to deliver the resources.

An initial scoping meeting was undertaken with Social Care Wales (SCW) in October to gain an understanding of the workforce planning landscape and an overview of what workforce planning information is available and captured currently, as the social care employment landscape is complex. It was agreed that the first phase of this work would be to identify and agree a minimum data set for workforce data.

Work has also been undertaken with the Workforce Analytics Team to identify modelling for medical workforce planning and a basic data set is in development.

Deferred	Objective 1.7: <i>Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements</i>
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This objective was deferred in the review of the IMTP deliverables when the pandemic started, however some work has been progressed with the development and appointment to the Director of Medical Support post who will take forward the agenda in the new financial year.

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

1 - Amber	A minority of deliverables off-track to deliver at end of the year, will be completed in 2021/22
4 - Green	Completed
4 - Deferred	Strategic Objectives 2.4, 2.5, 2.7, 2.9

	Objective 2.1: <i>Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education</i>
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Within the year we embedded a substantive interprofessional infrastructure to take forward this agenda. During Q4 we held our second webinar building on the first event held in October 2020 and is a stepping-stone in establishing a simulation leads network as part of governance developments and the development of future task and finish groups. Titles of webinars held were 'COVID and Simulation in Wales' and 'Simulation and Faculty Development in Wales' and they will continue to be held quarterly. These events also facilitated an approach to sharing best practice. Our work on developing the Simulation faculty has also been recognised in abstract publications which showcase our approach to improve Simulation education in Wales.

A Simulation-Based Education (SBE) faculty development programme has been drafted to support the development of accreditation of practice and the programme structure has been well received. There have been offers of collaboration to be part of module development and delivery.

Whilst we have not completed the deliverable of agreeing a clear definition of SBE for Wales, work is progressing in developing a definition of SBE with the aim of reaching a consensus early in 2021/22. To support this the team is working to get the Delphi technique and research protocol ready for the School of Healthcare Sciences Research and Ethics Committee.

In support of the COVID response, the Simulation team developed guidance on safe face-to-face training which was produced and disseminated widely for use in NHS Wales and HEIs. The development of a Simulation Strategy was paused due to the COVID response but our approach to developing the Strategy commenced in Q4 with an initial planning meeting held regarding the approach to development and to outline framework. In line with the Annual Plan 2021/22, stakeholder consultation is planned for 2021/22 including via Simulation Conference planned for 30th June 2021.

Objective 2.2: *Develop an education strategy drawing on the outcome of the Strategic Review of health professional education & the Workforce Strategy*

The education strategy for health professionals which was paused earlier in the year due to the COVID response and has been prioritised for 2021/22. However, the outcomes of the Strategic Review phase 1 have been fully implemented and all key themes have been both shared and developed with key stakeholders and incorporated into the new contract.

Due to COVID-19 the timescales for the procurement of the new contracts were initially delayed but the tender period occurred November 2020-January 2021 and bids have been evaluated. The approvals process will commence in April 2021 with the contract award scheduled for June 2021. The key themes built into the system have been embraced by bidders and have been built into submissions and submissions were received for every lot/sub lot.

A Governance Framework for phase 2 has been approved by the Executive team and will be facilitated by a Programme Manager who is expected to be recruited in Quarter 1 2021/22.

Objective 2.3: *Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model*

The impact of COVID lead to deferral of the work in relation to the development of a quality framework and the development of an educational infrastructure review. Our intention to modernise Dental Core Training was also deferred until 2021/22 with an expanded remit to include enhancing the quality of training programme. However, a great deal of progress has been made in the delivery of the revised deliverables in our Operational Plans.

In-year the Medical Deanery has made significant progress in enhancing its education infrastructure through the establishment of standards and job specifications for Training Programme Directors (TPDs), alongside introducing a provision for tariffs and continuing professional development. A review of the remuneration arrangements has been completed. Continuing Professional Development arrangements have commenced for TPDs but will be ongoing work.

We have continued scoping placements for all trainees and students with key partners. In year, the Quality Unit within the Medical Deanery has commenced scoping of multi-professional arrangements in relation to quality management across all HEIW managed areas to identify opportunities for collaboration and improvement. In addition, HEIW has been involved in scoping plans for a North Wales medical school which aligns with this work and continues in to 2021/22.

Funding has been awarded and agreed in Q4 with Welsh Government for 3 regional Care Home Education Facilitator roles and these posts will be advertised in Q1 2021/22. This will further support infrastructure in social care and with learning opportunities on placement initially for nurses, physiotherapists and OTs.

Further tripartite work (between HEIW, Universities and Health Boards) has yielded new and innovative placements for healthcare students, the development of virtual placements, widening capacity into community and primary care and the incorporation of more simulation into placement preparation.

A multi-professional COVID-19 placement reference group has been set up with membership comprising of HEIW, all Health Boards and Universities, to consider the needs and to develop principles for students at risk of not achieving essential learning outcomes. During the year all vulnerable students across Wales have been identified and bespoke plans have been put in place to support them to continue their training. We have taken forward activities to enhance the quality of placement education in Wales. A Head of Placement Experience and Improvement role has been approved and a job description developed to commence the recruitment process and to take this work forward.

Work is also progressing in developing distance learning units for nursing practice assessors and practice supervisors (as part of Once for Wales new Nurse Education Standards). Modules have been finalised and are awaiting review.

Deferred	Objective 2.4: <i>Lead the development and implementation of a digital capability framework for the healthcare workforce</i>
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This objective was deferred early in 2020/21 in response to COVID-19 and original IMTP deliverables were not progressed with the exception of undertaking some initial scoping of the work of NES/HEE and considering the application of a digital capability tool.

Deferred	Objective 2.5: <i>Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding</i>
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This objective was deferred early in 2020/21 in response to COVID-19 and original IMTP deliverables have not been progressed.

	Objective 2.6: <i>Maximise opportunities for work-based learning and apprenticeships in health</i>
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We were able to progress with the majority of the IMTP deliverables in-year with the exception of working with colleagues in NHS Wales on ensuring appropriate representation on the 3 Regional Skills Partnerships which will be taken forward during 2021-22.

Work has been completed to scope current models of work-based learning delivery including apprenticeships and an apprenticeship steering group has been established. Work is actively being undertaken with Welsh Government to develop frameworks to meet the needs of the NHS Wales workforce. Work is continuing with Social Care Wales and the Awarding Body Consortium to develop robust mitigations for assessment of work-based learning.

A draft Quality Assurance Framework for Work Based Learning has been developed and is ready for engagement with stakeholders following initial engagement across NHS Wales. Collaborative delivery models are also progressing for:

- Level 4 Healthcare Science Apprenticeship Framework - finalised and learners registered.

- Level 4 Therapies Assistant Practitioner Apprenticeship Framework being developed with registration of first learners in the Autumn.

Deferred	Objective 2.7: <i>Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors</i>
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This objective was deferred early in 2020/21 as part of the review of the IMTP in response to the pandemic. Despite this, the recent SAS doctors conference hosted by HEIW in March 2021 provided an opportunity to refocus and refresh the plans for improving the education, training and support for this important workforce in 2021/22. Dr Ian Collings has been appointed to the Director of Medical Professional Support and Development and will be leading on this work.

	Objective 2.8: <i>Improve opportunities for trainees and students to undertake education and training through the medium of Welsh</i>
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This objective was paused until Quarter 3 and is now being taken forward by being embedded within specifications for Phase 1 and Phase 2 of the Strategic Review of Health Professional Education contract. This will ensure all students and trainees have access to Welsh language lessons if required, whilst also incorporating base level Welsh language awareness within education commissioning functions and the new contract specification for non-medical education.

Deferred	Objective 2.9: <i>Review career pathways and education opportunities for the clinical academic and research workforce</i>
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This objective was deferred early in 2020/21 as part of the review of the IMTP in response to the pandemic.

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

1 Amber	A minority of deliverables off-track to deliver at end of the year, will be completed in 2021/22
6 Green	Completed

	Objective 3.1: <i>Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action</i>
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During the year, progress was maintained in achieving deliverables set out in the IMTP alongside those specifically identified for Q3/Q4 with the exception of refreshing of the Manager Core Skills Framework – this was deferred to 2021/22 by the Executive Team due to the pressures of the pandemic.

The development of Compassionate Leadership Principles for Health & Social Care in Wales is a key component of the Leadership Strategy. The Principles, developed in year through extensive consultation, describe the environment and culture leaders should create within organisations to enable continuously improving services and effective working conditions. The Principles are supported by a Compassionate Leadership Compass, aimed at guiding leadership behaviours and interactions across the system.

The Principles will be officially launched April 2021 and will be supported by a series of 'compassionate spotlight' sessions that include, webinars, master classes, case studies and other resources. A Framework for Action will support the socialisation of the Principles.

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

This objective is designed to ensure a robust pipeline of leadership talent for very senior and executive positions across NHS Wales and aligns with the NHS 2017-27 National Succession Strategy. In October HEIW hosted the 'Talentbury' Talent Summit, an ambitious 4-day virtual festival of leadership. The Summit provided an opportunity for nominated aspiring executive leaders to engage in a series of leadership events with renowned experts, whilst providing a vehicle to help co-design the leadership development offerings required by aspiring executives to help them transition into executive roles.

We have supported identified talent through provision of a series of master classes that supplement experiential learning opportunities. The 'Aspiring Executive Talent Hub' has been established on Gwella and comprises 130 members who were identified by organisations. An assessment of development requirements has been collated from this network and has influenced the establishment of a range of learning opportunities and the establishment of an NHS Talent Board, chaired by Dr Andrew Goodall, CEO of NHS Wales.

We have reviewed and refreshed existing leadership competence, behaviours and values frameworks to create 'success profiles'. This programme of work focused on the development of an NHS Wales Executive Success Profile and was successfully completed March 2021. This success profile will inform the leadership development requirements of future executive leaders and will also be used to inform senior executive recruitment.

During the year we also successfully re-procured Gwella and key to this procurement was the integration of Talent Management software to support the succession planning strategy.

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

This objective included providing access to a range of bilingual digital leadership materials, resources, networks and be a key enabler to supplementing formal leadership development. Launched in Quarter 2, the Gwella digital leadership portal has been central to influencing the shift towards a compassionate and collective culture within teams, organisations and the wider system. The integration of virtual classrooms into Gwella during the pandemic was also pivotal to influencing new ways of providing education and training and the significance of the Gwella leadership portal was recognised November 2020 scooping the UK Training Awards for best digital response to the Covid pandemic.

Through the year a significant volume of resources has been curated from credible resources with others designed by the Leadership and Succession team. The Gwella brand has been marketed and socialised through a range of mediums with over 150,000-page hits and over 1,000 licenced users since its launch in August 2020.

The majority of NHS Wales organisations have maximised the Gwella Learning platform for resources and establishment of leadership networks. This included organisations having their own 'landing page', customised to reflect their organisational requirements. Furthermore, a partner page has been developed on Gwella to promote a diverse range of leadership events and resources. These include NHS Wales organisations, Academi Wales, The Kings Fund, Chwarae Teg, Improvement Cymru, ILAs, Open University etc. Numerous conferences,

master classes, webinars and training events have all been successfully managed through Gwella since October 2020 with demand for use continuing to grow exponentially.

Objective 3.4: *Lead the establishment and management of a Wales Leadership alumni and range of leadership networks*

This objective was paused in the early part of the year due to the pandemic response and recommenced in Q3 through the development of both Leadership and multi-professional networks on Gwella.

The Aspiring Executive Leadership Hub was established following Talentbury. This network actively supports leadership development opportunities and is key to role modelling the compassionate leadership behaviours required across NHS Wales.

Several leadership networks are being actively supported through the Gwella leadership portal and in addition, we influenced the establishment of student leadership academies within all Wales universities through the education commissioning process with all universities pledging to establish Student Leadership Academies. Through the Wales clinical trainee fellowship, we have established a collaborative network of trainee leadership cohort of multi-disciplinary 2021/22 Fellows to commence August/September 2021.

Objective 3.5: *Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds*

Progress has been made against all deliverables set, however a number are off-track by the end of the financial year will require completion within 2021/22. This is as a result of the objective having been initially paused during the pandemic and the need for input being required from partner organisations in relation to deliverables including our approach to clinical leadership and work with primary care clusters.

The purpose of this objective was to ensure that clinical leadership development is maintained but repurposed to include opportunities for clinicians from different professional backgrounds and underpinned by collective and compassionate leadership approaches. A range of aspiring executive clinical leaders are currently engaged in the HEIW Executive Mentoring Programme. Coaching, mentoring, the provision of support and challenge groups and experiential learning opportunities will be available through the Aspiring Executive Leadership Programme commencing May 2021. Further opportunities will be available with the launch of the senior clinical leadership programme in 2021/22 following scoping of the clinical leadership offer and the recruitment of a clinical leadership manager in February 2021.

HEIW has also funded 4 places on the Florence Nightingale Foundation Leadership Programme over the next 3 years. This year's cohort has been successfully recruited and will be supported through the creation of an alumni network on Gwella comprising previous scholars to enable mentoring and networking. The Welsh Clinical Leadership Fellows scheme has been promoted more widely over the last 2 years, encouraging applications from a more diverse range of professionals and resulting in the appointment of Pharmacists and Optometrists.

Work is currently underway in supporting primary care clusters develop leadership capacity including the support of 'Next Generation GP Wales' which is currently being marketed through Gwella and will enable applicants experience 6 virtual evening events from May to September 2021.

	Objective 3.6: <i>Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme</i>
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The purpose of this objective was to create diverse leadership capacity across NHS Wales in line with the 2017-27 NHS Wales National Succession Planning strategy. This will provide annual pipelines of aspiring leaders to NHS Wales and the wider system. During the year proactive marketing strategy to recruit trainees has been undertaken alongside establishing the required infrastructure, governance and operating model. Over 300 applications were received. Following a rigorous process of online tests, interviews, and a final assessment centre, a total of 21 graduate management trainees were selected (7 more than originally anticipated). This increase in numbers reflects organisations' preference to fund additional graduates on the NHS Wales national programme in place of supporting local graduate programmes.

In addition to the Graduate Management Programme, HEIW will be launching an Internship Programme commencing 5th July 2021. This programme is being co-designed with students from Cardiff University who have recently spent 2 weeks within HEIW understanding the organisation, undertaking research into best practice and proposing the final model for the summer programme.

	Objective 3.7: <i>Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme</i>
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The HEIW Leadership & Succession Team have partnered with The Kings Fund to design and develop a national suite of inclusive clinical and executive leadership development programmes for clinical and non-clinical colleagues which will be launched May 2021. Throughout 2020-21 a range of digital resources and networks have been made available via Gwella including the development of the Aspiring Executive Leadership hub which will enable the harnessing of talent to ensure they are not lost within the NHS Wales system.

The establishment of the National Talent Board will play a key role in identifying and supporting experiential leadership opportunities alongside executive programmes developed which are underpinned by collective and compassionate approaches.

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

3 - Amber	A minority of deliverables off-track to deliver at end of the year, will be completed in 2021/22
9 - Green	Completed
2 Deferred	Strategic Objectives 4.1, 4.7

Deferred	Objective 4.1: <i>To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care</i>
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This objective was deferred at the outset of COVID-19 to focus capacity on meeting the response to the pandemic.

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	Objective 4.2: <i>Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN)</i>
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HEIW has continued to review and support the requirements of the Major Trauma Network during the year with work requested in relation to workforce requirements and learning resources being completed.

	Objective 4.3: <i>Lead the workforce development and training requirements to support the Single Cancer Pathway</i>
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We have completed a mapping of the endoscopy workforce which, because of COVID-19, will be revised against the recovery plan. All virtual site visits have been timetabled centrally through the National Endoscopy Programme for completion by mid-April 2021. Further detailed workforce meetings are to be timetabled with unit managers to enable a repeat of the 2020 data gathering exercise. This will enable consideration of modelling approaches and create a clear picture of current vacancies. However, the clinical endoscopy programme has been unable to train the appropriate numbers given the impact of COVID-19.

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.

A key piece of work has been completed in year and reviewed in relation to a governance structure to support training aspects of the National Endoscopy Programme (NEP). Further work has been progressed in relation to faculty development for the delivery of endoscopy training alongside completing an agreement for the support of professional activities (SPA) time. This deliverable is off-track for completion at the end of the year but HEIW have agreed to fund the Endoscopy Training Management Group Clinical lead positions on a sustainable basis. Adverts for clinical lead positions and wider membership will be distributed by mid-April 2021 with the first meeting planned for June 2021.

Work has also progressed in year to consider the options available to maintain availability of JAG accredited endoscopic training currently facilitated through the Welsh Institute for Minimal Access Therapy (WIMAT). In Q1 2021/22 a financial and non-financial options appraisal is to be undertaken to consider the recommended future approach to supporting Welsh trainees.

In relation to our wider work on the Single Cancer Pathway, HEIW has continued to be engaged via the Medical Director in relation to precision medicine, and the development of modules and resources relating to the identification and pathways of cancer treatment, and work has continued to support the education and training requirements of the national imaging and pathology programmes.

	Objective 4.4: <i>Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support implementation of Together for Mental Health (this includes CAMHS)</i>
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In the Q3/4 Operational Plan further deliverables were added to this objective as our plans had developed through the year.

In October HEIW hosted a month-long virtual conference on 'Informing the Future of the Mental Health Workforce in Wales' and an evaluation of the event has been published.

Workforce scoping has also been completed and data collection completed, and analysis is due to commence in Q1 2021/22. Additionally, a review of practice has commenced with good practice within Wales shared during mental health conference.

Arrangements have also been made to create a Task and Finish Group with Social Care Wales and Welsh Government to agree objectives and initiate proactive discussions on the development of a strategic workforce plan. This group met for the first time in Q3 and is focused on the immediate short-term priorities of the CAMHS, perinatal and psychology workforce. A Project Initiation Document has been developed in relation to the development of a strategic plan and engagement with stakeholder groups continues.

Objective 4.5: *Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration*

The work on this Objective was paused twice in-year due to the need to support the pandemic response. In year we implemented an expansion in training posts at Foundation level in medical training to address the training pipeline challenges we have now and in the future with expanded Medical school output and specialty training positions.

Work on the Learning and development Framework paused in December 2020 due to the pandemic and the need to have service colleagues/clinicians. The group was re-launched in March 2021. Service colleagues committed to giving time to develop learning outcomes as part of the expert working group. HEIW manages the expert steering working group and through this has developed definitions of each level of practice. Development of competencies and learning outcomes have progressed and further engagement is required with clinicians involved in the work in how it is taken forward.

During the year a report on Anaesthesia Associates was completed with recommendations for the introduction of the training/role presented to the medical director. Work will be taken forward in the medical directorate. A pilot approach to introducing Anaesthesia Associates has been approved to commence in 2021. Additional approval has also been given to take forward a strategic approach to behavioural science training across NHS Wales, to build on existing processes and methods of engagement.

In support of the Integrated Collaborative Decision-making tool, four clinicians have been recruited to commence in May.

Objective 4.6: *Support implementation of the primary care workforce model as part of the Strategic Programme for Primary Care (SPPC)*

Whilst some of the deliverables were paused in the early part of the year, progress has been made on all of the IMTP actions.

The Longitudinal Integrated Foundation Training (LIFT) programme is being expanded to a further 4 areas from August 2021 – Swansea, Cardiff, Bridgend and Wrexham. GP practices are currently being identified to host LIFT doctors. Across Pharmacy and GP training increases have been achieved in recruitment in line with the implementation of workforce approaches.

The Locality Training Hub vision and workforce model has been agreed and a task and finish group has been convened to develop a Business Case. The competency framework for a "Once for Wales" approach for General Practice Nursing is also nearing completion and release pending final amendments.

An update of the Immunisation Unit within the Level 3 Agored Cymru Diploma in Primary Care was developed in time to meet winter pressures. Furthermore, an offer to roll out practice-based small group learning has been made to the service via the primary care Cluster group, urgent care leads and other relevant teams. There has been some uptake, but numbers have been limited due to COVID-19. A scoping survey has been undertaken across primary and secondary care in relation to remote clinical decision making (RCDM). Initial discussions have also taken place with TEC Cymru.

To support the development of workforce planning and modelling at cluster level a stakeholder bulletin and primary care newsletter has been developed to communicate availability of resources.

Deferred	Objective 4.7: <i>Support workforce development requirements of integrated care models being developed by Regional Partnership Boards</i>
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This objective was deferred at the outset of COVID-19 to focus capacity on meeting the response to the pandemic.

	Objective 4.8: <i>Support the implementation of the Maternity Care in Wales, A Five-year Vision for the future (2019-2024)</i>
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The wider work on this Objective was paused due to COVID and the in-year deliverables were re-focussed on the Newborn and Infant Physical Examinations standards and the workforce lessons from the Health Inspectorate Wales maternity review.

Work was undertaken and completed during Q3 to survey staff who undertake Newborn and Infant Physical Examinations (NIPE) following feedback from the Neonatal Network and a plan to implement the learning has been developed. In addition, a letter has been sent from HEIW to Executive Directors of Nursing to offer support with regards to the results of the Health Inspectorate Wales Maternity Services Review.

Areas for interprofessional learning have also been reviewed in line with the Strategic Review of Health Professional Education but the wider work around the HIW maternity review has been delayed due to the service need to focus on the pandemic response.

	Objective 4.9: <i>Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales</i>
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The original IMTP deliverables were largely retained for this Objective in the Q3/4 Plan. Following the successful transfer to HEIW of the All Wales Nurse Staffing Programme, further recruitment has been undertaken to Mental Health and Health Visitor programme manager roles. Additionally, a Task and Finish Group has been developed to monitor the digital resources required for the Nurse Staffing Act alongside identifying the staffing resources required and funding available to digitise the programme. This has currently been put on hold pending further discussions with DCHW.

A suite of supportive mechanisms was provided to prepare Health Boards for the extension of the Act to paediatric inpatients in October 2021.

National templates have been devised to enable Health Boards to follow the Once for Wales approach to meeting the reporting requirements (section 25E) of the Act. The Healthcare Monitoring System (HCMS) was enhanced in July 2020 to enable health boards to collate and report under sections 25E(2a). Enhancements pending to the Allocate/Safecare system to replace use of HCMS will be in place during Q2.

Health Boards/Trusts are following the 'Once for Wales' approach and are on course to submit the first triannual report to Welsh Government in May 2021.

Objective 4.10: *Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans*

The IMTP deliverables were retained for this Objective in the Q3/4 Plan with the exception of the development of a workforce model which is included in the Annual Plan 2021/22. All other deliverables have been completed.

We completed analysis and review of the critical care workforce requirements to support our COVID-19 response alongside the 'new normal'. This work will feed into identified training requirements and support future workforce model development in 2021/22. We have also completed a critical care package for enhanced skills in Health Boards to support COVID-19 and a paper has been developed on supporting training for newly redeployed staff supported via our workforce transformation facilitator role.

HEIW has maintained contact with clinical service managers to see what additional support we can offer. A package to support the appointment of two Regional Workforce Transformational Facilitators was agreed. This additional resource will support the transformation of new workforce models in critical care and also explore the role and contribution of the Practice Development Nurses more widely. The aim is to ensure current and new re-deployed staff have the appropriate training, education and support when working in Critical Care alongside how Physician and Anaesthetic associates can impact on workforce needs.

Objective 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 (AHP) Framework for Wales "Looking forward together"*

This was a new Objective in the Q3/4 Operational Plan as it was not in the original IMTP.

The 'Rehabilitation is Everybody's Business' resource has been finalised and circulated across health and social care. It has been shared with Higher Education Institutions for use in pre-registration education.

The Project Initiation Document for the implementation of the AHP framework following the transfer of the programme is complete using the core themes of the Workforce Strategy.

Objective 4.12: *Adopt a two-stage approach to support the Infection Prevention and Control (IPC) agenda across health and social care*

This Objective was not in the original IMTP and was newly included in the Q3/4 Operational Plan in support of COVID-19 response. All deliverables have been progressed apart from the development of a workforce plan for the specialist IPC workforce which has been delayed pending the appointment of a new programme manager in May 2021.

We have continued to support the work of the national Nosocomial Steering Group, Infection Prevention and Control Steering (IPC) group and the Task and Finish (T&F) Group. Funding

has been secured to support the on-going stages of work required for future sustainability of the specialist IPC workforce. HEIW has agreed to manage the use of the resources and work going forward. A programme manager has been appointed and will commence in May 2021 with an expectation of establishing appropriate links with IPC specialists and mapping available training.

A Content Delivery Group has been established and through engagement with IPC Health Board Leads we are supporting the development of Level 1-Level 3 content. Bangor and Swansea University have been commissioned to develop Level 4 content.

New Objective 4.13: *Seamless transition into HEIW for the Healthcare Science Programme Team and minimise disruption to delivery of programme objectives*

This was a new Objective in the Q3/4 Operational Plan as it was not in the original IMTP.

Following the successful transfer to HEIW of the Healthcare Science Programme Team, a Project Initiation Document (PID) was developed to accompany the National Healthcare Science Programme Brief.

Swansea University has commenced thematic analysis of the healthcare science survey data to capture innovation and new ways of working to support healthcare science deployment in the ongoing pandemic response. Work is ongoing to launch the NHS Wales COVID-19 Innovation and Transformation Study report in Q1 2021/22.

A Neurophysiology national plan entered a 4-week consultation phase for service specification which ended in February with an approved specification expected in Q1 2021/22.

It has been agreed that a paper on the role, recruitment and training of Consultant Clinical Scientists in Wales will be led by Executive Director of Therapies. Existing arrangements have ended for the Medical Devices Regulations (MDR) workstream relating to compliance. Welsh Government has established an MDR working group so implications of the report finding can be discussed and actions agreed.

The Practical Skills for Education and Leadership (PSEL) programme for Health Care Scientists (referred to as PSEL) has been delivered to a cohort of 16 healthcare scientists.

New Objective 4.14: *Develop support for the care home sector*

This Objective was not in the original IMTP and was newly included in the Q3/4 Operational Plan in support of COVID-19 response.

This agenda has been taken forward at pace with initial engagement undertaken with key stakeholders including Social Care Wales and Care Forum Wales to gain a greater appreciation of the work being undertaken, and by whom, to understand the support that HEIW could offer. HEIW has become a member of the Welsh Government Care Homes Winter Planning Collaboration group, which is meeting on a regular basis. Initial engagement has supported the development of a care home action plan to progress the care home agenda in partnership with key internal and external stakeholders and the priority actions have been articulated and actioned. This has supported investment in 3 Care Home Education Facilitators (CHEF) and discussions have been held regarding support required to collect data to establish number of overseas registrants who may be able to access NMC register to establish demand.

Links have also been made with Health Board leads and Technology Enabled Care (TEC) Wales to up-skill health board staff to deliver training remotely. Work has also commenced to identify priority clinical topics for delivery remotely on an all Wales basis.

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

1 - Amber	A minority of deliverables are off-track and will be completed in 2021/22
5 - Green	Completed

Objective 5.1: *Implement the People, Inclusion and OD Strategy*

In light of the need to focus some of our capacity towards supporting the COVID response, a decision was taken early in 2020-21 to pause work on the development of HEIW's first People and OD Strategy. Despite this, we have continued to progress and, in some cases, accelerate actions within the People and OD 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 OD sessions to look at our culture and ways of working.

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. Our partnership working with trade unions has been strengthened through the recognition of our first staff representative to sit alongside the full-time regional officers. Work to finalise the draft Strategy, which will encompass all of these elements and more, has recently recommenced and is a priority for delivery in 2021/22.

We have not met the national targets for two areas relating to PADR compliance and mandatory and statutory training and these are a high priority for 2021/22. We are aware in relation to mandatory training the pandemic has had an impact on achieving our desired compliance levels.

Objective 5.2: *Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW*

In line with the national work, the local development of a Health and Wellbeing Action Plan was deferred but our work to support our staff wellbeing has progressed at pace. As the lead for NHS Wales for providing health and wellbeing resources, we have piloted resources internally such as #doingourbit, Sleepio, Daylight, Ramblers, and Money Advisory Service, before these are shared nationally. The internal Health Needs Assessment has also been piloted, with a third survey issued in February 2021.

To support staff, we have facilitated access to Cardiff and Vale Occupational Health Service and their Wellbeing Service. Staff also have access to Health for Health Professionals, SilverCloud and the Samaritans.

Engaged Catherine
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We have also undertaken a mock assessment to support the achievement of the Bronze Corporate Health Standard in advance of our formal assessment which was originally scheduled for March 2021 but has been delayed as a result of COVID-19 to Autumn 2021.

Objective 5.3: Implement and embed the Welsh Language framework within HEIW

Throughout the year a wide range of internal engagement has been undertaken to promote and raise awareness of the Welsh Language policy and embedding behaviours that will support the increase in Welsh usage throughout the organisation. A specific all staff event focusing on the Welsh Language was originally due to take place on 1st March but was successfully undertaken in April 2021.

A substantial number of staff are taking the opportunity to learn Welsh and during the year we have seen a significant increase in Welsh Language translation requirements which has supported the recruitment of additional staffing resources including a further translator and translation apprentice. Translation numbers continue to increase with over half a million words translated in February, and 435,000 in March - our two busiest months ever.

In March Board our Welsh Language scheme was endorsed and is currently with the Welsh Language Commissioner for approval.

Objective 5.4: Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector

In October we launched our Strategic Equality Plan (SEP) and to supplement this and integrate practice, action plans have been developed by Directorates by putting an equality lens on their work programmes.

Work with Welsh Government has been successfully completed with full suite of resources available on government website, webpage created for HEIW staff in relation to the requirements of the socio-economic duty.

Work to embed an Integrated Equality Impact Assessment framework was paused during the first 6 months of this year; as part of process Directorates were asked to identify all activity needing equality impact assessing as part of SEP action plans to assist in identifying where the organisation should be seeing EIAs as part of governance.

Work on accreditations has picked back up in Quarter 4 work due to EDI work being put on hold during Quarter 1 and 2 and work in relation to Disability Confident in particular recommenced in Quarter 3 with provision of training for staff on the social model of disability and neurodiversity.

The development of an inclusion training plan has started and HEIW participated in the Global Purple Light event which facilitated 'bitesize' training commencing with the Model of Social Disability, and communications including blogs from staff with lived experiences of disabilities.

Exciting work has commenced to implement our annual learning programme celebrating diversity and inclusion and HEIW is providing a platform for key individuals and organisations to engage. These have included Understanding Institutional Racism, Trans Health and History of Race and Racism. Furthermore, HEIW was accepted onto the Health, Arts, Research

People (HARP) seed challenge programme which is an innovation partnership between Arts Council of Wales and Y Lab (Cardiff University and Nesta). It is an initiative which aims to increase the understanding of how the Arts and Health can work together.

Objective 5.5: *Progress opportunities for organisational approaches to combat climate change*

In October, we launched our Biodiversity and Climate Change stakeholder group which has met monthly with an aligned programme of communications to raise awareness and encourage individual and group action. Biodiversity and climate change has had a significant focus at a range of all staff events during 2020/21 enabling the group to consider the opportunities and challenges available to us.

Taking on Board the Welsh Government Decarbonisation strategy, a draft HEIW Biodiversity and Decarbonisation Strategy was launched for internal engagement at the end of Q4. It is intended that the strategy will be finalised in Q1 2021/22 with an associated action plan to be developed.

Objective 5.6: *Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru*

We progressed the deliverables in the original IMTP with the exception of developing a robust business case which was deferred in the Q3/4 Plan. A scoping exercise has been carried out via a skills survey for our Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) remit. This includes details on current Quality Improvement (QI) resource and ongoing internal QI projects.

Two introductory Fundamentals of Improvement workshops have been delivered to HEIW staff. Individual project support has been offered to all delegates. QI information has also been included in the corporate induction and we are actively exploring bronze IQT for all staff.

In relation to scoping an online QI platform, Gwella, the HEIW leadership portal has been identified as an appropriate platform for QI project sharing. Networks will be set up according to specialty/profession and network members will be able to share projects and discuss project ideas.

Strategic Aim 6 - To be recognised as an excellent partner, influencer & leader

3 - Green Completed

Objective 6.1: *Implementing HEIW Communications and Engagement strategy; brand awareness and influencing for success*

Some of the original IMTP deliverables were re-phased in the Q3/4 Plan to allow the team to support the organisation's COVID-19 response. The principles of the HEIW Communications and Engagement Strategy are borne out in all core, IMTP and national project communications and engagement work as well as the COVID-19 response and we continue to implement and reinforce its principles.

During the year we have introduced a new information database to include content on horizon scanning and key influences - we have trialled and tested the database and will be running further pilots in the new financial year. We have implemented a forward planning grid to ensure we maximise opportunities to raise awareness of HEIW and are building the principles into campaign plans of IMTP projects and day to day work.

We have introduced the new HEIW branding guidelines and style guide and the new branding has been used extensively across our channels. We have provided updates and training to key personnel on the new branding including around the use of Welsh Language and Accessibility.

We continue to ensure all materials and channels have bilingual content working in collaboration with the Welsh Language team. Furthermore, we have continued to progress activities to raise the awareness of HEIW and its work through well received bi-monthly stakeholder bulletins and open invitations to our open Board meetings and events. During Q4, we believe we were the first organisation to secure simultaneous Welsh translation which is something as an organisation we are extremely proud of.

We continue to evaluate and maximise the channels we use, and we continue to see a positive upturn in social media followers across Facebook and Twitter, as evidenced in the Dashboard. A key component of this is the recently redeveloped HEIW website which was completed during Quarter 4 in readiness for launch in April 2021. The development of this website has been a significant undertaking which will enable enhanced functionality to meet the needs of HEIW moving forward and enable appropriate interaction with its users.

Objective 6.2: *Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions*

The team has continued to support and implement agreed tailored plans for communications and engagement across a wide number of active IMTP programmes and additional programmes including Simulation-Based Education, Biodiversity and Decarbonisation and Leadership. Where programmes have been completed, the impact has been evaluated using the output, outtakes and outcomes model.

Objective 6.3: *Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales*

Given capacity issues within year, the scoping of a single platform was deferred and will be progressed during 2021/22. EDUROAM visibility is now available across NHS Wales and work is to continue with individual Health Boards to enable its usage through appropriate IT infrastructure.

In Q4 the Director of Digital Development was appointed and roles were filled in relation to increasing business requirements in the areas of e-learning and accessibility.

English Catherine
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SECTION 2: ORGANISATIONAL PERFORMANCE

Education and Training Activity: Commissioned Places

While we work through the process to develop Key Performance Indicators (KPIs) for the education and training pipeline, the following terms and definitions are used in our performance reporting:

- Recruitment rate – number of learners/trainees recruited to a commissioned place/training programme prior to those learners/trainees taking up the place (as a percentage of the total places available).
- Fill rate – number of learners/trainees who started in a commissioned place or on a training programme (as a percentage of the total places available).

There has been no change to the recruitment rate (recruitment to commissioned places) reported in the Dashboard for Pharmacy since the Board report in September 2020. For details see the September 2020 report.

Medical

Following initial Round 1, Round 1 Re-advert and Round 2 recruitment processes we achieved an overall 93% recruitment rate (418 of 450 posts advertised). Over 99% of core training posts across Wales were recruited 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 recruitment 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 recruited to this year across 15 different specialties, with 12 specialties achieving 100%.

In addition, Round 2 recruitment was successful in achieving an initial 80% recruitment rate (135 posts recruited to 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% recruitment 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.

Primary Care

Throughout 2020/21, the assumption has been to recruit 160 GP trainee places, with an option to over-recruit if suitable candidates are available. To support this potential over-recruitment, 200 places were made available and, at the end of March 2021, for posts commencing August 2020 and February 2021, all 200 places were recruited against the initial 160 baseline, giving a recruitment rate of 125%.

R1 recruitment for posts commencing August 2021 opened for applications on 5th November 2020 and closed on 1st December 2020. A total of 161 vacancies have been advertised in Wales. There are high numbers of candidates who deferred their training places due to COVID-19 who will commence their training in August 2021 and, in addition, posts have to be made available for those returning from maternity or other absence.

Offers were made to successful candidates on 30th March 2021, and they had until 28th April 2021 to accept, hold or upgrade their offers. All 161 places offered were accepted by candidates by the deadline date, giving a recruitment rate of 100% at this stage of the process, but this is subject to future recruitment rounds and vacancies being advertised.

Dental

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.

Pharmacy

As presented in reports earlier in the year the Pharmacy fill rate shown on the Dashboard relates to Pre-Registration Foundation Pharmacy for the 2020/21 cohort and there has been no change since 31st December 2020, with 132 of 160 commissioned places filled (83%).

Pre-Registration Foundation Pharmacists (starting programme in August 2021 and completing July 2022) - For the 2021 intake the initial recruitment rate is lower than for the previous year with 124 of 160 posts recruited. Compared to the final fill rate of 132 in 2020/21, this is a decrease of 6%. However, if all of the 124 learners take up their places this is a 31% increase compared to 2019/20, when only 95 commissioned places were available via NHS Commissioning and Welsh Government Community funded posts (i.e., the denominator of the number of commissioned places has increased).

The fall in the recruitment at this stage is a consequence of an overall 30% increase in the number of training posts in the national recruitment system for England and Wales (up to 3966 from 3189), providing more choice for trainees and greater competition between employers.

In addition, it appears that pharmacy undergraduates associate hospital and multi-sector pre-reg foundation pharmacist placements with a high quality and good variety of training experiences. This is demonstrated by the fact that 100% of Wales multi-sector and hospital training posts were filled, with all unfilled posts being in the community sector. Going forward, HEIW has developed a 'case for change', articulating why Wales will move to 100% multi-sector training placements for 2022 intake.

The pharmacy regulator General Pharmaceutical Council (GPhC) made a statement in April 2021 that from July 2021 Pre-reg foundation pharmacists will be known as Trainee Pharmacists.

Centrally funded hospital clinical diploma posts (Year 1 and Year 2) - The 40 commissioned diploma places in 2020 were initially recruited to with one student withdrawing at the start of the programme. Otherwise, the cohort is intact, as are the 37 remaining in the second year – there is no further attrition.

Pre-Registration Pharmacy Technicians (due to recruited in March-Apr 2021) - Due to the change in GPhC initial education and training standards (IETs) for pre-registration pharmacy technicians, HEIW tendered for a new course provider in 2020. Delays in procuring a partner

training organisation to deliver the new IETs have impacted the usual trainee recruitment timeline so that no appointments could be made against central post allocations or Modern Apprenticeship funding for Q4 of 2021. Work continues to secure a programme to begin in Q3 of 2021.

Health Professional Education

Whilst most universities filled their Autumn 2020 cohorts, 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 ensuring there are additional newly qualified nurses, to meet service need, exiting programmes in Spring 2024.

Continuing Professional Development (CPD) Course Activity

The increase in attendees at online Continuing Professional Development (CPD) events continued throughout the year as expected. All areas responded quickly and effectively to accommodate online learning due to the pandemic in 2020/21, developing and delivering online versions of existing CPD and planning for future needs using new technology as they learned from experience in practice. All areas exceeded expectations in terms of achievements in this area.

There is a slight discrepancy between the reporting period in 2020 compared to 2019, which is due to a change from quarterly reporting to year-to-date reporting.

Dental

Study days have continued for the Dental training schemes for Dental Foundation, Dental Core and the Dental Therapy Schemes, with face-to-face courses taking place for essential training only. The Dental team continues to provide online CPD, with 61 courses organised between January and March, training 2,291 dental professionals in Q4. Completion numbers for the online Basic Life Support (BLS) module have increased to 1,871; 490 have completed the practical competency assessment developed since the last report.

Quality Improvement projects have resumed since being paused, with 345 projects completed during Q4. The Quality Improvement Educators have been engaging with dental teams to prepare for general dental service contract reform later in 2021. Educators have conducted online virtual one-to-one reviews of dental teams' professional development plans, which has enabled registrants to consider how their learning needs might have changed due to COVID and reflect on what might be needed when they return to a full delivery of patient care.

In addition, there has been a focus to support a culture of Continuous Quality Improvement (CQI) in dental practices to improve quality and safety of dental care and a focus on prevention. The Dental team is developing a suite of initiatives to implement and support the new contract reform care pathways that dental teams will be using to assess the risk and need of individual patients.

Training on Attend Anywhere has continued, with 185 delegates receiving training to date. These events have informed the profession on the use of tele dentistry in Wales, reinforcing the opportunities for dental teams to use this medium to support patients in the post-COVID recovery phase, to maintain good oral health through the delivery of prevention messages.

Revalidation Support Unit (RSU)

The past 12 months have necessitated the development of a new delivery model to replace face-to-face activity. During the initial crisis, GP Educator sessions were released to support clinical activity between March and July. Following the return of the regional CPD leads in August, RSU adapted and expanded virtual CPD provision to maximise opportunities for GPs and the wider primary care workforce to continue to access ongoing learning and development.

In addition to the existing library of modules on a range of clinical and non-clinical topics, the GP CPD website ([Home | CPD for General Practitioners \(heiw.wales\)](http://Home | CPD for General Practitioners (heiw.wales))) now also includes opportunities to book onto virtual learning events and to access on-demand content.

Virtual Learning Events:

- The RSU's alternative delivery model for 2020-21 commenced in November with a programme of free webinars designed to update clinical know ledge on a range of key topics.
- 11 webinars were delivered in 2020/21 to a total of 1037 attendees on a range of topics such as diabetes, self-harm and HRT & the menopause. Feedback on accessibility, format and content has been positive.
- On 25 February, RSU, in collaboration with Pharmacy and Red Whale (a CPD provider for primary care professionals), supported a GP Update Day attended by 400 delegates (293 GPs).
- Additionally, RSU has supported the British Association of Gender Identity Specialist (BAGIS) with the design and delivery of two full day, 70 delegate virtual conferences (October and March). The team were delighted to support these events as part of its commitment to providing innovative solutions to support the workforce.

Online Educational Resources:

- **CPD On Demand**, a new open access service launched last year to enable viewers to watch a recorded learning event from our virtual delivery programme at their convenience. There are 11 recordings currently available to view.
- The **VITALS series**, a series of short videos designed to provide bite size chunks of learning on key topics such as sepsis, transgender health, Orbit360 support and Anaphylaxis.
- **CPD Modules**, a library of over 40 free online modules available through the medium of Welsh. The team published 5 new modules this year and completed the translation of the GP CPD website into Welsh in December.

The activity above is reflected in the number of page hits to the GP CPD website as detailed in the performance dashboard. During Q1, there was a drop in the total number of page hits to the GP CPD website compared to the same period last year, (April 7939, May 8433 and June 7710). However, this was anticipated as a direct impact of the initial COVID crisis and,

potentially, an indirect impact of the temporary suspension of the Medical Appraisal process by the CMO in March 2020. From Q3 onwards there has been a general upward trend in the number of page hits to the website as traffic to the site increases.

3D, Discovering, Developing and Delivering in Healthcare

RSU delivers the 3D educational programme. The programme is designed to address the educational requirements of clinicians in all parts of the NHS in Wales who wish to extend their abilities in engaging with and influencing the service improvement agenda.

Key achievements this year include:

- Re-designing the programme to be delivered in a virtual format utilising the HEIW Leadership portal, Gwella. The new format commenced in October, and there has been excellent feedback on the platform and content.
- The programme was re-branded from 'developing doctors to deliver' to 'Discovering, Developing and Delivering in healthcare' to reflect the increasingly inter-disciplinary nature of the programme, which a key component to the programme's success. The current cohort includes doctors working in primary and secondary care, pharmacists and dentists.

Pharmacy

In Q3 and Q4, 15 virtual events were delivered and the actual attendance of 983 delegates (versus 1319 registered) represents an average conversion rate of just over 74%, an increase of nearly 10% year on year. The webinars were driven by the pandemic with virtual CPD provision only from September 2020.

With all events being virtual, there has been an increase of 103% in the average number of attendees per webinar in 2020/21 compared to the previous year. The measure of 'change in knowledge achieved' in the 2020/21 events has remained the same as the previous scores but remains a good outcome at 98%. There has been a self-reported 14% increase in confidence this year post event compared to 2019/20.

As part of the COVID-19 response, numerous online resources were developed for Pharmacy professionals;

- Development and provision of a Return to Practice (RTP) hub was a significant piece of work and there is now a valuable suite of resources across all practice sectors for those pharmacy professionals in this target group. It also provided a "streamlined accreditation process" for those in community pharmacy who were required to deliver specific enhanced services to support the required COVID-19 response.
- In partnership with Welsh Government, "delivery driver guidance".
- For COVID-19 support staff workforce in social care settings, HEIW developed and released a medicines administration module and 1169 individuals have now completed this module. This is first-time access for this workforce group has been made available on our website.
- Oxygen therapy module developed for the managed sector.

The Pharmacy 'Basic Life Support' e-resource to support accreditation for Pharmacy contractors to deliver NHS flu service this year has been made available to the Dental profession. Training was provided to help the HEIW Dental team facilitate access to the Dental workforce.

Pharmacy specific events included the NHS Wales Video Consulting Service, which was rolled out to all community pharmacies during Autumn 2020, demonstrating use of the TEC Cymru (Technology Enabled Care) platform. The recording of the NHS Wales Video Consulting Service webinar was made available on the Pharmacy website and will also be made available for access on the TEC Cymru website.

The March focal point sessions, which are peer group case-based discussions, attracted 28% more delegates than the October sessions. Changes to facilitation of the break-out sessions to enhance efficiency in feedback and engagement with delegates also proved successful.

Several multi-professional events were delivered:

- COPD/Asthma – An introduction to the All Wales management and prescribing guidelines, delivered by Dr Simon Barry, Consultant and National Clinical Lead for Wales for Respiratory Medicine, with 131 delegates attending the live webinar on the night with a mix of delegates (53% pharmacy; 40% GPs, 6% nursing and 1% others).
- The joint event with Optometry followed a face-to-face event in 2019 and attracted more than 80 delegates from each profession. Referral pathways and understanding of services delivered by both professions has been strengthened with national referral form templates being agreed and will defiantly help improve patient services within the same locality.
- The Primary Care workforce event in February was a virtual all-day event delivered by Red Whale and aimed at GPs and GP practice Pharmacists. Registered delegates will have access to the Red Whale CPD web-based resources for up to 12 months after the event and these are updated throughout the year. There were 400 attendees (293 GPs; 167 Pharmacists).

The delivery of the 'Introduction to Healthcare Leadership' course continues to be virtual. The current cohort is due to finish the programme in April 2021 and a new cohort started in March 2021. In line with restrictions, the new cohort may receive 1-2 days delivered face to face to maximise learning. The 'Advanced Leadership Programme' has commenced with a multi-professional group enrolled. The 'Introduction to healthcare education' programme has been revised and, now Agored Cymru accredited, will be piloted during Q1 2021.

Professional Support Unit (PSU)

PSU online webinars have been extremely popular and have been welcomed by Postgraduate Centres and the Training Programmes. In Q4 we delivered 30 hours of webinars (with associated CPD points) to 245 attendees, which are reflected on the Dashboard, as well as an additional 20 hours of webinars to 255 attendees, all with excellent feedback. Furthermore, we have been asked by our colleagues in the rest of the UK to share our workshops, which is part of our ongoing contribution to sharing best practice across all four UK nations.

Quality and Outcomes

Quality Management

Medicine

Key pieces of work undertaken in the current reporting period relate to concerns management, regulator engagement and, as indicated in the Q3 update, a project to ensure the development

of quality systems around Trainer Recognition within Secondary Care, which is still in progress. Demand for the approval of field hospitals has ceased with no further requests being made in the last reporting period.

During Q3, the Quality Unit took proactive steps to monitor the general impact of COVID-19 on education and training. This was achieved by developing a core data set to enable us to gather information on the impact on Local Education Providers (LEPs), and this intelligence was triangulated with data collected across the Medical Deanery. This work was presented through a key theme report to provide key data for the Education and Training Cell. This exercise was repeated in Q4 to enable us to continue to monitor the impact as wave two of the pandemic progressed. This work is important in fulfilling our regulatory accountabilities and for considering how HEIW can support LEPs during this time.

Targeted visits were successfully moved to an online format during Q2 with a good level of engagement from all parties and have therefore continued throughout the rest of the year. A total of 9 virtual visits have been undertaken and there is evidence that progress in all areas is on track despite COVID-19. Further visits will continue to be arranged and we continue to work with LEPs to reprioritise visits to ensure that they are undertaken where it is helpful to do so. Where it is considered that a visit would be unhelpful, a close dialogue is being maintained to monitor progress. This is particularly important given the enhanced pressures associated with the pandemic.

The number of areas under Enhanced Monitoring status with the GMC reduced from 6 to 5 in Q2, with Paediatric Surgery at the University Hospital of Wales being officially removed from Enhanced Monitoring status following a HEIW recommendation in November 2020. Details of the remaining Enhanced Monitoring areas are provided in the table below. Clear monitoring arrangements have been in place for all areas throughout the year and action plans remain on track.

Enhanced Monitoring Areas

LEP	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

Since the launch of HEIW Open in Q3, HEIW has noted an increase in trainees contacting HEIW direct, with 13 direct contacts since the launch. Whilst some of these were the address being used to request information, 4 valid concerns regarding the quality of training were raised. HEIW collaborated with the LEP to ensure that action was taken at an early stage, thereby preventing any unnecessary escalation of the concerns.

In line with the GMC's revised approach to quality assurance, a self-assessment was submitted at the end of Q3 to provide information on how HEIW meets the standards as outlined within Promoting Excellence. A meeting with the GMC was held in January following scrutiny of the self-assessment based upon which no significant concerns were identified. Following this meeting, the next stage of the process is for the GMC to identify areas for which further review is required to test out the information provided within the self-assessment. Further information on those areas which have been identified for further scrutiny will be provided within future reports.

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.

Strengths identified:

- Improvement in fill rates
- Reductions in attrition rates, notably in,
 - Cardiff University Diagnostic Radiography and Operating Department Practitioner (ODP) where HEIW set the University an action plan to address this.
 - USW midwifery course

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- Improved data collection surrounding students on Interruption of Studies (IoS). This data has enabled HEIW to build KPIs 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.
- Collaboration, led by HEIW, with Universities, the Health Boards and NWSSP in student deployment during the 'first wave' of the pandemic.
- Strategic Review Phase 1 – tender issued and bids received for every lot and sub-lot.

Concern and challenges include:

- Full engagement with universities has been more challenging this year due to the impact of COVID 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 has been improvement in both these areas, driven by HEIW identifying a problem and requesting an improvement action plan from the universities. However, there is still improvement to be made in these areas and progress against plans will continue to be monitored.

Engagement with Universities was curtailed to essential and operational business only 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 needed to be delayed from the normal December date to March/April. However, stakeholder engagement, with students from all universities and with practice Education Facilitators/mentors has taken place during this period as these are conducted independently from universities.

GMC Training Survey Results

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. The 2020 GMC Survey was dedicated to understanding trainee and trainer perceptions of the COVID-19 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.

The 2021 questions will revert to the more standard questions, which are helpful in terms of supporting quality management, particularly where evidence around trends is required. In recognition of an unprecedented year, the GMC will also include a specific section within the trainee survey focussing on the impact of the pandemic on training.

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 this year 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.

Escalation

Bursary Process

In October, to provide further assurance regarding Bursary Appeals and related matters, this element of the business was escalated from Enhanced Monitoring to Targeted Support and work to address this issue was reported in November. Despite the fact this was the first experience of the bursary tie in, 90% of the 2020 cohort have now found employment in Wales, which is an excellent baseline to build upon.

As a result, the issue has now been de-escalated, although we continue to monitor the 2020 graduates who benefitted from the bursary scheme. The bursary team are engaging with graduates to better understand how HEIW can support them to find employment in Wales, or to commence discussions to ensure compliance with the terms and conditions of the mutually signed contract at the start of their studies in Wales.

To oversee the end-to-end management of the scheme, a Welsh Bursary Relationship Manager has been appointed with immediate effect. The Review and Appeal process is now live and to date we have received 16 requests from 2020 graduates to consider their individual circumstances. These requests have arisen from information gathered via the tracking process, which shows these graduates may be working outside of Wales in breach of the terms and conditions. All relevant application forms and guidance can be found on a dedicated page on the HEIW website.

Streamlining

As a result of the evaluation of the 2020 student recruitment round for Allied Health Professionals and Healthcare Scientists, a bespoke streamlining process for these professions was introduced for 2021 recruitment.

Following extensive negotiations with Directors of Therapies, the process was modified from the nursing model to incorporate an interview and early completion by 12th April. Service leads raised concerns in relation to the number of available vacancies required to employ all graduates. HEIW negotiated with Directors of Therapies, Directors of Finance, Directors of Workforce and OD and Chief Executives to ensure that the majority of vacancies were released.

A total of 492 vacancies were made available for the 507 graduating students and 405 students were either employed through the scheme or just prior to the scheme implementation ready for 2021 Summer and Autumn course completion. The remaining students who have yet to evidence that they have taken up employment in Wales will be asked to engage with the bursary team in the coming weeks to confirm their plans for employment in Wales.

Professional bodies, employers and students studying outside of Wales have raised concern in relation to the process and therefore an in-depth evaluation will be completed by early June on order to confirm the recommended process for 2022 recruitment. Streamlining processes

for Midwifery and Physicians Associates are also being implemented for 2021 recruitment for completion in May and June.

Annual Review of Competence Progression (ARCP)

The annual presentation of ARCP data for Foundation Training, Secondary Care and GP Training was included in the November 2020 report with 1.7% receiving COVID-19 related outcomes. Given the significant ongoing challenges due to COVID, the 4 Statutory Education Bodies (SEBs) have agreed that the more flexible arrangements and derogations for delivering ARCPs will continue until at least September 2021.

The Dashboard chart shows data for all professions up to 4th August 2020, in line with the training year and GMC validation process. Dental IRCPs (Interim Review of Competence Progression) and full ARCPs are not subject to the same process and additional information for Q4 for Dental is included below.

In Dental, IRCPs for the 2020-21 cohort took place for Dental Foundation Training (DFT) in February and for Dental Core Training (DCT) in March. For Dental Speciality Training (DST), 2 full ARCPs and 9 interim ARCPs were held in Q4. Details are shown in the table below.

	Full ARCP	Interim RCP
DFT		24 x Outcome 1 32 x Outcome 10.1 7 x Outcome 2
DCT		64 x Outcome 1 1 x Outcome 10.1 2 x Outcome 2
DST	1 x Outcome 1 1 x Outcome 6	3 x Interim Outcome 10.2 6 x Interim Outcome 1

Outcomes 10.1 and 10.2 are COVID-related outcomes, with those awarded an Outcome 10.2 given an extension to training time.

Professional Support Unit (PSU)

At the end of 2020/21, the PSU were supporting 339 trainees (compared with a steady 317, 313, and 317 cases in Q1, Q2 and Q3 respectively), 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, compared to 29% historically.

PSU continues to work across HEIW and impact on NHS Wales:

- In support of the Differential Attainment (DA) Board (during the coming year we will be collecting data and information on this specifically).
- Leading on creating a 'Welcome to Wales' e-book - a helpful guide for those new to Wales.
- Working with the HEIW Workplace Inclusion Champion scheme to establish HEIW **Trainee** Inclusion Champion representation. The HEIW Workplace Inclusion Champions work together to challenge inequality and discrimination within the workplace and create opportunities to promote equality, diversity, and inclusion. The

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role of the Trainee Inclusion Champions will be to take this purpose forward in the context of trainee placements.

Beyond Wales, in January this year, PSU collaborated with colleagues across the UK to design and deliver a workshop 'Institution Heal Thyself! (Creating a Personalised First Aid Kit for Institutional and Our Own Resilience)' to an international postgraduate medical education community at the International Conference on Residency Education (ICRE).

Trainee Progression Governance (TPG)

In 2020/21, there were 6 appeals (Reviews). The decisions for 4 of these were maintained. The remaining 2 led to Independent Hearings. Of these, one decision was changed and the other, which took place in Q4 following a review in August 2020, was maintained. In total, 5 appeal decisions remained the same, with 1 decision being changed. This is a similar picture to the previous year.

Medical Appraisal and Revalidation

Over the course of 2020/21, the Revalidation Support Unit (RSU) worked closely with the CMO, 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 team paused the GP Appraisal process for the first two quarters of the year, following the GMC's temporary suspension of the revalidation process, and the CMO's recommendation to suspend the medical appraisal process in Wales. Appraisals due to take place during this period are classed as an 'approved missed', therefore affected doctors will not be due to undertake their next appraisal until 2021/22.

To support the COVID response, GP Appraisers were offered to clinical service until the end of July, releasing over 120 sessions to support Primary Care services across Wales.

Medical appraisal recommenced across all sectors in Wales on 1st October with a focus on wellbeing and support. To facilitate this, the 'approved missed' appraisal period was initially extended to the 31 December, and then to the 31 March 2021.

The dashboard data provides a summary of the number of appraisals completed on both MARS and the Primary Care instance of MARS, for the period the full year (2544). It should be noted that the appraisal completed data is based on the date the appraisal summary is agreed, not the date of the meeting. This data is not comparable with last year due to the temporary suspension of medical appraisal during the first two quarters, and the option of an 'approved missed' appraisal during the second two quarters of the year.

Data from the MARS post appraisal survey for appraisals that taken place between 1st October 2020 and 31st March 2021 indicates that for those that took the option to have an appraisal, it did indeed meet the intended aim of providing a supportive, wellbeing focussed experience. Feedback is extremely positive in terms of the process and the new virtual format:

- 95% of doctors who had a virtual appraisal found their appraisal to be of equivalent quality to previous face to face appraisals
- 99% of doctors said they would be happy to see the same Appraiser again
- 99% were satisfied that MARS met their needs as an appraisee.

At year end, 1806 users had registered on the **Orbit360™** system (a multi-source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and colleague feedback), compared to 1262 at the end of Q3, an increase of 544, which reflects the increasing use of the site to support the appraisal and revalidation process. Feedback at the end of December showed that 85% of users had found the system intuitive and 90% found the guidance helpful and user friendly.

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Corporate Performance

HEIW Performance Metrics

Workforce Movement

The HEIW headcount increased to 453 by the end of Q4, which is an increase of 11 since the end of Q3 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 Safer Staffing 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%, which is unchanged since the previous report. This has reduced marginally since the first quarter when it stood at 9.5%. 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

HEIW's rolling 12-month sickness rate was 1.8%. This is marginally lower than the last quarter when it stood at 1.9% but at the same level as it was at the beginning of the year. It remains substantially below the NHS Wales target of 4.1%. 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 that 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.

Short-term sickness absence continues to make up 25% of our total sickness absence, which continues to be broadly consistent with the ratio over the past year. This means that most days lost due to sickness are related to long-term episodes and the reasons have typically been either for stress/depression/anxiety or serious physical health problems related to tumours/cancer or cardiac and circulatory issues and these episodes are sympathetically and appropriately managed. It is important to note that with the exceptionally low levels of sickness absence overall, any single long-term episode has a significant impact on the overall picture within the organisation. Thus when 'hot spot' areas are identified they invariably relate to a single case of long-term absence.

Disciplinary and Grievance Procedures

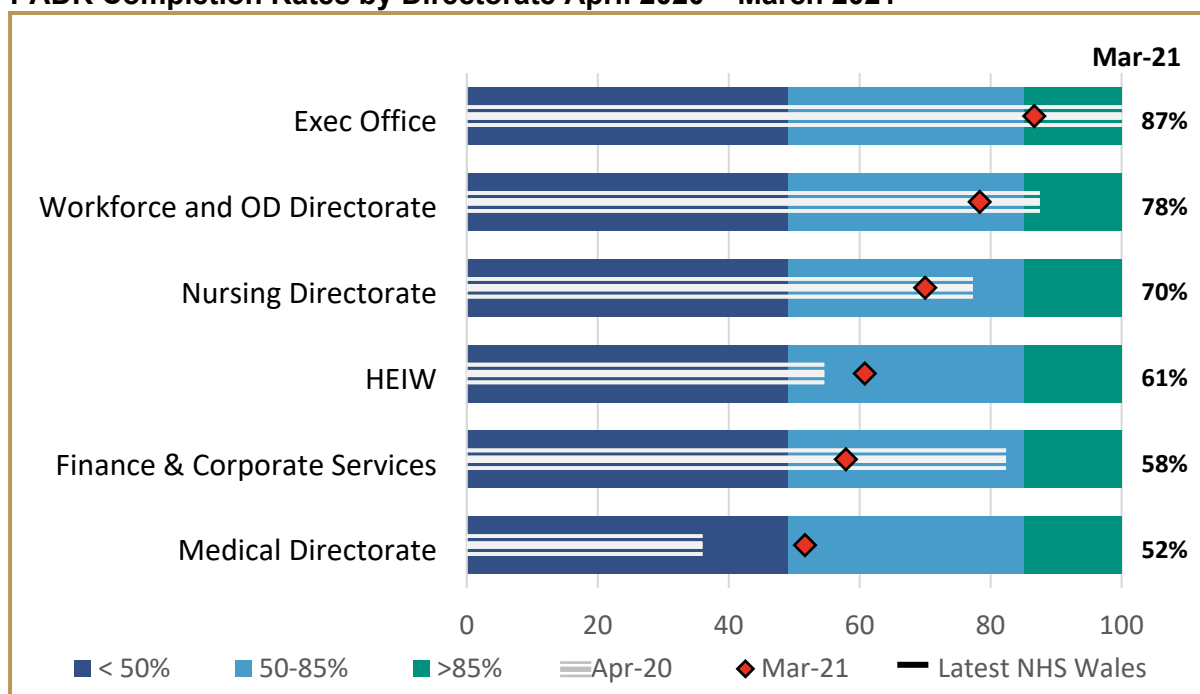
There were no disciplinarys or grievances in the 12-month period. This reflects the general approach within HEIW both in respect of being an organisation where the values are 'lived' and not just acknowledged and where any issues that do arise of an employment nature are managed compassionately and effectively.

Personal Appraisal Development Review (PADR)

Personal Appraisal Development Review (PADR) forms part of contractual arrangements for staff and is one of the key performance indicators (KPIs) in the NHS Wales delivery framework set by Welsh Ministers. The target rate for PADR/Appraisal is 85% as recorded on the ESR system. This is an agreed measure, which recognises that factors such as long-term sickness, maternity leave and career breaks would mean that 100% compliance is difficult to achieve. New starters are excluded from PADR compliance figures for the first 3 months in post.

The overall compliance level for HEIW core staff (excluding clinical staff who work 3 sessions) is 61%. This was an increase of 8% over the 12-month period. Further detail of HEIW compliance rates is shown in the table below. Recent work within the Medical Deanery has identified a continued gap between PADRs completed and information entered and recorded on ESR. This is being addressed with input and support from the Analytics Team and a concerted push from senior management within the area.

PADR Completion Rates by Directorate April 2020 – March 2021

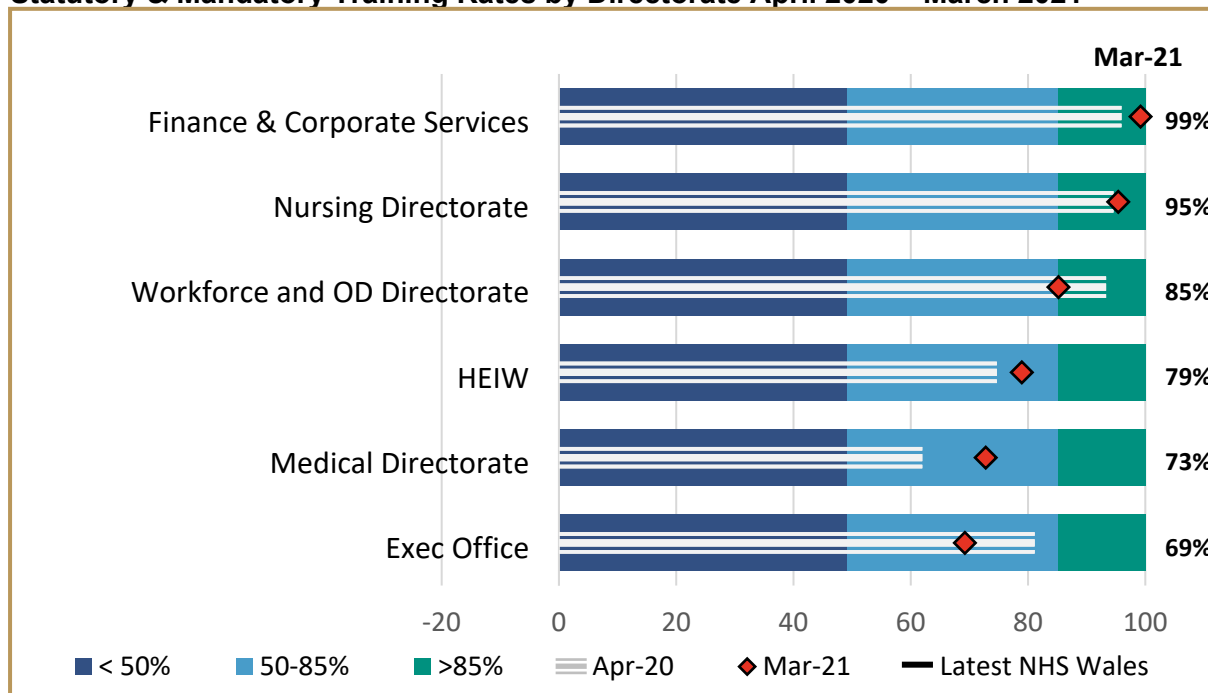


Statutory & Mandatory Compliance

The Welsh Government KPI requires 85% compliance at a minimum level in the 10 UK Core Skills Framework for NHS Staff, hosted on the ESR system. Most of these learning modules require a 3-year refresher period, although specific modules may differ in this. New starters are excluded from this report for the first 3 months in post.

The HEIW compliance rate for core staff at the end of March 2021 was 79%. This represents a healthy increase from the 70% compliance rate at the beginning of the 12-month period although it still falls short of the target figure of 85% and whilst it remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements, the People Team and the wider Workforce and OD teams will continue to support and encourage staff in this process.

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Statutory & Mandatory Training Rates by Directorate April 2020 – March 2021

The sessional clinical staff who work for 3 sessions or less are not included in the above figures as their primary employment is predominantly with other employers. They are however still required to undertake a lighter version of appraisal with HEIW to both monitor performance and objectives and to identify relevant training needs. Similarly, with Statutory and Mandatory training where their prime employment is elsewhere, they can provide confirmation of having undertaken the relevant training with their prime employer. Recording of both these elements on ESR is currently very patchy and from some localised investigations does not reflect the actual level of compliance.

Work will also be undertaken in the current year to review these processes in respect of sessional staff both in terms of accurately capturing compliance but also to identify whether the right processes are being used or whether there are other pragmatic ways in which, particularly in relation to PADRs, to achieve the desired outcomes.

Equality Data

Compliance in recording equality data has improved by 3% since Q3 and 8% over the 12-month period with compliance standing at 67% at the end of March 2021.

Welsh Language

Compliance in recording Welsh language data has improved in the 12-month period, from 28.7% in 2019/20 to 34% in 2020/21.

In 2020/21, we translated 3.5 million words, a more than threefold increase on the 1.1 million in the previous year. Levels are continuing to increase steadily, and we expect to exceed 5 million words in 2021/22.

This is a great testament to all HEIW staff, who realise the importance of providing learning material and information bilingually to our stakeholders in Wales.

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Homeworking, Staff and Wellbeing Surveys

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 2020/21 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. The second Health Needs Assessment Survey closed in February with outcomes due for release imminently.

Staff Conferences

Over the last year, we have delivered one live event and three virtual events. The virtual events attracted high attendance levels culminating in over 185 staff at the conference in October. The Executive approved a report in January that established the dates for the next five conferences in advance. Each conference will have a specific theme and will be chaired by a representative of the Executive Team. Our first conference under this new format took place on Monday 19th April themed on the 'Benefits of being a Bilingual Organisation'.

Online communication/engagement

Since the beginning of the year, we have continued to implement the communications and engagement strategy as far as possible, with some aims being achieved as part of COVID-19 response work. Some elements of the strategy, such as roadshows and stakeholder events were put on hold – they will be scheduled for Summer 2021.

Much of the work throughout the year has focused on delivery of key COVID-19 communication (both internal and external targeted communications and engagement), particularly internal bulletins and external social media and direct stakeholder communications and engagement. We have also received increased media attention raising awareness of the organisation.

Highlights include:

- New corporate branding
- Publication of bilingual materials and videos for, e.g. PRIDE, the Graduate Training programme and the NHS Staff Survey incorporating the new accessibility guidelines
- Forward planning grid of news articles/blogs, etc.
- Stakeholder lists for specific projects
- Information database for media, political and professional items
- Continued bespoke communications and engagement support for key programmes, e.g., health and wellbeing, leadership
- Substantial assurance in all areas for recent internal audit
- New HEIW website in April 2021

We continue to see a positive upturn in social media followers across Facebook and Twitter, as evidenced in the Dashboard. We have seen an increase of 43% in Twitter followers in English, and 34% in Welsh, as well as an increase of 104% in Facebook followers in English and 50% in Welsh.

The principles of the HEIW Communications and Engagement Strategy are borne out in all core, IMTP and national project communications and engagement work with the team

supporting 25 IMTP projects over the last 12 months, as well as working with new teams in HEIW, including Nurse Staffing, Health Science and the Endoscopy programme teams.

Projects that have been supported by communication plans and professional input from the team include the Graduate programme, leadership portal, Mental Health Conference, E&D Annual Plan, Careers Campaign Support, and the Health Needs Assessment.

Finance

HEIW has continued to exceed the PSPP target during the final quarter of the year and as a result has cumulatively paid 95.85% of non-NHS invoices within 30 days of receipt in 2020/21 (against the target of 95%). The processes that were established to recover the position after Q1 will remain in place to reduce the risk of similar issues recurring in the future.

HEIW is reporting an underspend of £95k against profiled budgets as at 31st March 2021. The underspend position in Pay budgets is due to vacancies across HEIW staffing establishments. The underspends in Non-Pay budgets are as a result of reduced face-to-face training and education activity due to the COVID-19 lockdown restrictions. The overspend on GP training within the Commissioning budgets is primarily as a result of additional recruitment trainees to the programme and protected salary costs within GP training. There is some offset by under recruitment in Pre-registration Pharmacy and some under recruitment to and attrition from Nurse education places. The out-turn position is subject to external audit, which will take place during May.

Agency spend is incurred as a result of filling some of the vacant posts in the agreed HEIW structure with agency staff until recruitment processes enable substantive appointments. As a result of the COVID pandemic:

- Recruitment for a number of posts has been paused/delayed.
- A change in the service requirements has reduced the reliance on agency staff.

The cumulative agency costs to the end of March are 1.4% of total pay costs.

Freedom of Information (FOI) Requests

HEIW received 38 FOI requests in 2020/21. HEIW answered 37 (97%) of these on time (within the 20 working days). There were two appeals or requests for internal reviews about HEIW's responses in 2020/21. HEIW has responded to both.

Complaints

There were no complaints in the period.

Health and Safety

There were no health and safety accidents, or incidents reported/recorded in Q4. In 2020/21, one minor first aid accident was reported to the DATIX system.

In Q4, the team delivered three induction sessions on Health and Safety, one member of staff completed the NEBOSH National general certificate in occupational Health and safety, and two staff attended refresher first aid training. Health and safety volunteers are at expected levels.

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Three of the four scheduled Health and Safety Committee meetings went ahead as planned, with one cancelled due to lack of availability. The Health and Safety policy was reviewed in May 2020.

The dashboard shows the compliance rate of staff completion of statutory and mandatory training related to health and safety on ESR. Overall compliance is reported under 'Statutory & Mandatory Compliance'.

During the year HEIW commissioned, completed, and actioned three Health and safety related risk assessments including Fire, COVID-19, and Water-legionella. The following mitigations were actioned for COVID-19:

- Safe System of work
- Temperature checking procedure
- Access/Egress restricted, kitchen /print room restrictions, one-way system
- 2m social distancing
- Track and Trace
- Extra cleaning measures
- Commitment to the Welsh Government's '*5 key steps to keeping Wales safe at work*' initiative

A PAT testing procedure was started and 2000 items in the building have now been tested.

Health Education and Improvement Wales Performance Dashboard (2020/21)



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HEIW Strategic Objectives as at Mar-21

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'

RED	AMBER	GREEN
0	0	6

HEIW Deferred Objectives as at Mar-21

1

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

RED	AMBER	GREEN
0	1	4

4

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

RED	AMBER	GREEN
0	1	6

0

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

RED	AMBER	GREEN
0	3	9

2

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

RED	AMBER	GREEN
0	1	5

0

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

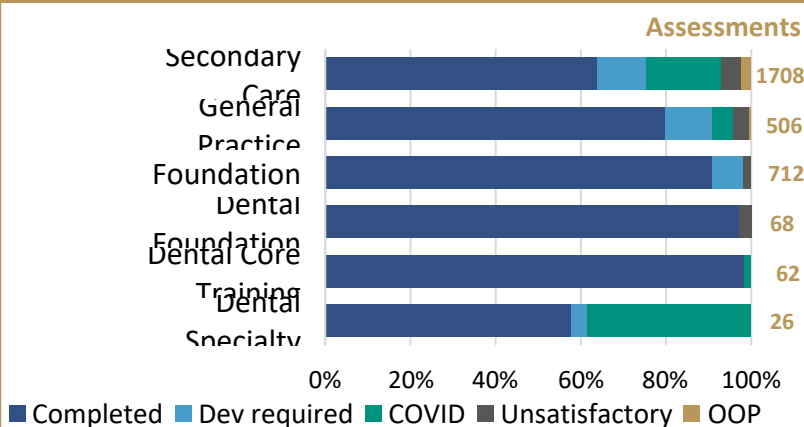
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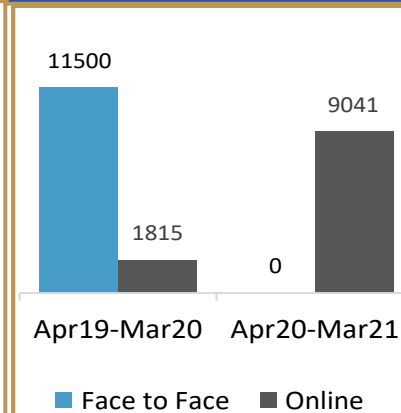


Departmental Information

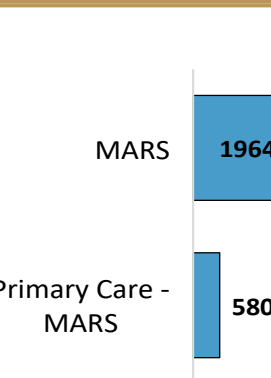
Annual Review Of Competency Progression (07/08/2019 and 04/08/2020)



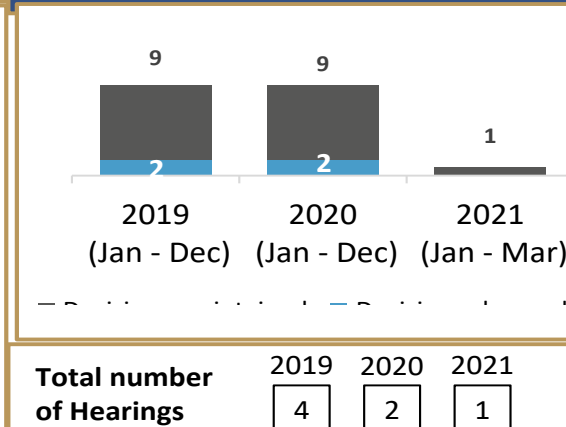
CPD: Actual Attendees : Apr20-Mar21



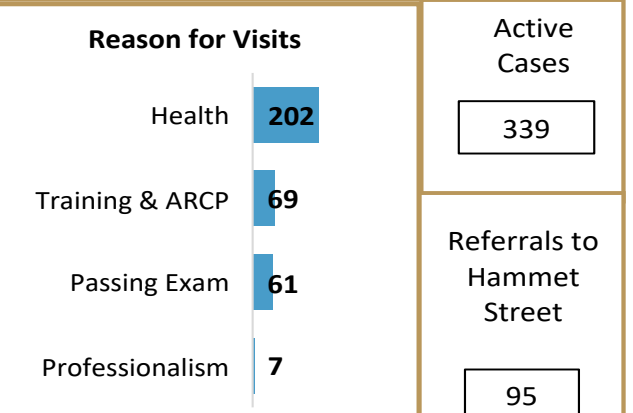
No of Medical Appraisals Completed Apr20-Mar21



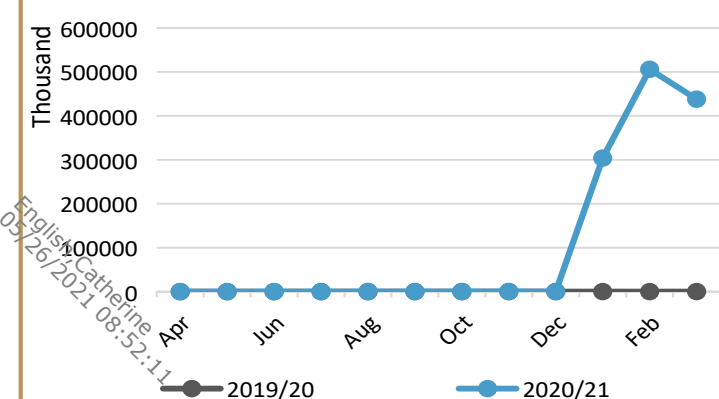
Trainee Progression Governance: No of Appeals



Professional Support Unit (Mar-21)

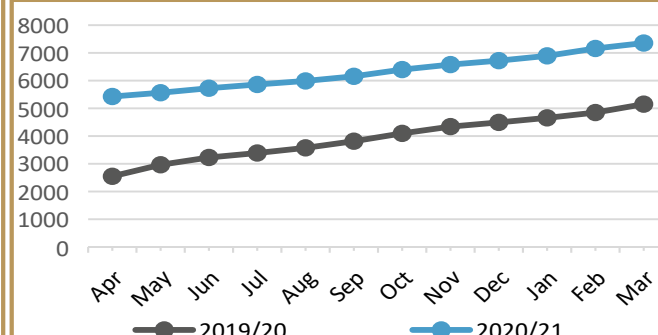


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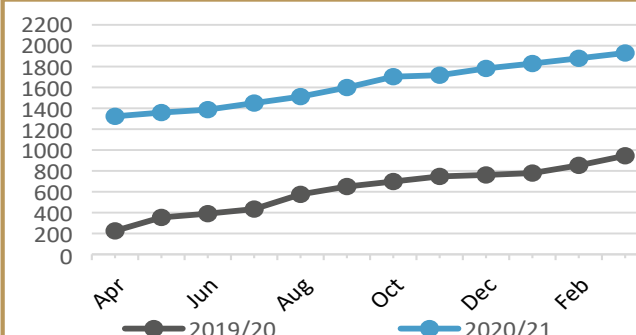


Online Communication / Engagement (Mar-21)

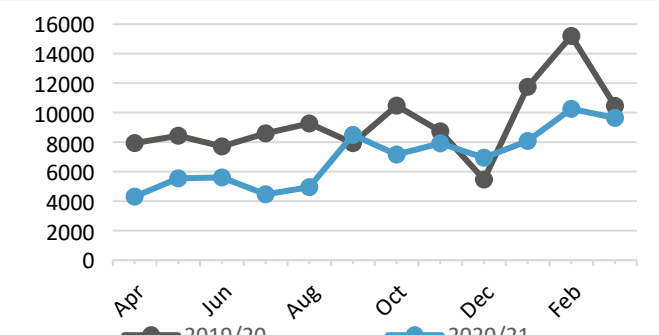
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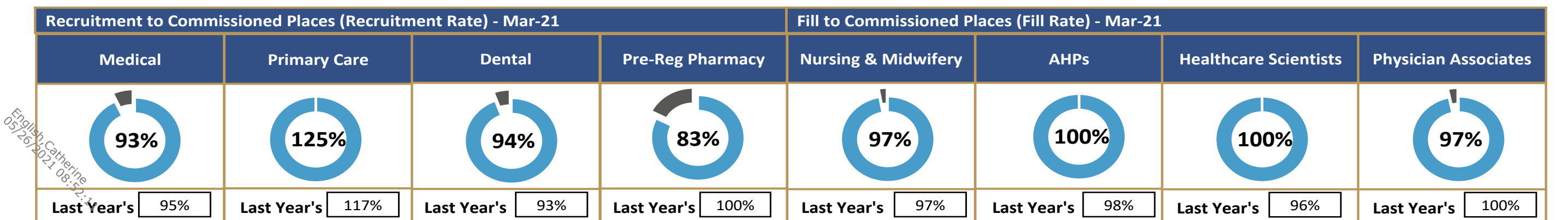
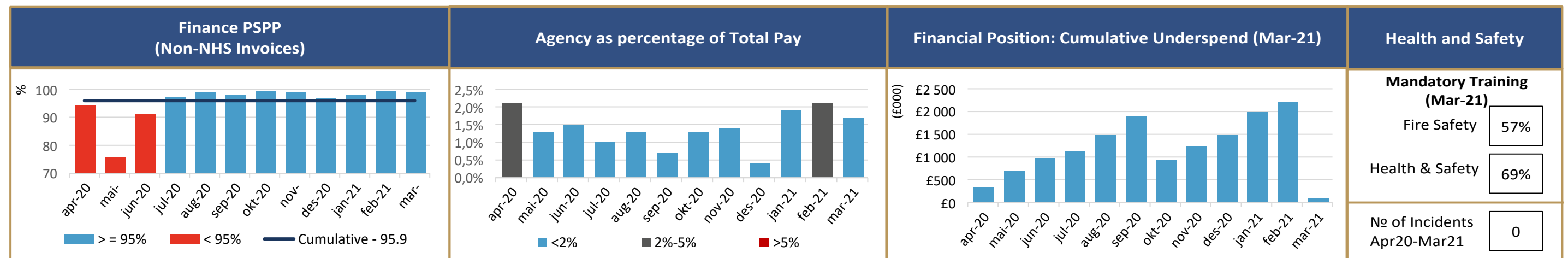
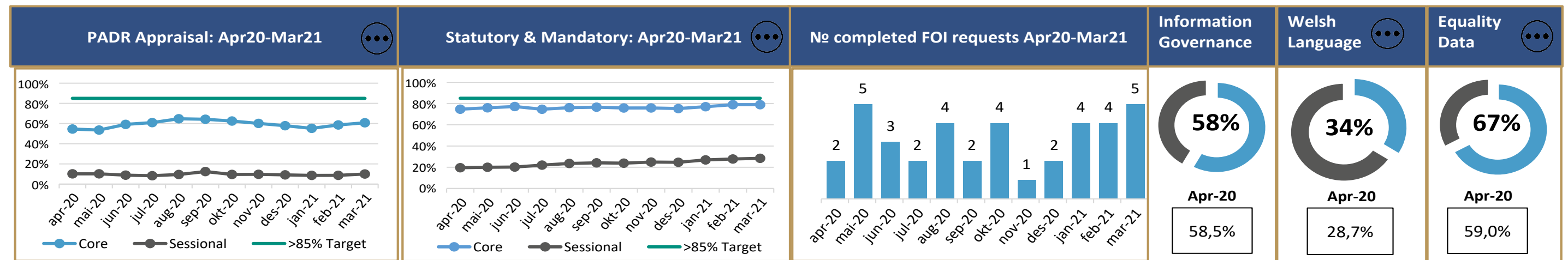
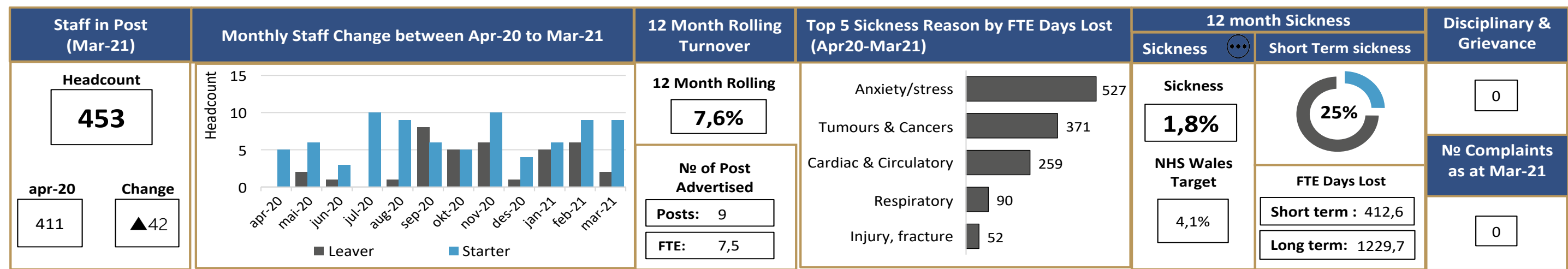


Facebook: No Page likes



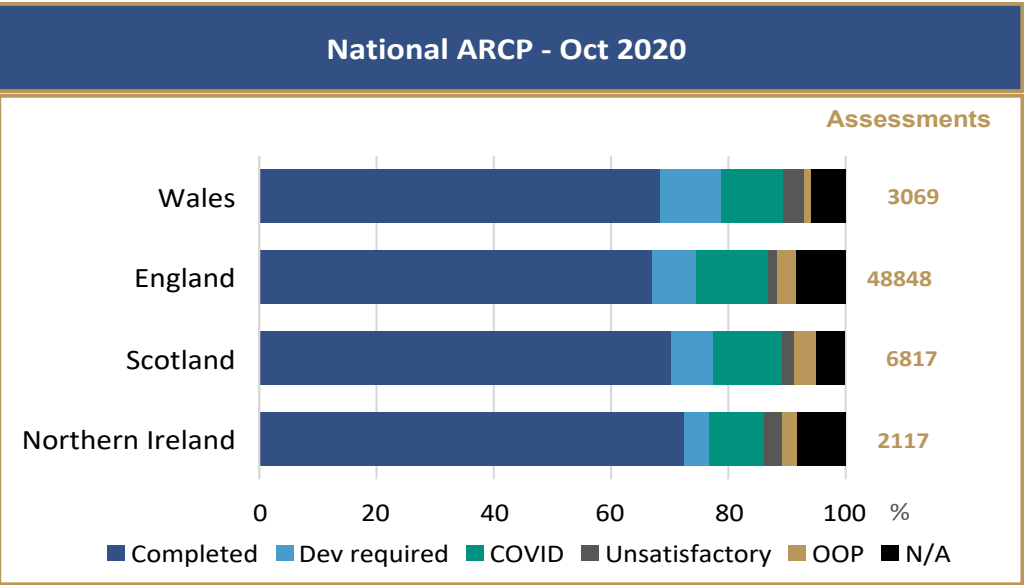
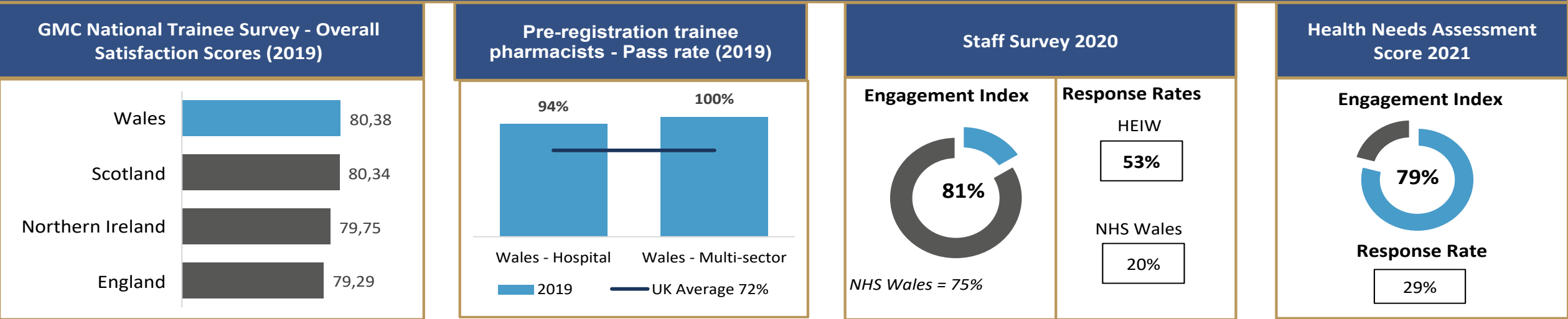
RSU Online page hits: as at Mar-21





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Benchmarking Information





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Improvement Wales (HEIW)

Meeting Date	27 May 2021	Agenda Item	4.3
Report Title	HEIW Procurement Compliance Annual Report		
Report Author	Rhian Sadler, Procurement Business Manager NWSSP		
Report Sponsor	Eifion Williams, Interim Director of Finance		
Presented by	Eifion Williams, Interim Director of Finance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Board with an update in relation to procurement activity undertaken during the period 1 st April 2020 – 31 st 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.		
Key Issues	An explanation of the reasons, circumstances and details of any further action taken is also included in the appendices to the report.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the report for assurance 		

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HEIW PROCUREMENT COMPLIANCE REPORT

1. INTRODUCTION

It is a requirement of HEIW's Standing Financial Instructions that all requests for Single Quotation Actions (SQA), Single Tender Actions (STA), Single Tenders for consideration following a call for an OJEU Competition, Contract Extensions and the Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or (Variation of Terms), be reported to the Audit and Assurance Committee.

2. BACKGROUND

The purpose of this report is 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.

An explanation of the reasons, circumstances and details of any further action taken is also included.

SFI Reference	Description	Items
3.5	Single Quotation Actions	12
4.2	Single Tender Actions	9
5.3	Single Tenders for consideration following a call for an OJEU Competition	0
10.8	Contract Extensions	6
14.2	Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	7

3. GOVERNANCE AND FINANCIAL IMPLICATIONS

The Board should note the detail of the attached Appendices and monitor the number and value of business that is being submitted for a Single Tender or Single Quotation approval. The overarching guidelines on spending of public money are that it should be carried out in a fair, transparent and open manner, ensuring that competition is sought wherever possible. Therefore, the number of single action requests should be kept to a minimum.

4. RECOMMENDATION

The Board is asked to:

- **note** the report for assurance.

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Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓		
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
There are no specific quality and safety implications related to the activity outlined in this report.			
Financial Implications			
SFIs, SOs, Financial controls and accounting systems and processes form the basis of many organisational controls which form part of the delivery of financial targets and good governance. The overarching guidelines on spending of public money are that it should be carried out in a fair, transparent and open manner, ensuring that competition is sought wherever possible. Therefore, the number of single action requests should be kept to a minimum.			
Legal Implications (including equality and diversity assessment)			
There are no specific legal implications related to the activity outlined in this report.			
Staffing Implications			
There are no specific staffing implications related to the activity outlined in this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Not applicable to this report			
Report History			
Appendices	Appendix 1 Summary Information Appendix 2 Further Matters		

Health Education Improvement Wales - Audit Committee Annual Report – April 2021

Appendix 1 – Summary Information

Trust	Division	Procurement Ref No	Period of Agreement/Delivery Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required	First Submission or repeat
HEIW	Pharmacy	HEIW-SQA-518	April 2020 – March 2021	Single Quotation	Curemede – Cardiff University Phase 2 Research around skills mix with pharmacy	Curemede	£10,514	Supplier has delivered phase 1 & 2, required from same supplier for continuity of research.	Endorsed	No further action required as work will be complete.	Two previous FN submission this is the First Submission
HEIW	Workforce and Organisational Development	HEIW-SQA-541	July 2020 – July 2021	Single Quotation	Provision of Online Assessment Platform	Questback	£24,000	Due to time constraints a solution urgently needed as result of Covid-19; provider undergone previous work to good standard.	Endorsed	No further action required.	First Submission
HEIW	Workforce	HEIW-SQA-523	August 2020 – July 2021	Single Quotation	Royal College of Physicians UK national recruitment initiative	Royal College of Physicians	£11,852.00	No other supplies able to recruit on national basis		ECM to be created to monitor future demand.	First Submission.

HEIW	Workforce and Organisational Development	HEIW-SQA-528	August 2020 – November 2020	Single Quotation	Clinical Learning and Development Consultancy	Judith Morgan Ltd	£7,400	Work already conducted by provider, more cost effective to not go out to market due to additional spend and time.	Endorsed	No further action required.	Fist submission of single tender, previous exercise obtained quotes from other providers.
HEIW	Corporate	HEIW-SQA-539	September 2020 – July 2021	Single Tender	Copmed Subscription	Academy of Medical Royal Colleges	£6,000	No other supplier offering this conference.	Endorsed	No further action required.	First Submission.
HEIW	Workforce	HEIW-SQA-543	September 2020 – September 2021	Single Tender	Packaged Licence and Support Plan	Panopto Emea Ltd	£26,400	Significant additional cost and resource to utilise different provider.	Endorsed	No further action required.	First Submission.
HEIW	Pharmacy	HEIW-SQA-544	September 2020 – August 2023	Single Tender	Registration of City and Guilds	City & Guilds	£16,832	No other provider available to meet criteria.	Endorsed	No further action required.	First Submission.
HEIW	Digital Services	HEIW-SQA-545	October 2020 – September 2022	Single Quotation	NHS Articulate 360 Teams	Ominplex	£8,019.00	Due to extensive software within HEIW, utilising another provider would cause significant	Endorsed	Market will be reviewed in a timely manner to understand if beneficial to proceed with another supplier.	First Submission.

								disruption in terms of cost and human resource.			
HEIW	Nursing	HEIW-SQA-557	February 2021 – February 2021	Single Quotation	Advertising for the Director of Education within Nursing	Golley Slater	£7,362.80	Critical for advert to reach as many potential candidates as possible within a critical time.	Endorsed	Will review market for any future requirements to ensure best course of action is taken.	First Submission.
HEIW	Dental	HEIW-SQA-547	February 2021 – July 2021	Single Quotation	Maxinity Dental Software	Maxinity Software Ltd	£15,480	Bespoke system currently provided by Maxinity, procurement activity being undertaken for a System which will capture this requirement for all of HEIW.	Endorsed	Currently conducting a tender to fulfil the needs within all of HEIW to ensure no further single tenders are required.	First Submission.
HEIW	Dental	HEIW-SQA-547	February 2021 – July 2021	Single Quotation	Maxinity Software	Maxinity Software Ltd	£15,480.00	Single quotation required as an interim solution whilst procuring the Learning Management System (LMS).	Endorsed	Support operational colleagues to ensure new contract is delivered on time	First Submission

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HEIW	Medical	HEIW-SQA-564	March 2021	Single Quotation	Practical Skills for Education and Leadership for Healthcare Scientists (PSEL)	Academy of Healthcare Science	£17,400	Bespoke leadership course critical for the healthcare science profession.	Endorsed	No action required.	First Submission.
HEIW	Business Support	HEIW-STA-520	April 2020 – March 2022	Single Tender Action	Iomart Cloud Hosting Services	Iomart Cloud Services	£44,640.00	Additional internal resource not available to support new provider, which would significantly increase cost.	Endorsed	Added to procurement plan to review in timely manner for new supplier	First Submission.
HEIW	Workforce	HEIW-STA-536	August 2020 – July 2021	Single Tender Action	The delivery of MEDTRIM (Medical Trauma and Resilience Training) to NHS staff	DNA Definitive	£33,600.00	This is a renewal of an existing requirement. Was due to be competed however due to Covid-19 the clinical medics have not been able to develop tender documentation due to the need to continue with their clinical duties.	Endorsed	Added to procurement plan to review in timely manner to research future demand and if can be fulfilled internally or externally.	Second Submission.

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HEIW	Workforce	HEIW-STA-536	August 2020 – July 2021	Single Tender	The delivery of Medical Trauma and Resilience Training to NHS staff	DNA Definitive	£33,600	Continuation of work previously conducted as continuity required.	Endorsed	Will be reviewed in timely manner to ensure any future need is captured.	First Submission
HEIW	Workforce	HEIW-STA-540	August 2020 – June 2021	Single Tender	Leadership Programme	The Kings Fund	£80,000	Critical for delivery against strategic objectives and only provider to meet criteria.	Endorsed	Market to be reviewed approaching end of contract to understand options available.	First Submission
HEIW	Medical	HEIW-STA-538	August 2020 – March 2023	Single Tender	Evaluation of Health Education and Improvement Wales Work Programmes relating to the Education and Training of the NHS Wales Healthcare Workforce	Curemede	£105,000	Supplier has delivered phase 1 & 2, required from same supplier for continuity of research.	Endorsed	Reviewing all evaluation needs of HEIW to create framework.	Two previous FN submissions. Second Submission.
HEIW	Business Support	HEIW-STA-519	October 2020 – January 2023	Single Tender Action	Advertise Wales vacancies for training posts for Medicine, Surgery and Dentistry	British Medical Journal	£38,886.00	Sole supplier mandated by the Department of Health.	Endorsed	Procurement advised that if an ongoing requirement to place a STA for a longer-term period rather than yearly STA's.	First Submission
HEIW	Pharmacy	HEIW-STA-554	October 2020 – September 2023	Single Tender	Maintenance and Access to the HEIW Pharmacy Developed Avatars	University of Keele	£40,000	Continuation of work previously conducted as continuity required and no other	Endorsed	Market to be reviewed approaching end of contract to understand	First Submission

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								provider available.		options available.	
HEIW	Corporate	HEIW-STA-553	November 2020 – March 2021	Single Tender	English to Welsh Translation	Cymen	£50,000	Framework available does not fulfil requirements, currently only supplier who fulfil all of HEIW needs.	Endorsed	Undergoing process to create own framework to ensure adequate suppliers utilised.	First Submission.
HEIW	Workforce	HEIW-STA-556	January 2021 – December 2023	Single Tender	Prince of Wales Cadet Scheme	Royal College of Nursing	£200,000	Financial obligation to support scheme which is only option currently within the UK.	Endorsed	No further action Required.	First Submission
HEIW	Dental	CCN-HEIW-037	March 2019 – March 2021	Change Control Notice	Maintenance of Dental Phantom Heads	L.G & D.L Evans Dental Equipment Repairs	£30,900	Additional requirement to support maintenance schedule where no other provider is an option.	Endorsed	Procurement to ensure additional scope is captured in the renewal.	First CCN Submission
HEIW	Pharmacy	CCN-HEIW-025	January 2020 – December 2021	Change Control Notice	Pharmacy Technician Apprenticeship	Buttercups Training Ltd	£349,500.00	Change to payment profile as agreed in finance management meeting.	Endorsed	No further action apart from supporting regular contractual review.	First Submission.

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HEIW	Digital	CCN-HEIW-036	July 2020 – July 2021	Change Control Notice	HEIW Web Pharmacy Platform	Overt Software Solutions Ltd	£27,400	Development of critical resources due to recent security breach.	Endorsed	Procurement to ensure additional scope is captured in the renewal	First Submission
HEIW	Workforce	CCN-HEIW-040	January 2021	Change Control Notice	Workforce Planning Training	Skills for Health	£3,900	Change to online training due to Covid-19.	Endorsed	No action required.	First Submission
HEIW	Workforce	CCN-HEIW-041	January 2021 – July 2021	Change Control Notice	ThinQii LMS Platform	CDSM	£3,000	Change to virtual class rooms due to Covid-19.	Endorsed	No further action required.	First Submission.
HEIW	Medical - SAS	CCN-HEIW-042	January 2021	Change Control Notice	SAS Courses	Attrainability	£1,700	Increase in scope to cover additional technical content.	Endorsed	Advised service to ensure all requirements are captured within the specification	First Submission.
HEIW	Dental	CCN-HEIW-043	January 2021	Change Control Notice	Providers of Postgraduate Dental Education	Glennys Bridges	£3,000	Additional accreditation requirement to support course delivery.	Endorsed	No action required.	First Submission.

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HEIW	Dental	HEIW-OJEU-77398EXT	April 2021 – March 2022	Contract Extension	Providers of Postgraduate Dental Education	MA & ST Hill Ltd	£13,598.06	Due to Covid-19 pandemic, several courses were postponed, extension required to value for money is achieved.	Endorsed	Ensure tender activity is completed in timely manner.	First Submission
HEIW	Workforce	HEIW-ITT-82557EXT	February 2021 – March 2021	Contract Extension	Executive Success Profile	Silvermaple	£42,500 (No additional fee for extension period)	Delays have occurred out of the control of stakeholders due to Covid-19 pandemic, critical extension to ensure work is completed.	Endorsed	Ensure any potential delays are captured in a contingency plan.	First Submission.
HEIW	Workforce	HEIW-ITT-44207EXT	April 2021 – September 2021	Contract Extension	Workforce and Educational Development Training	Skills for Health	£169,343	Critical for continuity of service, due to disruption of Covid-19 and online content delivery this has delayed delivery.	Endorsed	Ensure new delivery is captured within future needs when issuing competitive tender.	First Submission.
HEIW	Dental	HEIW-ITT-40255EXT	April 2021 – March 2022	Contract Extension	Intrepid	HiCom	£608,000	Management IT solution which is critical for the management of education progression and training.	Endorsed	Market is regularly monitored, and provider remains to be sole provider.	First Submission

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HEIW	Medical	HEIW-STA-45EXT	March 2021 – March 2023	Contract Extension	Development of Health Related Qualifications and Units.	Agored Cymru	£99,000	NHS Wales required to maintain their status as Agored Cymru Centre, extension needed to ensure endurance within HEIW.	Endorsed	No action required due to requirement .	Single Tender submitted, First Contract Extension Submission
HEIW	Digital	HEIW-STA-50EXT	April 2021 – March 2022	Contract Extension	Provision of Dedicated Server Environments with managed backup/restore service.	Iomart	£44,640	Maintain service of server back up and restore service.	Endorsed .	No action required as HEIW working internally for a cloud hosting environment , of best interest to proceed with extension.	Single Tender submitted, First Contract Extension Submission

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Health Education Improvement Wales - Audit Committee Report – April 2021

Appendix 2 – Summary Further Matters

Trust	Division	Procurement Ref No	Period	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required	First Submission or repeat
HEIW	Corporate	HEIW-FN-078	April 2018 – March 2020	File Note	Trainee Doctor/Dentist Whistleblowing Legal Advice	Hill Dickinson	£5,405	Supplier introduced prior to the establishment of HEIW, was not anticipated work would take this length of time.	Not Endorsed.	No further action required as confirmed no longer a requirement	First Submission
HEIW	Workforce	HEIW-FN-068	April 2020	File Note	ILM Coaching Level 5 (2 delegates), Level 7 (3 delegates)	Worth Consulting	£8,808	Contract value exceeded £5k once. Identified at requisition stage.	Not Endorsed	Procurement working with service to understand future requirements to capture future demand.	First Submission
HEIW	Digital	HEIW-FN-069	April 2020 – April 2021	File Note	OSCE Software 12 month renewal	Speedwell	£8,500	SQA submitted for renewal of Service in 4 working days. Insufficient time to ensure internal governance	Not Endorsed.	Procurement working with service to ensure any future renewal requests are raised in timely manner	First Submission.

								can be conducted.			
HEIW	Education Development	HEIW-FN-072	May 2020	File Note	Centralised support for NHS Wales Library and Knowledge Partnership	NHS Wales Library and Knowledge Services Partnership (provided by Cardiff University Library Service)	£151,953.24	Single tender not submitted with 6 days until renewal of Service was required. Insufficient time to ensure internal governance can be conducted	Not Endorsed.	Procurement working with service to ensure any future renewal requests are raised in timely manner	First Submission
HEIW	Pharmacy	HEIW-FN-080	May 2020 – May 2022	File Note	User licences and functionality developments	Skillwise UK	£20,000	Service unaware of correct process therefore underwent requirement without procurement input.	Not Endorsed.	Procurement to provide session for service to gain understanding of requirements.	First Submission.
HEIW	Workforce	HEIW-FN-074	June 2020	File Note	The continuation of expert support services to ensure launch and embedding of compassionate leadership principles for Health and Social Care is completed.	Affina OD (Professor Michael West)	£22,000.00	Extension performed for continuation of work, lack of procurement engagement to prevent file note.	Not Endorsed.	Procurement to work with service to ensure extension raised in timely manner	First Submission.
HEIW	Education Development	HEIW-FN-075	June 2020	File Note	Development of dementia resources for use	Social Care Wales	£10,000	Covid-19 and staff movement resulted in	Not Endorsed.	Procurement working with service to ensure	First Submission.

					across Health and Social Care			delay to procurement process.		any future renewal requests are raised in timely manner.	
HEIW	Medical	HEIW-FN-088	October 2020 – August 2021	File Note	Public Health Masters	Cardiff University	£9,700	PHW trainee transitioned to HEIW; misunderstanding of process competition requirements.	Endorsed.	Procurement process outlined and Procurement Manual highlighted.	First submission
HEIW	Secondary Care	HEIW-FN-081	July 2020 – July 2020	File Note	CST Bootcamp	Cardiff University	£8,272.80	Service unaware of correct process.	Not Endorsed.	Procurement to provide session for service to gain understanding of requirements.	First Submission
HEIW	Pharmacy	HEIW-FN-077	July 2020 – July 2021	File Note	HEIW Pharmacy Web Platform	Overt Software Solutions Ltd	£13,800	Continuation of contract without extension being issued.	Endorsed	Procurement exercise for all of HEIW underway to fulfil this demand.	First Submission
HEIW	Workforce	HEIW-FN-079	August 2020 – September 2020	File Note	The delivery of Medical Trauma and Resilience Training to NHS staff	DNA Definitive	£10,000	Correct process not followed and change of contract issued without procurement involvement.	Not Endorsed.	Procurement to ensure CCN procedure is covered in procurement sessions.	One previous Single Tender. First File Note.

HEIW	Medical	HEIW-FN-082	August 2020 – August 2021	File Note	Post Graduate Part Funding for F2 Doctors to complete a Post Graduate Certificate	Swansea University	£9,000	Continuation of funding for the Wales Foundation School.	Endorsed	Explore processes to move forward for future requirement	First Submission
HEIW	Dental	HEIW-FN-084	October 2020 – November 2021	File Note	Developing Dental Educators	KNJ Global Education Ltd	£8,250	Due to lack of understanding in procurement processes and issues with staff resource caused delay in processes.	Endorsed	Conduct training session with service for high level overview of requirement	First Submission.
HEIW	Workforce	HEIW-FN-087	N/A	File Note	Provision of a bespoke programme within Inclusion and Organisational Development at HEIW.	Insight HRC	£13,000	Required to support the establishment of a new directorate to build a high performing team.	Endorsed.	Meeting held with service to affirm competition requirements	First Submission.

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Health Education and
Improvement Wales (HEIW)

Meeting Date	27 May 2021	Agenda Item	4.4
Report Title	Corporate Governance Code		
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 ask the Board to consider and note the assessment of its compliance with the Corporate Governance Code.		
Key Issues	<p>HEIW is required to provide an account of its compliance with the relevant elements of the Corporate Governance Code within its Annual Governance Statement.</p> <p>The assessment of compliance is attached at Appendix 1.</p> <p>While there are no departures from the Code reported within the assessment a number of areas requiring focus for next year have been highlighted.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Consider and note the assessment of the Board's compliance with the Corporate Governance Code for assurance. 		

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CORPORATE GOVERNANCE CODE

1. INTRODUCTION

The Board to consider and note the assessment of its compliance with the relevant elements of the Corporate Governance in Central Government Departments: Code of Good Practice 2017 (Corporate Governance Code). The outcome of the assessment of compliance is detailed within the table in Appendix 1).

2. BACKGROUND

NHS Wales' health organisations are required to comply with elements of the Corporate Governance Code. This code lays out the policy for corporate governance within central government departments.

The elements of the Corporate Governance Code which are relevant to NHS Wales organisations are identified within Chapter 3 of the Annual Report guidance from the NHS Manual for Accounts.

3. PROPOSAL

The assessment of HEIW's compliance with the relevant sections of the Corporate Governance Code is outlined in Appendix 1. The relevant sections of the Corporate Governance Code are detailed and quoted in the left hand column of the table within Appendix 1. The table also contains the assessment of compliance and identifies the key documents which may be referred to as providing assurance in support of the assessment.

There are no departures from the Code reported within the assessment.

Nevertheless, the assessment has highlighted areas of focus for next year which were previously identified by the Board's self-assessment process and RATS Committee. These include:

- to better reflect HEIW's position as an organisation focussed on education and training - strengthening the Board self-assessment process in these areas;
- further development of the induction process for new Independent Members and for new Committee members.

4. GOVERNANCE AND RISK ISSUES

Compliance with the Corporate Governance Code is a core component of good corporate governance and it is essential that the Board identifies any risks or areas of weakness.

5. FINANCIAL IMPLICATIONS

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There are no direct financial implications arising from this paper.

6. RECOMMENDATION

Members are asked to:

- Consider and note the assessment of the Board's compliance with the Corporate Governance Code for assurance.

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			
Good corporate governance is an essential component for HEIW to achieve its objectives in respect of Quality, Safety and in respect of the Patient Experience.			
Financial Implications			
There are no direct financial implications arising from this paper.			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implication arising from this paper.			
Staffing Implications			
There are no direct staffing implications arising from this paper.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Good corporate governance is an essential component of HEIW achieving its objectives which are aligned with the act.			
Report History	n/a		
Appendices	Appendix 1 – Assessment of compliance with the Corporate Governance Code.		

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(2020-21) (HEALTH EDUCATION IMPROVEMENT WALES) SELF ASSESSMENT AGAINST THE CORPORATE GOVERNANCE – CODE OF PRACTICE 2017

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 1	Each organisation should have an effective board, which provides leadership for the business, helping it to operate in a business-like manner. The board should operate collectively, concentrating on advising on strategic and operational issues affecting the department's performance, as well as scrutinising and challenging departmental policies and performance, with a view to the long-term health and success of the Special Health Authority. (2.1 and 2.2)	<p>The Board meets at least once every two months.</p> <p>There is a Board Cycle of Business in place developed on an annual basis and updated throughout the year.</p> <p>The Board routinely receives information on strategic activity, risk, strategic policies and performance matters as set agenda items.</p> <p>The Quarterly Plans were scrutinised by the Board.</p> <p>The Board collaborates with partners and key stakeholders.</p>	<p>Title: Audit Wales Structured Assessment Report (AW SA Report)</p> <p>Reference Point: Conducting Business Effectively – Paragraphs 13-26</p>	Comply	Board and Committee Minutes – demonstrate scrutiny and support AW SA Report 2020
CGC 2	<p>The Board does not decide policy or exercise the powers of the ministers. The department's policy is decided by ministers alone on advice from officials. The board advises on the operational implications and effectiveness of policy proposals. The Board will operate according to recognised precepts of good corporate governance in business:</p> <ul style="list-style-type: none"> Leadership – articulating a clear vision for the department and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance Accountability – promoting transparency through clear and fair reporting. Sustainability – taking a long-term view about what the department is trying to achieve and what it is doing to get there. <p>(2.3)</p>	<p>At its meeting in January 2020 the Board approved the final draft of its Integrated Medium Term Plan (IMTP) for 2020-23. Welsh Government planning processes were suspended in March 2020 and no IMTPs were formally approved due to the COVID-19 pandemic. Welsh Government nevertheless confirmed that HEIW's IMTP was deemed approvable.</p> <p>HEIW's IMTP objectives were largely paused in Quarter 1 of 2020-21, to enable the organisation to focus its resources on supporting the NHS' response to COVID-19.</p> <p>The Quarter 2 Operational Plan was approved at July Board. Given the timescales provided by Welsh Government it was not possible for the Quarter 3 and Quarter 4 Operational Plans to be formally approved by the Board prior to submission with Welsh Government. Given this they were approved via a Chair's action on 19 October 2020 and ratified at November Board. Nevertheless, the Operational Plans were circulated to Independent Members for comment prior to Chair's action being undertaken.</p> <p>HEIW reviewed and updated its Standing Orders in November 2020. HEIW's Standing Orders and Standing Financial Instructions, including the Scheme of Delegation provide the regulatory framework for the business conduct of the organisation. These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of the Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.</p> <p>HEIW works with all professional regulators in the development of our education and training programmes. We have a specific role supporting the GMC in relation to quality of postgraduate medical education</p> <p>The approvable IMTP and Quarterly Operational Plans outlines that HEIW considers the principles of the Wellbeing of Future Generations Act within its objectives.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraph 13-26.</p>	Comply	<p>Standing Orders and Standing Financial Instructions</p> <p>AW SA Report 2020</p> <p>Approvable Integrated Medium Term Plan 20-23</p> <p>Quarterly Operational Plans</p>

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 4	<p>The Board should meet on at least a quarterly basis; however, best practice is that boards should meet more frequently. The Board advises on five main areas:</p> <ul style="list-style-type: none"> • Strategic Clarity • Commercial Sense • Talented People • Results focus • Management information <p>(2.4 and 3.10)</p>	<p>The Board meets at least once every two months.</p> <p>There is a Board Cycle of Business in place developed on an annual basis and updated throughout the year.</p> <p>The Board routinely receives information on strategic activity, risk and performance and workforce planning matters.</p> <p>The Quarterly Operational Plans and performance are scrutinised by the Board.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraph 13-26.</p>	Comply	<p>Standing Orders and Standing Financial Instructions</p> <p>AW SA report 2020</p> <p>Approvable Integrated Medium Term Plan 20-23</p> <p>Quarterly Operational Plans</p>
CGC 5	<p>The Board also supports the accounting officer in the discharge of obligations set out in <i>Managing Public Money</i>¹ for the proper conduct of business and maintenance of ethical standards. (2.7)</p>	<p>The Board approves the Accountability Report, which forms a part of the Annual Report, on annual basis which includes the Statement by the Accountable Officer assuring the Board on the System of Internal Control.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Systems of assurance – Paragraph 42.</p>	Comply	<p>Accountability Report (Annual Report).</p> <p>AW SA Report</p> <p>Approvable Integrated Medium Term Plan 2020-23</p> <p>Quarterly Operational Plans</p>
CGC 6	<p>Where Board members have concerns, which cannot be resolved, about the running of the department or a proposed action, they should ensure that their concerns are recorded in the minutes. (2.12)</p>	<p>Any concerns raised at Board and Committee meetings will be formally recorded in the minutes.</p> <p>The role of the Board Secretary is responsible for ensuring these matters are effectively managed, recorded and resolved where possible.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraph 13-26.</p>	Comply	<p>Role of the Board Secretary</p> <p>AW SA report 2020</p> <p>Board and Committee Minutes – available on HEIW's Internet site</p>
CGC 7	<p>The Board should have a balance of skills and experience appropriate to fulfilling its responsibilities. The membership of the board should be balanced, diverse and manageable in size. (3.1, 3.11, 3.12 and 3.13)</p>	<p>Constitution is set out in the Organisation's Establishment Orders and HEIW abides by this composition.</p> <p>Standing Orders also captures the Composition of the Board.</p> <p>Executive Director Skill mix was considered prior to recruitment and the establishment of HEIW. Strategic Objectives and required Executive Portfolios will be considered prior to new appointments.</p> <p>The Independent Member roles are appointed in areas of expertise to ensure appropriate skill mix.</p> <p>Public Bodies Unit support the process – set criteria within an IM Role.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraph 13-26.</p>	Comply	<ul style="list-style-type: none"> • Establishment Orders <p>Standing Orders</p> <p>AW SA report 2020</p>

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 8	The roles and responsibilities of all board members should be defined clearly in the department's board operating framework. (3.2)	Constitution is set out in the Organisations Establishment Orders and HEIW abides by this composition. Standing Orders also captures the Composition of the Board.	Title: AW SA Report Reference Point: Conducting Business Effectively – Paragraph 13-26.	Comply	Establishment Orders Standing Orders AW SA report 2020
CGC 9	The Finance Director should be professionally qualified. (3.3)	Executive Director of Finance is professionally qualified.		Comply	
CGC 10	Independent Members will exercise their role through influence and advice, supporting as well as challenging the executive. (3.5)	Annual Committee Self-Assessment – address the effectiveness of how Committees operate and conduct meetings allowing debate and constructive challenge. Meeting principles adopted that support this constructive challenge. The WG IM Training captures effective challenge and scrutiny role on the Board. Standing Orders outline the role of the Board Members.	Title: AW SA Report Reference Point: Conducting Business Effectively – Paragraph 13-26	Comply	AW SA report 2020 Standing Orders
CGC 11	The board should agree and document in its board operating framework a <i>de minimis</i> threshold and mechanism for board advice on the operation and delivery of policy proposals.	There is a Board Cycle of Business in place developed on an annual basis. The Terms of Reference Operating Arrangements for the Board Committees articulate the remit information that should be received. The Scheme of Delegation outlines the information that should flow through to Board and its Committees as appropriate.	Title: AW SA Report Reference Point: Conducting Business Effectively – Paragraph 13-26	Comply	AW SA report 2020. Terms of Reference and Operating Arrangements Board and Committee Cycles of Business Standing Orders and Scheme of delegation

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 12	<p>The Board Should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including:</p> <ol style="list-style-type: none"> 1. formal procedures for the appointment of new board members, tenure and succession planning for both board members and senior officials 2. allowing sufficient time for the board to discharge its collective responsibilities effectively 3. induction on joining the board, supplemented by regular updates to keep board members' skills and knowledge up-to-date 4. timely provision of information in a form and of a quality that enables the board to discharge its duties effectively 5. a mechanism for learning from past successes and failures within the departmental family and relevant external organisations 6. a formal and rigorous annual evaluation of the board's performance and that of its committees, and of individual board members 7. a dedicated secretariat with appropriate skills and experience <p>(4.1)</p>	<p>IM Terms of office are monitored by the Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Bodies Unit in Welsh Government.</p> <p>Agenda planning is managed by the Board Secretary in conjunction with the Chair and CEO to ensure adequate time is spent on the right things at Board meetings.</p> <p>To further support Independent Members ongoing Development the Chair undertakes regular and robust Personal Appraisal and Development reviews in accordance with WG guidance.</p> <p>HEIW has a schedule of Board Development Sessions throughout the year to discuss topical issues.</p> <p>Board members followed an induction process prior to the establishment of HEIW in October 2018. Further development provided through Board Development Sessions.</p> <p>Induction for both new Independent Members and for Committees members have been identified as areas requiring focus and development. HEIW will develop a robust induction programme for new Independent Members and Committee Members in 2021-22.</p> <p>The Board undertook its first self-assessment this year. In undertaking the self-assessment process the Board, while providing an overall positive assessment of Board performance, identified that the process required further development to reflect HEIW's position as an organization focused on education and training. The self-assessment process is to be a key area of focus and development in the forthcoming year.</p> <p>Report templates are continually reviewed to ensure they support effective reports being received at the Board.</p> <p>The Corporate Governance Team support the Board Business.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraph 13-26</p>	Comply	<p>AW SA report 2020</p> <p>Terms of Reference and Operating Arrangements</p> <p>Board and Committee Forward Work Programme</p> <p>Standing Orders and Scheme of delegation</p>

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 13	<p>The terms of reference for the nominations committee will include at least the following three central elements:</p> <ul style="list-style-type: none"> scrutinising systems for identifying and developing leadership and high potential scrutinising plans for orderly succession of appointments to the board and of senior management, in order to maintain an appropriate balance of skills and experience scrutinising incentives and rewards for executive board members and senior officials, and advising on the extent to which these arrangements are effective at improving performance (4.5) 	<p>The Terms of Reference and Operating arrangements are based on the model Standing Orders and ensure that roles and responsibilities of Board Committee capture scrutiny and assurance roles.</p> <p>The Remuneration and Terms of Service Committee's terms of reference includes providing advice to the Board on remuneration and terms of service on the Chief Executive, Executive Directors and other senior staff within a framework set by the Welsh Government.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraph 13-26</p>	Comply	<p>AW SA report 2020</p> <p>Terms of Reference and Operating Arrangements</p> <p>Board and Committee Cycles of Business</p> <p>Standing Orders and Scheme of delegation</p>
CGC 14	<p>The attendance record of individual board members should be disclosed in the governance statement and cover meetings of the board and its committees held in the period to which the resource accounts relate. (4.6)</p>	<p>Board Members attendance record for the Board is captured in the Accountability Report on annual basis.</p>		Comply	<p>Accountability Report (Annual Report)</p>
CGC 15	<p>Where necessary, board members should seek clarification or amplification on board issues or board papers through the Board Secretary. The Board Secretary will consider how officials can best support the work of board members; this may include providing board members with direct access to officials where appropriate. (4.10)</p>	<p>This is the relationship between the Board Secretary and the Board Members.</p> <p>The role of the Board Secretary is to act as principal advisor to the Board and the organisation as a whole on all aspects of governance and ensure that it meets the standards of good governance set for the NHS in Wales.</p>		Comply	<p>Board Secretary role description</p> <p>Standing Orders</p>
CGC 16	<p>An effective board secretary is essential for an effective board. Under the direction of the permanent secretary, the board secretary's responsibilities should include:</p> <ul style="list-style-type: none"> developing and agreeing the agenda for board meetings with the chair and lead non-executive board member, ensuring all relevant items are brought to the board's attention ensuring good information flows within the board and its committees and between senior management and non-executive board members, including: challenging and ensuring the quality of board papers and board information 	<p>The Board Secretary works closely with the Chair and Chief Executive to agree the Board agenda.</p> <p>The Board Secretary reviews Board papers and ensures they are issued within time and of sufficient quality in accordance with the Standing Orders.</p> <p>The Board Secretary ensures that minutes are recorded accurately and the action log is maintained.</p> <p>The Board Secretary provides advice to the Board on issues relating to Corporate Governance.</p>		Comply	<p>Board Secretary role description</p> <p>Standing Orders</p>

	<ul style="list-style-type: none"> ensuring board papers are received by board members according to a timetable agreed by the board providing advice and support on governance matters and helping to implement improvements in the governance structure and arrangements ensuring the board follows due process providing assurance to the board that the department: <ul style="list-style-type: none"> complies with government policy, as set out in the code adheres to the code’s principles and supporting provisions on a comply or explain basis (which should form part of the report accompanying the resource accounts) acting as the focal point for interaction between non-executive board members and the department, including arranging detailed briefing for non-executive board members and meetings between non-executive board members and officials, as requested or appropriate recording board decisions accurately and ensuring action points are followed up arranging induction and professional development of board members (including ministers) <p>4.11</p>				
CGC 17	<p>Evaluations of the performance of individual board members should show whether each continues to contribute effectively and corporately and demonstrates commitment to the role (including commitment of time for board and committee meetings and other duties).</p> <p>4.14</p>	<p>An individual Board Member appraisal process is in place and is undertaken annually.</p> <p>Committee Effectiveness self-assessment.</p> <p>Attendance record reported in Accountability Report.</p>		Comply	<p>Accountability Report (Annual Report)</p> <p>Appraisal Documentation and Process</p>

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 18	All potential conflicts of interest for non-executive board members should be considered on a case by case basis. Where necessary, measures should be put in place to manage or resolve potential conflicts. The board should agree and document an appropriate system to record and manage conflicts and potential conflicts of interest of board members. The board should publish, in its governance statement, all relevant interests of individual board members and how any identified conflicts, and potential conflicts, of interest of board members have been managed. 4.15	<p>HEIW has an agreed process in place for managing Declarations of Interest.</p> <p>All Board Members are asked to formally declare on annual basis and advised of their responsibility to notify of any changes in year.</p> <p>Declarations of interest are captured on a register which is available for public inspection.</p> <p>A report on Declarations of Interest is received by the Audit Committee.</p> <p>Declarations of Interest are captured at the start of each agenda.</p> <p>The Standards of Behaviour Policy details the responsibility under Declarations of Interest.</p> <p>Standing Orders also outlines the responsibilities for Declarations of Interest.</p> <p>The DOI Form includes how Declarations and potential conflicts are managed and these are recorded on the register.</p>		Comply	<p>Standards of Behaviour Framework Policy</p> <p>Standing Orders</p> <p>Declarations of Interest Process and Register</p>
CGC 19	<p>The board should ensure that there are effective arrangements for governance, risk management and internal control for the whole departmental family. Advice about and scrutiny of key risks is a matter for the board, not a committee. The board should be supported by:</p> <ul style="list-style-type: none"> an audit and risk assurance committee, chaired by a suitably experienced non-executive board member an internal audit service operating to <i>Public Sector Internal Audit Standards</i>¹ sponsor teams of the department's key ALBs <p>(5.1 and 5.8)</p>	<p>HEIW's Audit and Assurance Committee is chaired by an experienced auditor.</p> <p>NWSSP Internal Audit Services are appointed as HEIW's Internal Auditors.</p>		Comply	<p>Terms of Reference for HEIW's Audit and Assurance Committee</p> <p>Accountability Report (Annual Report)</p> <p>Internal Audit Reports</p>

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 20	<p>The board should take the lead on, and oversee the preparation of, the department's governance statement for publication with its resource accounts each year.</p> <p>The annual governance statement (which includes areas formerly covered by the statement on internal control) is published with the resource accounts each year. In preparing it, the board should assess the risks facing the department and ensure that the department's risk management and internal control systems are effective. The audit and risk assurance committee should normally lead this assessment for the board (5.2 and 5.13)</p>	<p>The Annual Governance Statement is included within the Accountability Report (Annual Report) which is received by the Audit and Assurance Committee to support approval formally by the Board in June each year.</p> <p>The Annual Governance Statement includes the organisation's key risks and the mitigating actions put in place to minimise or manage these risks.</p>	Audit Wales and Internal Audit receive the Accountability Report.	Comply	<p>Accountability Report</p> <p>Board and Committee minutes</p> <p>Annual Report Timetable</p>
CGC 21	<p>The board's regular agenda should include scrutinising and advising on risk management (5.3 and 5.10)</p>	<p>The Corporate Risk Register is an item for scrutiny and assurance on the Board Agenda twice a year.</p> <p>Risk Appetite and Risk Tolerance are defined and approved by the Board.</p> <p>The Audit and Assurance Committee provide assurance to the Board on Risk. The Corporate Risk Register is an agenda item for the quarterly meetings of the Audit Committee.</p>		Comply	<p>Board Agenda</p> <p>Board Cycle of Business</p> <p>Internal Audi Report on Risk Management</p>
CGC 22	<p>The key responsibilities of non-executive board members include forming an audit and risk assurance committee.</p> <p>The board and accounting officer should be supported by an audit and risk assurance committee, comprising at least three members.</p> <p>An audit and risk assurance committee should not have any executive responsibilities or be charged with making or endorsing any decisions. It should take care to maintain its independence. The audit and risk assurance committee should be established and function in accordance with the <i>Audit and risk assurance committee handbook</i>.</p> <p>The board should ensure that there is adequate support for the audit and risk</p>	<p>The Standing orders are explicit that HEIW must establish Committees that cover certain aspects, one of which is Audit.</p> <p>Audit and Assurance Committee established, and its remit includes risk.</p> <p>The Terms of Reference and Operating Arrangements in respect of the Audit and Assurance Committee are clear in relation to its authority and delegated responsibilities.</p> <p>Full secretariat function in place supporting the Audit and Assurance Committee.</p> <p>The Audit and Assurance Committee Terms of Reference are published as an appendix to the Standing Orders on the organisation's website.</p> <p>The Board Assurance Framework is scrutinised by the Board and Audit and Assurance Committee.</p>		Comply	<p>Standing Orders.</p> <p>Terms of Reference for the Audit Committee.</p> <p>HEIW Internet Site: Key Publications.</p> <p>Board Assurance Framework.</p> <p>Internal Audit Reports</p>

	<p>assurance committee, including a secretariat function.</p> <p>The terms of reference of the audit and risk assurance committee, including its role and the authority delegated to it by the board, should be made available publicly. The department should report annually on the work of the committee in discharging those responsibilities</p> <p>Boards should ensure the scrutiny of governance arrangements, whether at the board or at one of its subcommittees (such as the audit and risk assurance committee or a nominations committee). This will include advising on, and scrutinising the department's implementation of, corporate governance policy. (5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)</p>				
CGC 22	<p>The head of internal audit (HIA) should periodically be invited to attend board meetings, where key issues are discussed relating to governance, risk management processes or controls across the department and its ALBs (5.5)</p>	<p>The role of the Head of Internal Audit (HIA) is clearly set out in the HEIW Standing Orders.</p> <p>The HIA attends Audit and Assurance Committee meetings which report to Board.</p> <p>If there was anything specifically escalated to the Board then the HIA would be invited to attend.</p>		Comply	<p>Standing Orders.</p> <p>Terms of Reference for the Audit and Assurance Committee.</p> <p>HEIW Internet Site: Board meetings, agendas and standing orders.</p> <p>Internal Audit Annual Report and Opinion</p>
CGC 23	<p>The board should assure itself of the effectiveness of the department's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the department² and ensure that:</p> <ul style="list-style-type: none"> • there is a proper framework of prudent and effective controls, so that risks can be assessed, managed and taken prudently • there is clear accountability for managing risks • Departmental officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently. <p>The board should also ensure that the department's ALBs have appropriate and</p>	<p>HEIW's Board Assurance Framework was reviewed and approved in November.</p> <p>HEIW has a Risk Management Policy in place setting out the foundation and organisational arrangements for supporting the risk management process within the organisation.</p> <p>HEIW has agreed and implemented its Risk Appetite and Tolerance levels.</p> <p>Managers take a lead on risk management and are responsible for role modelling a risk aware culture within their area. Managers receive training through Managers Passport Plus Programme and 121 training on the Health Board's Risk Information Management System.</p> <p>The Board receives the Board Assurance Framework once a year and the Corporate Risk Register twice a year.</p>		Comply	<p>Standing Orders.</p> <p>Terms of Reference for the Audit Committee.</p> <p>HEIW Internet Site: Key Documents, Policies.</p> <p>Internal Audit report on Risk Management.</p>

	<p>effective risk management processes through the department’s sponsor teams</p> <p>Advising on key risks is a role for the board. The audit and risk assurance committee should support the board in this role.</p> <p>(5.6, 5.7 and 5.10)</p>	<p>HEIW’s Risk Management policy was approved in July 2020 and is reviewed and approved by the Board on an annual basis.</p> <p>The Internal Audit Report on HEIW’s Risk Management procedures provided an assessment of ‘substantial assurance’.</p>			
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APPENDIX 1

Meeting Date	27 May 2021	Agenda Item	4.5.1
Freedom of Information	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired By	Gill Lewis, Independent Member		
Lead Executive Director	Eifion Williams, Director of Finance		
Date of Last Meeting	7 April 2021		
Summary of key matters considered by the Committee and any related decisions made:			
<p>The Committee received the Counter Fraud Progress Report and noted the progress made against the 2020/2021 Counter Fraud Plan. It was confirmed that Counter Fraud had spent 39 of the planned 50 days on counter fraud work for HEIW and that the shortfall was a result of the COVID-19 pandemic. During the period January 2021 to March 2021, there had been no investigations affecting HEIW. Additionally, during 2020/21, 16 fraud awareness presentations had been delivered to 225 delegates.</p> <p>The Committee received an update on the National Fraud Initiative and noted that 122 matches had been linked to HEIW. 26 of these matches are considered a priority and will be investigated. The Committee will receive an update on the timescales and barriers for completing the priority matches at their next meeting.</p> <p>The Committee received and approved the Annual Counter Fraud Workplan 2021/22.</p> <p>The Committee received the Internal Audit Progress Report and noted several of the audits included in the 2020/21 Internal Audit Plan remain outstanding because of disruption caused by the COVID-19 pandemic. The Committee will keep the position, and measures to mitigate the impact on next year's programme, under review.</p> <p>The Committee received the Workplace Culture Internal Audit Report noting the overall level of assurance was of reasonable assurance. There were five recommendations, of which one was medium priority and four were low priority. The findings of the review had highlighted HEIW had not achieved substantial assurance in relation to staff training and the Committee suggests this is something the Board may wish to consider further.</p> <p>The Committee received the Governance Arrangements Internal Audit Report and noted that all the priorities suggested by the rapid advisory review had been implemented.</p> <p>The Committee received and approved the Internal Audit Annual Audit Plan 2021/22 noting there had been no changes to the Internal Audit Charter.</p>			

The Committee received the **Audit Wales Progress Report** noting the Annual Accounts 2020/21 deadline for final submission to Welsh Government by 11 June 2021. Additionally, the 2021 Local Project work has commenced, and Phase 1 of the Structure Assessment 2021 has completed. The Committee will receive a report outlining the findings of Phase 1 of the Structure Assessments 2021 at its next quarterly meeting on 1 July.

The Committee received the **Audit Wales Annual Plan 2021/22 and Audit Fee** noting the Audit Fee for 2021/22 would remain at £165,500.

The Committee received and noted the **Audit Wales Doing It Differently, Doing it Right? Report**. The report offers HIEW several key learning opportunities and the Committee suggests it be included as an item for future board development.

The Committee considered and approved HEIW's response to the **Audit Wales Audit Enquiries to those Charged with Governance and Management** letter subject to the response including more detail about HEIW's regulators in terms of the evidence considered as part of the review of HEIW's governance arrangements.

The Committee received and noted the **Annual Governance Statement** agreeing to provide the Board Secretary with comments by 16 April 2021.

The Committee approved the content of the **Committee Effectiveness Review 2020/21** document and agreed to complete the Self-Assessment Questionnaire by Friday 16 April. The Committee will review the responses to the Self-Assessment Questionnaire at its next meeting.

The Committee received and approved the draft **Audit and Assurance Committee Annual Report 2020/21** for submission to the Board for assurance subject to the outcome of the Audit and Assurance Committees annual self-assessment being included within the report.

The Committee received the **Information Governance and Information Management Report** noting the Workplan includes thirty actions, twenty-four of which are assessed as green and six which are assessed as amber. Furthermore, the Information Asset Register timescales have been extended as the initial scoping work indicated further work was required to fully understand the information processed by HEIW. The Committee will receive an update on timescales for the Information Asset Register scoping exercise outside of the meeting.

The Committee received and noted the **Procurement Compliance Report**. There were no financial implications arising from procurement activity for the period 1st January 2021 to 19th March 2021 and no areas of concern.

The Committee reviewed the **Corporate Risk Register** and noted the position in relation to the nine assessed risks. The Committee noted the one red risk relates to cyber-security and that good progress continues to be made in terms of

implementing the Cyber-Security Implementation Plan. The Committee also considered Risk 19 and its increased score, noting the increase reflected improved awareness of the risk rather than any issues which have arisen.

The Committee considered the **Audit Recommendations Tracker** noting that some recommendations are overdue reflecting the aftereffects of the COVID-19 pandemic.

Key risks and issues/matters of concern of which the Board needs to be made aware:

n/a

Recommendations for Board to consider:

n/a

Delegated action by the Committee:

n/a

Main sources of information received:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Counter Fraud Progress Report • Annual Counter Fraud Workplan 2021/22 • Audit Wales Progress Report • Audit Wales Annual Plan 2021/22 • Doing it Differently, Doing it Right? Audit Wales Report • Audit Wales Audit Enquiries to those Charges with Governance and Management Report • Draft Committee Effectiveness Review 2020/21 • Procurement Compliance Report • Corporate Risk Register | <ul style="list-style-type: none"> • Internal Audit Progress Report • Workplace Culture Internal Audit Report • Governance Arrangements Internal Audit Report • Internal Audit Annual Audit Plan 2021/22 • Draft Accountability Report 2020/21 • Draft Audit and Assurance Committee Annual Report 2020/21 • Information and Governance Information Management Report • Audit Recommendations Tracker |
|--|---|

Highlights from sub-groups reporting to this Committee:

n/a

Matters referred to other Committees:

None identified.



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Improvement Wales (HEIW)

Meeting Date	27 May 2021	Agenda Item	4.5.1
Report Title	Committee Chair's Key Issues Report – Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
Key Issues	This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 7 April 2021.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendation	Members of the Board are asked to: <ul style="list-style-type: none"> • Note the content of the report for assurance. 		

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COMMITTEE CHAIRS KEY ISSUES REPORT – AUDIT AND ASSURANCE

COMMITTEE HELD 7 APRIL 2021

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee. The Board is asked to note the summary report from the Chair.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders. Each committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

3. PROPOSAL

The Audit and Assurance Committee met on 7 April 2021. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

4. GOVERNANCE AND RISK ISSUES

Any governance risks and issues managed via the committee meetings and exception reports will be provided to the Board by the respective chairs.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider/approve.

6. RECOMMENDATION

Board Members are asked to **note** the content of the report for assurance.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	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	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

	safety and quality		leader
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately throughout its committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
It is essential the Board complies with its standing orders, which includes receiving updates from its committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Audit and Assurance Committee to review the short-term performance and finance of HEIW as well as focussing on the longer-term sustainability. The governance structure aims to identify issues early to prevent escalations and the committee integrates into the overall board arrangements.			
Report History	This report is a standing item on the Boards agenda.		
Appendices	Appendix 1 – Audit and Assurance Committee, Chairs Summary		

APPENDIX 1

Meeting Date	27 May 2021	Agenda Item	4.5.2
Freedom of Information	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired By	Gill Lewis, Independent Member		
Lead Executive Director	Eifion Williams, Director of Finance		
Date of Last Meeting	6 May 2021		
Summary of key matters considered by the Committee and any related decisions made:			
<p>The Committee received the Internal Audit Progress Report and noted progress made against the 2020/21 Internal Audit Plan. the 2021/22 Internal Audit Plan was approved at April's Audit and Assurance Committee, and Internal Audit are in the process of scoping the reviews planned for quarter 1.</p> <p>The Committee received the draft Head of Internal Audit Opinion and Annual Report 2020/21. Despite early concerns due to the challenges caused by the pandemic, the adoption of an agile and responsive approach has enabled the programme to be delivered substantially in accordance with the agreed schedule enabling an overall opinion in line with the requirements of the Public Sector Internal Audit Standards. The overall opinion for HEIW was of 'reasonable assurance'.</p> <p>The Committee received three Internal Audit Reports covering the following areas: Risk Management, Communications and Engagement and Performance Management . It was noted and welcomed that the overall level of assurance for each report was of 'substantial assurance'.</p> <p>The Committee received the Senior Information Risk Owner (SIRO) Annual Report 2020/21 and were pleased with progress to date. It was 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.</p> <p>A verbal update on the Information Governance Toolkit was noted and the Committee is to receive a detailed action plan at their meeting on 1 July.</p> <p>The Committee received the HEIW Procurement Compliance Report and noted a single tender action was received during the reporting period.</p> <p>The Committee considered the Draft Annual Accounts for 2020/21 noting they had been submitted to Welsh Government on Friday 30 2021, in line with HEIW's statutory duty. It was confirmed that HEIW had, subject to audit, met its statutory</p>			

duties in 2020/21 by breaking even against the Revenue Resource Limit for the period with an underspend of £95,000, breaking even against the Capital Resources Limit for the accounting period with an underspend of £21,000; and settling 95% of non-NHS invoices within thirty days of receipt. HEIW has also met its statutory duty to have an approved financial plan for the accounting period. The final accounts will be presented to the Audit and Assurance Committee on the 9th June.

The Committee approved the **Audit and Assurance Committee Annual Report 2020/21** and is included at Appendix 2.

The Committee received a verbal update on the **Review of HEIW Procurement Systems and Processes** and will receive the procurement action plan at its meeting on 1 July.

The Committee considered the **Remuneration and Staff Pay Report**, noting a considerable number of senior staff are on secondment. The Committee requested consideration be given as to whether this should be referred to as a risk in the Annual Governance Statement. The Committee also considered whether COVID-19 and working from home arrangements had impacted on the sickness absence figures and whether this link should be included in the report to explain why the figures are lower than previous years. The Committee approved the draft Remuneration and Staff Pay report for submission to Welsh Government and Audit Wales.

1

Key risks and issues/matters of concern of which the Board needs to be made aware:

n/a

Recommendations for Board to consider:

The Board is asked to **note** the Audit and Assurance Committee Annual Report 2020/21 at Appendix 2 for assurance.

Delegated action by the Committee:

n/a

Main sources of information received:

- | | |
|--|--|
| • Internal Audit Progress Report | • Head of Internal Audit Opinion and Annual Report 2020/21 |
| • Risk Management Internal Audit Report | • Communications & Engagement Internal Audit Report |
| • Performance Management Internal Audit Report | • SIRO Annual Report 2020/21 |
| • HEIW Procurement Compliance Report | • Draft Annual Accounts 2020/21 |
| • Remuneration & Staff Pay Report | • Audit Committee Annual Report 2020/21 |

Highlights from sub-groups reporting to this Committee:

n/a

Matters referred to other Committees:

None identified.

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Health Education and
Improvement Wales (HEIW)

Meeting Date	27 May 2021	Agenda Item	4.5.2
Report Title	Committee Chair's Key Issues Report – Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
Key Issues	This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 6 May 2021		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
			✓
Recommendation	Members of the Board are asked to: <ul style="list-style-type: none"> • Note the content of the report for assurance. • Note the Audit and Assurance Committee Annual Report 2020/21 at Appendix 2 for assurance. 		

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COMMITTEE CHAIRS KEY ISSUES REPORT – AUDIT AND ASSURANCE

COMMITTEE HELD 6 MAY 2021

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee. The Board is asked to note the summary report from the Chair.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders. Each committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

3. PROPOSAL

The Audit and Assurance Committee met on 6 May 2021. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

Appendix 2 provides the Board with a summary of the key areas of business activity undertaken by the Committee during 2020/21 and highlights some of the key issues which the Committee intends to consider further over the next twelve months.

4. GOVERNANCE AND RISK ISSUES

Any governance risks and issues managed via the committee meetings and exception reports will be provided to the Board by the respective chairs.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider/approve.

6. RECOMMENDATION

Board Members are asked to **note** the content of the Key Issues Report and Audit and Assurance Committee Annual Report 2020/21 for assurance.

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 carries out its business appropriately throughout its committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
It is essential the Board complies with its standing orders, which includes receiving updates from its committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Audit and Assurance Committee to review the short-term performance and finance of HEIW as well as focussing on the longer-term sustainability. The governance structure aims to identify issues early to prevent escalations and the committee integrates into the overall board arrangements.			
Report History	This report is a standing item on the Boards agenda.		
Appendices	Appendix 1 – Audit and Assurance Committee, Chairs Summary Appendix 2 – Audit and Assurance Committee Annual Report 2020/21		



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Appendix 2

AUDIT AND ASSURANCE COMMITTEE

ANNUAL REPORT 2020/21

Committee Chair's Reflection

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.

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 the Wales Audit Office 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.

1. Introduction

The Audit and Assurance Committee was established under Board delegation with approved Terms of Reference and Operating Arrangements that are aligned to the NHS Wales Audit Committee Handbook, published by the Welsh Government. The Committee is an Independent Committee of the Board and has no Executive powers other than those specifically delegated in the Terms of Reference.

The Committee, through its in-year reporting, has regularly kept the Board informed regarding the results of its reviews of assurances, together with any exceptional issues that arose. In accordance with the NHS Wales Audit Committee Handbook guidance and generally accepted standards of good practice, the Committee is required to issue an Annual Report, constituting a formal report of the matters that it has considered during the year. The purpose of this report therefore is to provide the Board and the Accountable Officer with assurance in respect of the adequacy and effectiveness of HEIW's procedures and systems in maintaining a sound system of internal control, and the conclusions drawn for the 2020/21 financial year.

This report supports the compilation of the Accountability Report and sets out how the Committee has met its Terms of Reference.

2. Role and Purpose

The Committee supports the Board by critically reviewing governance and assurance processes on which the Board places reliance. The primary role of the Committee is therefore to ensure the system of assurance is valid and suitable for the Board's requirements; as such it will review whether:

- Processes to seek and provide assurance are robust and relevant;
- The controls in place are sound and complete;
- Assurances are reliable and of good quality; and
- Assurances are based on reliable, accurate and timely information and data.

The Committee provides a key source of assurance to the Board, ensuring that the organisation has effective controls in place to manage the significant risks to achieving its objectives and that controls are operating effectively. The Committee's principal duties have consistently included reviewing the adequacy of HEIW's strategic governance and assurance framework, systems, and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation's activities. These are designed to support the public disclosure statements that flow from the assurance processes, including the Accountability Report before it is submitted to the Board for approval. Integral to this is the Committee's focus upon seeking assurance that the organisation has an effective framework of internal control to address principal risks and that the effectiveness of the framework is regularly reviewed.

During the year the Committee has supported the Board by seeking and providing assurance that controls are in place and are working as designed and by challenging poor sources of assurance. The Committee therefore has a relatively broad role encompassing scrutiny of, and comment upon, the adequacy and effectiveness of HEIW's overall governance, risk management and internal control. This includes the organisations ability to achieve its objectives; compliance with relevant regulatory

requirements and other directions and requirements set by the Welsh Government and others; reliability, integrity, safety, and security of the information collected and used by the organisation; the efficiency, effectiveness, and economic use of resources and the extent to which the organisation safeguards and protects all its assets, including its people.

The Committee discharges this duty by fulfilling its responsibilities as outlined in its Terms of Reference. In performing its duties, the Committee works to an approved work plan, based on scheduled agenda topics together with a range of specific issues which are subject to review. It is supported by the activities of Audit Wales as the External Auditor; NHS Wales Shared Services Partnership (NWSSP): Audit and Assurance – Internal Audit and Specialist Services Unit, and Local Counter Fraud Specialists.

In discharging these responsibilities, the Committee is required to review:

- Internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information;
- Adequacy of disclosure statements, (Annual Governance Statement, Accountability Report, Annual Quality Statement, Annual Report) which are supported by the Head of Internal Audit Opinion, the Audit Wales Annual Audit Report and other opinions;
- The adequacy of relevant policies, legality issues and the Codes of Conduct;
- The policies and procedures relating to fraud and corruption;
- That the system for risk management is robust in identifying and mitigating risks, enabling the Audit and Assurance Committee to provide the Board with assurance that the risks impacting on the delivery of HEIW's objectives are being appropriately managed.

3. Governance and Assurance Development

3.1 Improvements to the Governance Framework

During the year, the Committee has continued to evolve the governance arrangements across the organisation and to further strengthen the governance framework for the organisation and test its robustness. This included the following main areas:

- Review of the Standing Orders;
- Scheme of Delegation;
- Development of the Board Assurance Framework;
- Review of the Board Committee Terms of Reference.

The Committee has focused on a number of key areas to drive forward improvements during the year and has sought to increase its visibility and promote even greater transparency during the year. This included:

- Compliance with Mandatory Training and PADR;
- Risk Management;
- Board Assurance Framework;
- Performance Management Framework;

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- Information Management and Information Governance, particularly cyber security and digital agenda;
- Asset and Contract Management.

3.2 Impact of COVID-19 on Governance Arrangements

On the 17 March 2020, the National Assembly for Wales approved The Health Protection (Coronavirus) (Wales) Regulations 2020. The Act provided additional powers to enforce the compliance of those who were instructed to isolate (in the context of reducing the spread of an infectious disease). The regulations also required HEIW to comply with social distancing measures in the workplace, the requirements of which HEIW continues to comply with. During 2020/21, NHS Wales has been fully mobilised in support of COVID-19 and due to the escalating position during March 2020, Welsh Government agreed a number of Governance Principles for NHS Wales whilst responding to the Covid-19 pandemic.

HEIW has been and continues to be actively involved in the emergency planning response to the current COVID-19 crisis. The priority during this time for HEIW has been to mobilise the organisation to both fulfil the leadership and support requirements and to use its expertise and resources to support the NHS Wales frontline services in light of the increasing demands from the pandemic, and to maintain the safety and wellbeing of its staff and learners across Wales.

In light of the pandemic, the Committee reviewed and endorsed revisions and temporary amendments to the organisational governance arrangements and processes for approval by the HEIW Board: These are summarised below:

- Following the publication of the Welsh Health Circular “Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers”, considered and recommended that the HEIW Board approve the Temporary Amendments to HEIW’s Standing Orders as amendments to HEIW’s Standing Orders:
 - Deadline for holding the AGM extended to 30 November 2020;
 - Maximum tenure for an Independent Member extended.
- Considered and recommended the Board approve further amendments to the HEIW Standing Orders as set out below:
 - the deadline for holding the Annual General Meeting (AGM) to revert back to 30 September for each year;
 - the Scheme of Delegation amended to reflect the appointment and responsibilities of the Director of Planning, Performance and Corporate Services and the Director of Digital;
 - to reflect the correct title for the role of Director of Finance;
 - the delegated financial limit for the Director of Planning, Performance and Corporate Services and Director of Digital be set at £50,000 for non-Education and Training Contracts.
- As a result of the Board approval to temporarily change its governance arrangements, members of the public were unable to attend or observe

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the Committee. To facilitate as much transparency and openness as possible during this extraordinary time, the Committee published on the HEIW website a synopsis of the meetings within 72 hours and the unconfirmed minutes within two weeks of a meeting.

Arising from the above scrutiny, a number of outcomes from the work of the Committee during the year have resulted in escalation of certain matters to the Board. These have included:

- The impact of COVID 19 on the delivery of the Internal and External Audit Plans for 2020-2021 and the ability of both auditing bodies to provide the required assurances to the Board.
- The increased risk of fraud during the current crisis period.
- Concerns that without the Director of Digital and an agreed Digital Strategy, caution was required in relation to decision-making around new technologies that may not suit the longer-term Information and Communications Technology (ICT) objectives.

Throughout the course of the year the Audit and Assurance Committee has also made recommendations/undertaken the following actions which have in turn led to improvements in the HEIW's governance and assurance systems:

- Recommendation by the Committee of HEIW's Annual Report 2020/21 to the Board for approval;
- Approved the amendments to the Terms of Reference for Committees which form a part of the Standing Orders as follows:
 - to reference the Vice Chair role within the membership of the Audit and Assurance Committee;
 - to reference the Vice Chair role within the membership of the Education, Commissioning and Quality Committee and, subject to the addition of the three Deans as standing 'In attendance' members.
- Recommendation by the Committee for the HEIW Board to approve the Revisions to the Delegated Financial Limits which form a part of HEIW's Standing Orders from £2m to £3m for invoices from NWSSP relating to Single Lead Employer GP salaries.

3.3 Policies, Procedures and Plans

The Committee received and supported:

- Complaints Handling Policy;
- Revisions to the Risk Management Policy;
- Annual Reports for:
 - Audit Wales;

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- Internal Audit;
 - Counter Fraud;
 - HEIW Procurement Compliance;
 - Senior Information Risk Owner.
- Annual Work Plans for:
 - Internal Audit;
 - External Audit; and
 - Counter Fraud
 - Revised Financial Control Procedures for the following areas:
 - FCP1 Budgetary Control
 - FCP2 Management of Non-Current/Fixed Assets & Maintenance of Asset Register
 - FCP3 Month-End Closedown
 - FCP4 Recovery of Payroll Overpayments
 - FCP5 Construction Industry Scheme
 - FCP6 Purchasing Card
 - FCP7 Value Added Tax
 - FCP8 General Ledger
 - FCP9 Petty Cash
 - FCP10 Accounts Receivable
 - FCP11 Accounts Payable
 - FCP12 Banking
 - FCP13 Counter Fraud
 - Removal of the following FCPs as they had been identified as no longer required and were either covered by a Service Level Agreement or already covered by the remaining FCPs:
 - FCP14 Shared Services Functions
 - FCP15 Procurement

The Committee noted the Memorandum of Understanding between HEIW and the Health Inspectorate Wales (HIW) which sets out the basis upon which HEIW and HIW will work together and exchange information to assist each party in reaching common goals.

The Committee was pleased to note the Memorandum of Understanding and Information Sharing Agreement with the General Pharmacy Council, the first agreements with a regulator that would support co-operation and information sharing between both parties. It was hoped this would be the first of many such agreements between HEIW and regulators.

4. Committee Structure and Meetings

A key element of the Committee is that it solely comprises of Independent Members, providing a basis for it to operate independently of any decision-making process and to apply an objective approach in the conduct of its business. During 2020/21, as a consequence of the COVID-19 Pandemic, the HEIW Chair supported by the Board Secretary undertook a governance review of the membership of the Board's Committees. In order to provide further resilience to the Committee, an additional

Independent Member was appointed to the membership. The role of Committee Vice-Chair was also formalised.

During the financial year 2020/21, 7 scheduled meetings of the Audit and Assurance Committee were convened. A high level of commitment from Committee Members has been demonstrated throughout the year, as recorded in the attendance of meetings held. Although invited to attend certain meetings to provide assurances and explanations to the Committee on specific issues, neither the Chair, Chief Executive Officer, nor any other Executive Director of HEIW, are members of the Committee. The Chief Executive Officer is invited annually. Having a key role to play in establishing and maintaining a sound system of internal financial control, the Director of Finance and/or the Head of Financial Control (being a designated deputy) has been in attendance at all meetings. The Committee has also been supported on key matters at all meetings from attendance by the Board Secretary who is the Lead Officer for the Committee and has been present at all meetings.

The Committee also has regular attendance from representatives of:

- The Auditor General/Audit Wales;
- NWSSP Audit and Assurance Services (Internal Audit and Specialised Services Unit);
- NHS Counter Fraud Services.

5. Review of Committee Effectiveness 2020/21

The Audit and Assurance Committee annually undertakes a review of its effectiveness to assure the Board that the Committee is discharging its duties successfully. Members of the Committee were asked to complete a self-assessment questionnaire in April 2021 to consider its effectiveness, and their individual understanding, role and contribution to the work of the Committee. The findings of the self-assessment review were generally positive revealing that the Committee had continued to develop and mature, enabling increased scrutiny and improved assurance of HEIW's strategic governance and assurance framework, systems, and processes. While the review showed the Committee runs effectively there are some suggestions for improvement, these included in some instances more focussed committee reports and the development of a committee induction process.

6. Committee Work Programme 2020/21

The Committee reviewed and approved the audit strategies and plans for the auditors as listed below, and received audit reports produced in support of them during 2020/21:

- External Auditors, Audit Wales;
- NWSSP Audit and Assurance Services Internal Auditors.

Acting upon the outcomes of effectiveness reviews is as important as undertaking them and it is essential that outcomes and associated actions are reported appropriately. At the time of writing this report all audit ratings from Internal Audit had received at least a reasonable assurance assessment. The Committee continues to receive progress updates directly as and when requested.

The Audit and Assurance Committee is responsible for overseeing risk management processes across the organisation and has a particular focus on seeking assurance

that effective systems are in place to manage risk, and that HEIW has an effective framework of internal controls that addresses principal risks. Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls are in place. The Committee is responsible for monitoring the assurance environment and challenging the build-up of assurance on the management of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied on, and reviewing the internal audit plan in year as the risk profiles change.

7. External Audit – Audit Wales

External Audit is provided by Audit Wales with its work divided into the two broad headings of:

- Audit of the financial statements and to provide an opinion thereon;
- Forming an assessment of HEIW's use of resources and performance work.

The Audit and Assurance Committee considered the Audit Wales Structured Assessment for 2019. This assessment concluded overall that the organisation has strong leadership, and sound arrangements have supported effective business and a positive staff culture driven by excellent staff engagement. It noted the following areas require further development: risk, Board assurance, performance management and information governance.

Audit Wales concluded that HEIW has a clear vision and strategic objectives are in place for the Integrated Medium-Term Plan (IMTP) production and monitoring and that financial controls and policies are in place. Specifically, the report made a number of recommendations for the following areas:

- Governance
- Board Assurance Framework (BAF) and Risk
- Performance management framework
- Information Governance
- Digital and IT
- Monitoring objective against strategic objectives

The recommendations from both Internal Audit and Wales Audit together with management's response are recorded within the Audit Recommendations Tracker report. This is monitored and regularly reviewed by the Audit and Assurance Committee.

The Committee received Audit Wales' structured assessment for 2020 which was designed in the context of the ongoing response to the COVID-19 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.

8. NWSSP - Internal Audit

At the direction of the Minister for Health and Social Services, Internal Audit is provided by the NHS Wales Shared Services Partnership (NWSSP). The service provision is in accordance with a Service Level Agreement agreed by the Shared Services Partnership Committee, which HEIW attends.

Internal Audit provides an independent and objective opinion to the Accountable Officer, the Board and the Audit and Assurance Committee, on the degree to which risk management, control and governance support the achievement of the organisations agreed objectives. The Committee reviewed and approved the content of the Internal Audit Plan based on HEIW's risk profile and its detailed programme of work for 2020/21. During the year, this plan was flexed and adapted as necessary in order to respond to the impact of COVID-19 and any key risks.

The Committee has received progress reports against delivery of the plan at each meeting, with individual assignment reports also being received. The outcome of each audit, providing an overall conclusion on the adequacy and application on internal controls for each area under review, was considered by the Committee. The assessment on adequacy and application of internal control measures can range from "No Assurance" through to "Substantial Assurance".

The scope of the Head of Internal Audit Opinion 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 assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and seen as an internal driver for continuous improvement. The opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

The Risk Management had been assessed as substantial assurance.

The Committee was pleased to receive a number of internal audit reports that had received an overall assessment of reasonable assurance. These included:

Financial Systems
Cyber Security
Medical Commissioning Monitoring
Personal Development Process
Workforce Culture

Internal audit also issued a positive assessment of Governance arrangements during COVID-19 which was an advisory report only.

[A rounding off statement from the Head of Internal Audit position will be added after the April meeting]

9. Managing Risk

Managing risk is fundamental to running a successful and high performing organisation. It should be at the heart of decision-making processes and resource allocation at both an operational and strategic level. It should seek to identify opportunities to innovate and invest, alongside the need to mitigate risks.

The Committee has continued to develop and strengthen HEIW's risk management arrangements at both a strategic and operational level. Work continues to be undertaken to embed risk management at all levels of the organisation, which includes the ongoing training of all Senior Managers. This has enabled the organisation to measure key strategic risk performance, establish its risk profile and instigate thematic analysis through the use of the Corporate Risk Register and local risk registers.

The Committee reviewed and approved amendments to the Board Assurance Framework which included HEIW's position in relation to Risk Appetite and Risk Tolerance; how it treats risks and informs wider decision making.

The Committee has reviewed the Corporate Risk Register at each quarterly meeting. It currently receives regular updates in relation to the 'red' status risk relating to Cyber Security. The Committee was pleased with the progress being made in strengthening and raising the profile of cyber security within HEIW. A work plan had been developed and would be progressed to assist in mitigating and reducing the current corporate risk level from 'red' to 'amber' status.

10. Monitoring Progress

The Committee has also monitored continuing improvement in the arrangements for:

- Compliance with Mandatory Training and PADR recorded on ESR for core staff. The Committee received assurance from the Medical Director on the targeted work within the Medical Directorate that was driving improvement in compliance.
- Information Governance and Information Management: The Committee was pleased with the overall progress with the Information Governance Work Plan.
- Procurement Compliance Activity: The Committee remains focussed regarding the embedding of the Procurement Process within HEIW. An independent review of the HEIW Procurement Systems and Processes has been completed and will be reporting to the Committee in April 2021.
- Declarations of Interest/Gifts Hospitality Sponsorship: The Committee commissioned a review of practice of Declarations of Interest/Gifts Hospitality and Sponsorship within other organisations however, this has been paused by procurement due to the impact of COVID-19. It is anticipated that this will be undertaken in the new financial year.

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- Contracts & Agreements Register. The Committee reviews the Register on annual basis.
- Audit Recommendation Tracker: The Committee continues to monitor HEIW's Audit Tracker scrutinising management responses to audit reports throughout 2020/21 and the completion of actions to address the recommendations.

11. Financial Management Control and Systems Monitoring

The Committee has continued to seek improvements in the financial systems and approved revised Financial Control Procedures which reflected how HEIW was maturing as an organisation.

The Committee received an update in relation to the Welsh Government Grip and Control Expectations as a result of the COVID-19 Pandemic and noted that HEIW would be reviewing its existing control arrangements in order to provide the required assurance to Welsh Government.

COVID 19 – Decision Making & Financial Guidance: The Committee received assurance that the Finance Department had a number of measures in place to ensure that work matters were conducted to the appropriate standards.

11.1 Annual Accounts

In May 2020, the Committee reviewed the draft and audited accounts for 2019-2020 and considered reports on the Accounts received from Audit Wales. The Committee was able to recommend to the Board that the Accounts be adopted and signed by the Chairman and Chief Executive this was done in June 2020.

In January 2021, the Committee received the Annual Accounts Plan and Draft Annual Report Timetable for 2020/21 and noted the changes to the submission deadline dates.

12. Counter Fraud

The Committee agreed the Counter Fraud Strategy and Work Plan and considered a number of reports relating to Counter Fraud:


- Thematic Assessment Fraud Threats to the NHS from COVID-19
- Review of NHS Counter Fraud Agency (NHSCFA) 2020 Strategic Intelligence Assessment Covering 2018-2019 and Impact on HEIW
- 'Raising our Game' Tackling Fraud in Wales – Report of the Audit General for Wales – National Report
- Effectiveness of Counter-Fraud Arrangements – HEIW specific Audit Wales report

13. Key Risks

The Committee had identified a number of risk areas, which have been highlighted in this report; these will be the focus of attention during the coming year.

14. Key Areas of Focus for the Coming Year

During 2021/22, the Committee will continue to focus on the following areas:

- 
- Compliance with Mandatory Training and PADR
 - The annual commissioning process for Education and Training
 - Risk Management
 - Board Assurance Framework
 - Performance Management Framework
 - Information Management and Information Governance, particularly cyber security and the digital agenda

Sponsored by: **Gill Lewis**
 Chair of Audit and Assurance Committee

Date: April 2021

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GIG
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WALES

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

Meeting Date	27 May 2021	Agenda Item	4.6
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 25 March 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 25 March 2021.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendation	Members are asked to: <ul style="list-style-type: none"> • Note the report for information. 		

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

1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meeting held on 25 March 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 25 March 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.
- **Revenue Allocation 2021/22** – The Board received an update on the 2022/22 funding position. The Board:
 - noted the anticipated Core Allocation for 2021/22,
 - noted the reconciliation to the Financial Plan for 2021/22; and
 - noted the suggested mitigating actions to bridge any shortfall.
- **COVID Impact for Health Professional Education** – The Board received and noted an update on the measures being implemented to mitigate the impact of the pandemic on education and training. A further update will be provided when feedback has been received from higher education institutions and regulators.

- **Board Self-Assessment Evaluation 2019-2020 and Maturity Assessment** – The Board were presented with the outcome of its annual self-assessment exercise for 2019/20. The Board considered and approved the proposals and suggested improvements to the self-assessment process as outlined within the report.
- **Key Issue Report from the Chair of the Education, Commissioning and Quality Committee** – The Board received and noted the Chairs key issue report for the closed session of the Committee held on 9th February 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 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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