HEIW Board Meeting (Open)

Thu 25 November 2021, 10:00 - 12:20

Zoom

Agenda

10:00 - 10:20
20 min

1. PRELIMINARY MATTERS

00 - Board Agenda November (Open) (251121)(F).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 Improvement Story

Presenter: Rebecca Thomas & Kerri Eilertsen/Presentation

1.5 Draft Minutes of the Board meeting held on 30 September 2021

Presenter: Chair/Attachment

1.5 - Unconfirmed Board Minutes (Open) 30 Sept 21(F).pdf (11 pages)

1.6 Action Log from the Board meeting held on 30 September 2021

Presenter: Chair/Attachment

1.6 - Board Actions (Open) 30 Sept 2021(F).pdf (2 pages)

1.7 Matters Arising

Presenter: Chair/Oral

10:20 - 10:45
25 min

2. CHAIR AND CHIEF EXECUTIVE REPORTS

2.1 Chairs Report

Presenter: Chair/Attachment

2.1 - Chairs Report (Nov21)(F).pdf (5 pages)

2.2 Chief Executives Report

Presenter: Chief Executive/Attachment

2.2 - CEO Report November 2021.pdf (6 pages)

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11/24/2021 11:04:17

10:45 - 11:25
40 min

3. STRATEGIC MATTERS

3.1 Update paper on the IMTP 2022-25

Presenter: Director of Planning, Performance and Corporate Services

- 3.1a - Update on the IMTP 2022-25 (F) .pdf (8 pages)
- 3.1b - Appendix 1 - Parameters Letter Received from the Previous Director General.pdf (2 pages)
- 3.1c - Appendix 2 - The NHS Planning Framework 2022-25.pdf (67 pages)
- 3.1d - Appendix 3 - Emerging IMTP Board 25 Nov 21 FINAL .pdf (8 pages)

3.2 Update on Development of Strategic Workforce Plan for Mental Health

Presenter: Chief Executive/Attachment

- 3.2 - Update on Development of Strategic Workforce Plan for Mental Health (F).pdf (6 pages)

3.3 Briefing On the National Quality And Safety Framework

Presenter: Medical Director/Attachment

- 3.3 - Briefing on National QS Framework (F).pdf (8 pages)

3.4 Proposal for the HEIW Stakeholder Reference Group

Presenter: Board Secretary/Attachment

- 3.4a - Proposal for the HEIW Stakeholder Reference Group(F).pdf (3 pages)
- 3.4b - Appendix 1 - SRG Terms of Reference(Final).pdf (3 pages)

11:25 - 12:10
45 min

4. GOVERNANCE, PERFORMANCE AND ASSURANCE

4.1 Quarterly Integrated Performance Report Q2 2021/22

Presenter: Director of Planning, Performance and Corporate Services

- 4.1a - Integrated Performance Report Q2 2021-22 Cover Paper (F).pdf (5 pages)
- 4.1b - Appendix 1 - Integrated Performance Report Q2 2021-22 (F).pdf (49 pages)
- 4.1c - Appendix 2 - Performance Dashboard (F).pdf (3 pages)

4.2 Director of Finance Report

Presenter: Director of Finance/Attachment

- 4.2a - Director of Finance Report(F).pdf (10 pages)
- 4.2b - November 2021 - Board Finance Paper Appendix 1.pdf (3 pages)
- 4.2c - Appendix 2 2021_22 MMR Template Oct 21 - HEIW V2.pdf (34 pages)

4.3 Structured Assessment Phase 2

Presenter: Audit Wales/Attachment

- 4.3a - Audit Wales Structured Assessment (F).pdf (3 pages)
- 4.3b - HEIW Structured Assessment 2021 - Phase 2.pdf (16 pages)

4.4 Strategic Equality Action Plan - Annual Review

Presenter: Director of Workforce and OD/Attachment

- 4.4a - HEIW Strategic Equality Plan (SEP).pdf (5 pages)
- 4.4b - Appendix 1 and 2 - HEIW Strategic Equality Plan (SEP).pdf (6 pages)

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11/24/2021 11:54:

4.5 Annual Review of the Board Assurance Framework

Presenter: Board Secretary/Attachment

- 4.5a - Annual Review of the Board Assurance Framework (F).pdf (4 pages)
- 4.5b - Appendix 1 - BOARD ASSURANCE FRAMEWORK 14.10.21(1)(F).pdf (14 pages)

4.6 Amendment to the HEIW Risk Management Policy

Presenter: Board Secretary/Attachment

- 4.6a - Amendment to the HEIW Risk Management Policy (F).pdf (3 pages)
- 4.6b - DRAFT Risk Management Policy HEIW V4.pdf (13 pages)

4.7 Welsh Language Scheme Update

Presenter: Board Secretary/Attachment

- 4.7a - Welsh Language Scheme (F).pdf (3 pages)
- 4.7b - Appendix1 - LL S Cymeradwyo Cynllun Iaith AaGIC.pdf (2 pages)
- 4.7c - Appendix 2 - Welsh Language Scheme - Eng. fers med 16 2021.pdf (33 pages)

4.8 Key Issues Reports

4.8.1 Audit and Assurance Committee held on the 21 October 2021

Presenter: AAC Chair/Attachment

- 4.8.1a - Key Issues Report - AAC 21 October to Board(F).pdf (6 pages)
- 4.8.1b -Appendix 2 - IGIMG Terms of Reference V4(F).pdf (4 pages)

4.9 In Committee Decisions

Presenter: Chair/Attachment

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

12:10 - 12:15
5 min

5. FOR NOTING

5.1 NHS Wales Shared Services Partnership Committee – Assurance Report

- 5.1 - NHS Wales Shared Services Partnership Committee – Assurance Report .pdf (4 pages)

5.2 Corporate Risk Register

Presenter: Board Secretary/Attachment

- 5.2a - Corporate Risk Register Report (NOV21)(F).pdf (4 pages)
- 5.2b - Corporate Risk Register NOV21(F).pdf (6 pages)

12:15 - 12:20
5 min

6. OTHER MATTERS

6.1 Any Other Urgent Business

Presenter: Chair/Oral

6.2 Date of Next Meeting

Presenter: Chair/Oral

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11/24/2021 11:54:17

HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Open Board Meeting – 10:00 – 12:20

to be held on Thursday, 25 November 2021
via Zoom

AGENDA

PART 1	**PRELIMINARY MATTERS**	**10:00-10:20**
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for Absence	Chair/Oral
1.3	Declarations of Interest	Chair/Oral
1.4	Improvement Story	Director of Nurse and Health Professional Education/ Presentation
1.5	Draft Minutes of the Board meeting held on 30 September 2021	Chair/Attachment
1.6	Action Log from the Board meeting held on 30 September 2021	Chair/Attachment
1.7	Matters Arising	Chair/Oral
PART 2	**CHAIR AND CHIEF EXECUTIVE REPORTS**	**10:20-10:45**
2.1	Chair's Report	Chair/Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
PART 3	**STRATEGIC MATTERS**	**10:45-11:25**
3.1	Update paper on the IMTP 2022-25	Director of Planning, Performance and Corporate Services
3.2	Update on Development of Strategic Workforce Plan for Mental Health	Chief Executive/ Attachment
3.3	Briefing On the National Quality And Safety Framework	Medical Director/ Attachment
3.4	Proposal for the HEIW Stakeholder Reference Group	Board Secretary/ Attachment
PART 4	**GOVERNANCE, PERFORMANCE AND ASSURANCE**	**11:25-12:10**
4.1	Quarterly Integrated Performance Report Q2 2021/22	Director of Planning, Performance & Corporate Services/ Attachment
4.2	Director of Finance Report	Director of Finance/ Attachment
4.3	Structured Assessment Phase 2	Audit Wales/ Attachment
4.4	Strategic Equality Action Plan – Annual Review	Director of Workforce and OD/

English,Catherine 11/24/2021 11:54:17

		Attachment
4.5	Annual Review of the Board Assurance Framework	Board Secretary/ Attachment
4.6	Amendment to the HEIW Risk Management Policy	Board Secretary/ Attachment
4.7	Welsh Language Scheme Update	Board Secretary/ Attachment
4.8	To receive key issues report from the: • 4.8.1 - Audit and Assurance Committee held on the 21 October 2021	Chair of the Committee/ Attachment
4.9	In Committee Decisions	Chair/Attachment
PART 5	**FOR NOTING**	**12:10-12:15**
5.1	NHS Wales Shared Services Partnership Committee – Assurance Report	Board Secretary/ Attachment
5.2	Corporate Risk Register	Board Secretary/ Attachment
PART 6	**OTHER MATTERS**	**12:15-12:20**
6.1	Any Other Urgent Business	Chair/Oral
6.2	Dates of Next Meetings: • HEIW **Board Development Session** to be held on **16 December 2021** via Microsoft Teams/Teleconference • HEIW **Board** to be held on **27 January 2022** via Zoom/Teleconference	

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

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11/24/2021 11:54:17

Unconfirmed Minutes of the HEIW Board Meeting
held at 10am on 30 September 2021
via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw

Present:

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

In attendance:

Dafydd Bebb	Board Secretary
Sian Richards	Director of Digital
Nicola Johnson	Director of Planning, Performance and Corporate Services
Tom Lawson	Postgraduate Dean
Huw Owen	Welsh Language Service Manager
Charlette Middlemiss	Interim Deputy Director of Workforce Transformation
Dawn Parry	Paediatric Project Lead
Catherine English	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
3009/1.1	**Welcome and Introductions**	
	The Chair welcomed everyone to the meeting, in particular Tom Lawson, who was standing in for Professor Pushpinder Mangat. A quorum was confirmed present.	
3009/1.2	**Apologies for absence**	
	Apologies were received from Tina Donnelly and Professor Pushpinder Mangat.	
3009/1.3	**Declaration of interest**	
	No declarations of interest were received.	
3009/1.4	**Improvement Story**	
	The Board **received** a presentation on the work HEIW had undertaken to progress the paediatric workstream of the nurse staffing levels act and to engage with children and young people in particular. The Board thanked Dawn Parry for her presentation and reiterated the importance of ensuring children and young people are effectively engaged in the design and delivery of services that affect them.	

English Catherine 11/24/2021 11:54:17

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Resolved	The presentation was **noted**.	
3009/1.5	**To receive and confirm the minutes of the Annual General Meeting held on 29 July 2021**	
Resolved	The AGM minutes were **received** and **approved** as an accurate record of the meeting.	
3009/1.6	**To receive and confirm the minutes of the Board Meeting held on 29 July 2021**	
Resolved	The July Board minutes were **received** and **approved** as an accurate record of the meeting.	
3009/1.7	**Action Log from the Board meeting held on 29 July 2021**	
	The Board **received** the Action Log and **noted** the actions were either complete, within the forward work programme or matters for consideration on today's agenda. The Board **received** the following update: • **2907/3.1 Annual Education and Training Plan 2022/23 -** Lisa Llewellyn confirmed an internal meeting to review the process and identify lessons learned had taken place on 14 September. A report would be produced to inform the way forward.	
Resolved	The Board **noted** the Action Log	
3009/1.8	**Matters Arising**	
	There were no matters arising.	
PART 2	**CHAIR AND CHIEF EXECUTIVE REPORTS**	
3009/2.1.1	**Chairs Report**	
	The Board **received** the report. The Chair noted that the Director-General of Health and Social Services, Dr Andrew Goodall CBE, had been appointed as the new Permanent Secretary of the Welsh Government. The Chair extended his thanks to Dr Andrew Goodall for his contribution to the NHS as Director-General and wished him every success in his new role. The Chair highlighted the recent visit of Eluned Morgan, Minister for Health and Social Service. It was confirmed the visit had provided HEIW with an opportunity to showcase much of the organisation's good work, particularly in respect of the progress against the Workforce Strategy for Health and Social Care. The Chair paid tribute to all the staff in HEIW who contributed to the work. The Chair explained that following the Ministers Visit, he had attended a meeting with the All-Wales Chairs, Minister for Health and Social Care, and the Deputy Minister for Health. This meeting had highlighted the central position that 'A Healthier Wales' still holds in the government's agenda. Other focuses of discussion were the Socio-Economic Duty, the growing environmental agenda and the 'Mwy na Geiriau/More than Words' campaign. The Chair asked the Board to ratify the Chairs Action taken on 11 August to approve the 3% NHS staff pay risk for implementation as detailed on	

English Catherine 11/24/2021 11:54:17

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	page 3 of the report. It was confirmed that in accordance with HEIW's Standing Orders, Chair's Action was undertaken by the Chair and Chief Executive after consulting with two Independent Members. Finally, the Chair recommended that the arrangements for holding virtual Board and Committee meetings be extended to the end of January 2022.	
Resolved	The Board: • **noted** the report for information; • **ratified** the Chair's Action taken on 11 August for the Board to approve the 3% NHS staff pay rise for implementation; • **approved** extending the holding of virtual Board and Committee meetings until the end of January 2022.	**DB**
3009/2.1.2	**Affixing of the Common Seal**	
	The Board **received** the report. The Chair confirmed that HEIW has entered into 49 deeds under Phase 1 of the Strategic Review of Health Professional Education and that two originals of each deed had been sealed in line with Section 7 of the Standing Orders. Each deed was recorded on HEIW's Register of Sealing, as detailed in Appendix 1 of the report. Eifion Williams confirmed there was one contract still outstanding and explained a verbal update would be provided to the Board in-committee.	
Resolved	The Board **noted** the report for information.	
3009/2.1	**Chief Executives Report**	
	The Board **received** the report. Briefly outlining her report, Alex Howells reaffirmed the challenges facing the NHS and the important role HEIW had to play in terms of supporting the system. She explained that while much of HEIW's work was strategic and focused on long term sustainable change, conversations were ongoing around how else HEIW will support the system. An update was provided on the interface with Social Care, highlighting the importance of this work particularly in the context of the current workforce challenges. It was confirmed that HEIW had attended a joint executive team meeting with Powys Health Board in August to discuss areas of common interest, make links across teams, and ensure HEIW supported their agenda without duplicating effort. The meeting had been informative, particularly in terms of understanding the Health Board's circumstances and the wider workforce perspective within social care and the voluntary sector. A similar session had taken place with colleagues from Public Health Wales, and this had been helpful in terms of obtaining a better understanding of their unique position within Welsh NHS organisations. It was confirmed a session with colleagues from the NHS Wales Shared	

English Catherine 11/24/2021 11:54:17

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	Services Partnership was scheduled to take place next week and would provide an opportunity to ensure HEIW developed its plans in a complimentary way. Alex Howells confirmed that she had re-introduced quarterly meetings with Chief Executives of other similar bodies in Northern Ireland, Scotland and England. She explained they would provide a forum to discuss areas of work, priorities, and opportunities and challenges facing similar organisations in each of the countries. Finally, she confirmed HEIW had sponsored an award in the Chwarae Teg Womenspire Awards, which recognised and celebrated the contribution of women. The Board welcomed HEIW's efforts to support the NHS system and were pleased to note the ongoing effort to work collaboratively with executive teams from other NHS organisations.	
Resolved	The Board **noted** the report.	
PART 3	**STRATEGIC MATTERS**	
3009/3.1	**Update on Multi-Professional Primary and Community Education and Training Framework**	
	The Board **received** the report. Alex Howells provided an update on the development of a Multi-Professional Primary and Community Education and Training Framework (Framework). It was highlighted that extensive engagement had indicated there was support for the development of a sustainable and properly resourced framework for educating and training the multi-professional team in primary care. The case for change and vision for a Framework had been developed with input from a range of stakeholders, and similar approaches have been advanced across the UK. It was explained that a key component of the Framework was establishing a sustainably funded core infrastructure for education and training at both national and local levels. At a national level, it was proposed that a Multi-Professional Primary and Community Education and Training Unit be established in HEIW as an instrument of the organisation's educational development and quality governance function. It was proposed that this was located within one of the existing Deaneries pending further discussions on the potential development of a Multi-Professional Deanery. The investment required to establish the infrastructure was currently being finalised, but that it was estimated the cost would be in the region of £1.75 million per annum. It was confirmed that a baseline assessment had been undertaken of all the relevant education and training programmes currently available on an all-Wales basis to the multi-professional team in primary care. The key themes from the baseline assessment underlined the original case for change.	

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English,Catherine 11/24/2021 11:54:17

	The Board were supportive of the proposal and considered the scope for a whole system review. It was confirmed that while stakeholders were generally supportive of developing educational training for multi-professional teams within primary care, it was anticipated they may have concerns around implementation. The Board considered the role of General Practitioners in the delivery of primary care and the importance of ensuring they were engaged in the implementation of the new model.	
Resolved	The Board: • supported the recommendations in the paper to progress on the development of the Framework; and supported an investment proposal to Welsh Government for the infrastructure requirements.	
3009/3.2	**Update on the Development of the IMTP 2022-25 and Refresh of our Strategic Aims**	
	The Board **received** the report. In presenting the report, Nicola Johnson confirmed it provided the Board with the timetable on the development of HEIW's Integrated Medium-Term Plan (IMTP) for 2022-25 and next steps. Nicola Johnson explained that following the development and approval of the Annual Plan 2021-22, a lessons learned exercise was undertaken by the Executive Team and Senior Leadership Team, and a number of recommendations arising from this process were outlined within the report. It was confirmed HEIW are now in the active planning phase and that a further progress report would be available in November. The Board were encouraged by the progress to date and stressed the importance of dovetailing the financial position to ensure the plans were affordable and deliverable.	
Resolved	The Board: • **agreed** the approach being taken to develop an IMTP 2022-25, • **approved** the recommended changes to our Strategic Aims in section 3.2, • **noted** the work undertaken to date and the next steps. • to **receive** an update at its meeting in November**.**	**NJ**
3009/3.3	**Graduate Recruitment Process/ Streamlining**	
	The Board **received** the report. In presenting the report, Lisa Llewellyn highlighted that it provided an update on the outcome of the evaluation of the 2021 Streamlining for Allied Health Professional (AHP) and Health Care Science (HCS) graduates. It was further confirmed that the report also considered progress to develop	

English Catherine 11/24/2021 11:54:17

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	an agreed streamlining approach for 2022 bursary recipients building on the evaluation report. While 95% of the 2021 Allied Health Professional and Health Care Science graduates had been successfully employed in Wales through streamlining, a better-managed process may have improved the numbers of students who were able to transition into employment in Wales. It was highlighted that the successful nurse and midwifery streamlining process would continue to be managed by NWSSP and build on collaborative arrangements with Health Boards. The recruitment of 2022 AHP, HCS graduates, had been revised following a workshop and extensive collaboration with Directors of Therapies and Workforce Directors in Health Boards and that HEIW will Physician Associates into the HEIW recruitment 2022 process. The Board welcomed the report and considered the benefits of engaging the Wales Cluster Leads when planning the recruitment into primary care.	
Resolved	The Board: • **noted** the number of AHPs and HCS graduates successfully employed in Wales through streamlining as of April 2021. • **noted** the lessons learned from the evaluation of the 2021 Streamlining • **supported** the revised recruitment approach introduced.	
PART 4	**GOVERNANCE, PERFORMANCE AND ASSURANCE**	
3009/4.1	**Director of Finance Report**	
	The Board **received** the Director of Finance Report. In presenting the report, Eifion Williams provided an update on the financial position as at month 5 and identified the reasons for any financial variation against the budgets set. It was highlighted that as at Month 5 HEIW was £311,545 underspent, and this position had been reported to Welsh Government in accordance with the requirements of the monitoring return submission. It was confirmed that the underspend in Pay budgets was due to vacant posts within the establishment, and it was noted that some re-alignment of budgets to balance the financial plan was undertaken at the start of the year. It was confirmed that the underspends in Non-Pay budgets was due to reduced face to face training and education activity arising from COVID-19 lockdown restrictions. Non-Pay budgets had also been subject to re-alignment to balance the financial plan. It was confirmed that the overspend on Commissioning budgets was due to a catch up of travel and subsistence claims from Healthcare Professional Students, an increase in DSA payments and an increase in spend on GP training costs related to extensions and protected salaries. It	

English Catherine 11/24/2021 11:54:17

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	was confirmed this is partly offset by known under recruitment of trainees to programmes in Pharmacy, Dental Junior Doctor Foundation training and the Medical training grades. It was noted that HEIW has a capital allocation of £100k for 2021/22 and that £15k of equipment had been received and paid for during July 2021. It was confirmed that proposals for the use of the remaining £85k were being prepared and would be discussed by the Executive Team. The cash position at the end of month 5 was £1m. It was confirmed that for the period April to August 2021, HEIW cumulatively paid 96.21% of non-NHS invoices and 90.6% of NHS invoices within 30 days. It was noted that while HEIW had exceeded the cumulative target up to the end of month 5, the performance had dipped below 95% in the past two months It was confirmed that while Welsh Government had not yet transferred the funding for approved projects, discussions were ongoing, and it was anticipated the funding would be forthcoming.	
Resolved	The Board **noted** • the underspent financial position reported for HEIW at month 5, • the summarised explanation of key variations by Directorate, • the Capital allocation and spend to date, and the • the Balance Sheet position.	
3009/4.2	**Performance Report – Quarter 1**	
	The Board **received** the report. Outlining the report, Nicola Johnson explained that HEIW had made good progress on the delivery of the 59 Objectives in the Annual Plan 2021/22 and performed effectively during the period covered by the report. She confirmed that in addition to the delivery of HEIW's strategic plans and business as usual activities, HEIW continued to support Welsh Government and NHS partners in responding to COVID-19 through reset and recovery. It was confirmed that three strategic objectives were rated red and would not recover in year, these were: • **Strategic Objective 4.5f: Learning Disabilities** – performance slipped due to a change in responsibility for this area of work as delegated by Welsh Government. It was confirmed this objective will be closed as at the end of Q1. • **Strategic Objective 4.6: supporting the transition of health care professionals from education into the workforce** – it was confirmed this objective was off-track due to a lack of staffing capacity. • **Strategic Objective 6.1: Refresh of HEIW Communications and Engagement Strategy** – it was confirmed that the scope and milestones had been revised due to the long-term absence of a key member of staff.	

English Catherine 11/24/2021 11:54:17

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	It was also confirmed that a further issue regarding Pre-Registration Pharmacy Technicians (PRPTs) had been identified as NHS procurement processes had not been successful in securing a new training provider to deliver the new education and training standards for pharmacy technicians. She confirmed the planned recruitment of trainees had not started, and mitigating actions were in place. The Board considered the red rated strategic objectives further and also noted the improved performance around Personal Appraisal Development Reviews (PADR's) and statutory training and were encouraged with progress to date.	
Resolved	The Board **noted** the performance report and appendices**.**	
3009/4.3	**Gender Pay Report**	
	The Board **received** the report. Introducing the report, Julie Rogers explained that the deadline for publishing gender pay gap information each year was usually expected to be 31 March. However, in light of the pandemic, public bodies were given an extension this year to 1 October 2021. It was confirmed that HEIW's gender pay gap had remained static from the 2018-19 report. While disappointing, this had not been surprising as HEIWs ability to close the gender pay gap was constrained by national pay arrangements outside HEIW's control. It was highlighted that in the twelve months since the end of the reporting period, HEIW had appointed more women at senior level and had also made progress in supporting talent within HEIW with more women than men put forward for development programmes. The Board considered the report and discussed the contribution of clinical excellence awards to the gender pay disparity and agreed Julie Rogers would highlight to Welsh Government to the impact it had on the gender pay gap. It was agreed a further report would be presented to the Board in the new year.	
Resolved	The Board: • **noted** the draft report at appendix 1. • **agreed** that the report may be published on 1 October 2021. • **agreed** Julie Rogers highlight to Welsh Government the impact of the Clinical Excellence Awards on HEIWs gender pay gap.	**JR**
3009/4.4	**Corporate Risk Register**	
	The Board received the report. Dafydd Bebb introduced the report, noting that there were currently nine risks on the Corporate Risk Register, one had been assessed as red, eight assessed as amber and one assessed as green.	

English Catherine 11/24/2021 11:54:17

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	It was explained the red risk related Cyber Security and that good progress was being made in implementing the Cyber Security Implementation Plan. It was confirmed that organisations across NHS Wales were consistently rating cyber security as red. The Board noted that since the register had last been considered by the Board in March, two risks (risks 20 and 21) had been added to the Corporate Risk Register, and two risks (risks 10 and 11) had been removed. It was confirmed that risk 19 had increased during the period, and the increased score reflected the tight timescales associated with Phase 2 and delays in recruitment. The overall score nevertheless continued to be assessed as amber.	
Resolved	The Board **noted** the report for assurance.	
3009/4.5	**Welsh Language Scheme Update**	
	The Board **received** the report. In presenting the report, Dafydd Bebb explained that it provided an update on the top ten priorities for the Welsh Language Team. He confirmed the top ten priorities aimed to encourage the use of the Welsh language and reflected HEIW's Welsh Language policy. It was confirmed that good progress continued to be made in terms of embedding HEIW's Welsh Language policy and that demand for translation services continued to increase. He noted that in 2019 HEIW had translated approximately 1.1 million words, while this year it was expected HEIW would translate closer to 5 million words. He explained this highlighted the success and improvement in the use of Welsh within HEIW, and expressed his thanks to the Welsh Language Team for their work over the past few years. It was confirmed there was a continued strong demand for Welsh language lessons among staff and that the Welsh Language Scheme would be considered at Novembers Board.	
Resolved	The Board **noted** the report for assurance.	
3009/4.6	**Independent Member Committee Reappointments**	
	The Board received the report. It was noted the reappointments were for a period of one year, with the exception of John Hill-Tout whose term as an Independent Member would end on 31 January 2022.	
Resolved	**The Board** • **Approved** the reappointment of the existing AAC and ECQC members, as detailed within the proposal. • **Approved** the appointments of the Chairs of the AAC and the ECQC as detailed within the proposal. • **Approved** the appointments of the Vice Chairs of the AAC and the ECQC as detailed within the proposal.	**DB** **DB** **DB**

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3009/4.7	**Key Issues Reports**	
3009/4.7.1	**Audit and Assurance Committee held 21 July 2021**	
	The Board received the report. In presenting the report, Gill Lewis highlighted that a wide variety of reports had been considered by the Committee and provided a brief overview of the items that had been considered. It was highlighted that the Committee had received the Information Governance Toolkit report (IG Toolkit) and were pleased to note that the Information Governance Toolkit Internal Audit Report received 'substantial' assurance. The Committee also received a report on the Review of HEIW's Procurement Systems and Processes Action Plan and would receive a further report at its meeting in October. Finally, it was confirmed that the Committee had received and noted the Governance Arrangements Internal Audit Report and Pre-Registration Pharmacy Internal Audit Report and that the overall assurance level for both was 'reasonable'.	
Resolved	The Board **noted** the content of the report for **assurance**.	
3009/4.7.2	**Education, Commissioning and Quality Committee held on 2 September 2021.**	
	The Board received the report. Ruth Hall explained that the Committee had considered a wide variety of reports and provided a brief overview of the items that had been considered. It was highlighted that the meeting had focused on quality and the outcomes of routine monitoring, and there were no areas of significant concern. The National Quality and Safety Framework published by Welsh Government was considered by the Committee, and it was noted that the Annual Quality Statement would be replaced by a new annual report. It was confirmed that the Committee had received a Progress Report on Memorandum of Understandings (MOUs) between HEIW, Regulators and Professional Bodies. The Committee considered the potential for building on them to work more strategically with partners and higher educational institutions, and it was confirmed that a register of MOU's is held by the Board Secretary and reviewed by the Audit and Assurance Committee annually. Ruth Hall explained the Committee had agreed a celebratory staff event would be added to the Autumn staff conference with a view to holding a wider celebratory event for stakeholders and partners in 2022 and noted the importance of celebrating HEIW's achievements.	

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	Finally, it was confirmed the Committee had reviewed its Terms of Reference and recommended they be amended to reflect Lisa Llewelyn's correct job title.	
Resolved	The Board • **Noted** the content of the report for **assurance** • **Approved** the amended terms of reference for the Education Commissioning and Quality Committee (Appendix 2).	**DB**
3009/4.8	**In Committee Decisions**	
Resolved	The Board **noted** the report for information.	
PART 5	**FOR NOTING**	
3009/5.1	**Welsh Health Circular on Violence Against NHS Staff**	
	The Board received the report. Briefly outlining the report, Julie Rogers explained it set out the actions required to ensure compliance with Welsh Health Circular (WHC/2021/012) and plans to implement the agreed approach to preventing Violence and Aggression towards NHS staff in Wales. It was confirmed that HEIW is committed to implementing the required actions in support of the Obligatory Responses to Violence in Healthcare (ORV), and it was proposed that the Director of Workforce and Organisational Development assume responsibility at Board level, and the role of Case Manager sits within the People Team.	
Resolved	The Board: • **agreed** that the Director of Workforce and Organisational Development assume responsibility for the Welsh Health Circular on Violence against NHS staff at Board level. • **agreed** that the role of case manager sits within the people team.	**JR** **JR**
PART 6	**OTHER MATTERS**	
3009/6.1	**Any Other Urgent Business**	
	No other urgent business.	
3009/6.2	**Date of next meeting**	
	Dates of Next Meetings: • HEIW Board Development Session to be held on 29 October 2021 to be held via Microsoft Teams/Teleconference. • HEIW Board to be held on 25 November 2021 to held via Zoom/Teleconference.	
	The Board resolved to go in-committee.	

Unconfirmed

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Chris Jones (Chairman) Date:

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

HEIW Board (Open)
30 September 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
2907/3.1	**Annual Education and Training Plan 2022/23**			
	A review of the process to be undertaken to identify lessons learned for next year.	**Director of Nurse and Health Professional Education**	October 2021	Completed - Report to be taken to Exec Team November 2021 which will inform the revised IMTP process.
3009/2.1.1	**Chair Report**			
	The holding of virtual Board and Committee meetings extended until the end of January 2022.	**Board Secretary**	January 2021	Completed - In the Forward Work Programme for consideration in January.
3009/3.2	**Update on the Development of the IMTP 2022-25 and Refresh of our Strategic Aims**			
	Board to receive an update at its meeting in November**.**	**Director of Planning, Performance and Corporate Services**	November 2021	Completed – on the November Board agenda.
3009/4.3	**Gender Pay Report**			
	Julie Rogers to highlight to Welsh Government the impact of the Clinical Excellence Awards on HEIWs gender pay gap.	**Director of Workforce and OD**	November 2021	Completed - Highlighted to WG Director of W&OD, NHS Wales.
3009/4.7.2	**Key Issues Report - Education, Commissioning and Quality Committee held on 2 September 2021.**			
	Terms of reference for the Education Commissioning and Quality Committee to be amended.	**Board Secretary**	3 working days	Completed

English,Catherine 11/24/2021 9:54:17

English,Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 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	The Board is asked to • **note** the report for information; and • **ratify** the Chair's Action taken on 5 November for the Board to approve to proceed 'at risk' with the submission to National Recruitment of the proposed increase in numbers by 80 in respect of the core and specialty posts for Medical Training.		

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11/24/2021 11:54:17

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

The past weeks continue to underline the complex and challenging issues facing our health and care system in Wales –from continuing to manage the Covid 19 pandemic, pressures on Urgent and Emergency Health and Social Care, backlogs in planned care. The impacts on the population and on the NHS and Care workforce are all too plain. These same challenges are mirrored across the United Kingdom. We see the re-emergence of a fourth wave in Austria and multiple spikes across Europe. From HEIW's point of view, we continue to support colleagues across health and social care to meet the demands of today and tomorrow and supporting staff wellbeing . As an organisation we also need to continue with determination and focus on the future of the workforce and in particular the quality of training and education that is necessary to ensure a secure strong pipeline of well trained professionals. These constitute very real leadership challenges Right across the health and social care system.

The process of appointing two new board members is well underway, and interviews are scheduled for early December.

Independent members meet together informally on a fortnightly basis for a catch-up. John Hilltout and I have twice weekly catch-ups.

I continue to meet formally with Alex as CEO on a weekly basis and other members of the executive team fortnightly. Alex and I have held a mid-year review discussion. Arrangements are in place to hold mid-year reviews with independent members during January.

At the Board Development Session held on the 28th October, we received a presentation on inclusion, equality and diversity from Abu-Bakr Madden. Helen Thomas gave a presentation on the Harp Speed Project. Charlette Middlemass gave an update on what HEIW is doing to support the National Programme for Urgent and Emergency Care.

During November, we have presented at the Board Development sessions at Velindre NHS TRUST, Cardiff and Vale University Health Board and Aneurin Bevan University Health Board. These sessions have been an excellent vehicle for sharing information, exchanging ideas and developing relationships. I very much look forward to the sessions with the other Health organisations over the coming weeks.

English (Wales) 11/24/2021 11:09:17

On the 8th October, I chaired our first Political Briefings session with Members of the Senedd and Welsh Members of parliament. I believe that it was a helpful and informative session and look forward to further sessions in 2022.

During November, I have met for updates from the Welsh Language Team and the Digital Team. I attended the launch of Y Ty Dysgi and the Staff Conference. It has been great to see and hear (albeit virtually) staff across the organisation. There is a huge amount of work going on and I am grateful for the dedication and professionalism demonstrated across the organisation.

Chairs of all Welsh NHS organisations continue to meet monthly. In our meeting of the 5th October, the agenda included- an update from chief executives, NHS pressures, a presentation from John Bolton from Improvement Cymru ,discussions on Independent Member induction and preparing for a Covid 19 public enquiry. In our meeting on the 2nd November the agenda included an update from chief executives and we received a presentation on the Six Goals for urgent and emergency care. Chairs had wide-ranging discussions around health and social care priorities and the NHS and Social Care performance and pressures.

Chairs and Vice Chairs of all Welsh NHS organisations held a joint meeting on the 11th November to discuss key objectives and priorities

Finally, I wish to express our gratitude and best wishes to Eifion, who will retire as our Finance Director and Board member at the end of December. His experience, wisdom and insights have been invaluable in the formative years of HEIW. I am sure all will join me in wishing him health and happiness in the future.

Vice Chairs Report

In September, I attended the excellent Conference series organised by the NHS Confederation. A session of particular interest dealt with the importance of digital technology in facilitating the recovery from the Covid Pandemic, and in driving the focus towards wellbeing and prevention. A further session focussed on the social determinants of health and health as a measure of societal success.

On behalf of Vice Chairs in Wales, I attend the Ministerial Task and Finish group on a whole system approach to emotional wellbeing and mental health. This concentrates particularly on the needs of Children and Young People, and at the recent meeting we received the results of research findings into the Whole School Approach, which emphasised the importance of a joint approach between schools and health and social care.

English (United Kingdom)
11/24/2021 12:54:27

The recent meeting of NHS Vice Chairs received an excellent presentation from Angie Oliver of HEIW and Jim Widdet of Social Care Wales, on the Mental Health Workforce Strategy. This set out our integrated approach to developing the mental health workforce in both health and social care. Vice Chairs welcomed the strategy and raised a number of important points. Vice Chairs are also focussing attention on the

severe service pressures currently being experienced by NHS services. I briefed the meeting on the steps HEIW is taking to support frontline services during this difficult time, particularly in emergency and urgent care.

Chair Action – Increase in Core and Specialty Training Posts for Medical

Background

On the 4th November, HEIW requested an extra 80 posts for the next round of National Recruitment for medical posts starting in 2022. It was confirmed that **IF** HEIW had not entered them into the National Recruitment process at this time, we risked missing out on the opportunity to appoint to new posts that were included in the Annual Education Training and Commissioning Plan and which supported the expansion of many programmes of work.

It was agreed to proceed 'at risk' with the submission to National Recruitment of the proposed increase in numbers by 80 in respect of the core and specialty posts for Medical Training. This figure is in line with our proposals submitted to Welsh Government in the Annual Education Training and Commissioning Plan for 2022 where we await formal approval.

Chair's Action

Chair's Action was taken on the 5 November for the Board to approve to proceed 'at risk' with the submission to National Recruitment of the proposed increase in numbers by 80 in respect of the core and specialty posts for Medical Training. 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.

Subsequent to the Chairs Action the risk has been managed to 11 training posts as of this time.

Ratification

The Board is asked to ratify the Chair's Action taken on 5 November for the Board to approve to proceed 'at risk' with the submission to National Recruitment of the proposed increase in numbers by 80 in respect of the core and specialty posts for Medical Training.

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	**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

English Catherine 11/24/2021 11:54:17

	support the delivery of '*A Healthier Wales*'		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

English Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**2.2**
Report Title	**Chief Executive's Report – November 2021**		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

English,Catherine
11/24/2021 11:54:17

CHIEF EXECUTIVE'S REPORT – NOVEMBER 2021

1. INTRODUCTION

It is always important to put the activities in this report into context in terms of the wider health and care system. The situation continues to be very difficult, particularly for our colleagues delivering front line services to patients and service users. The continued impact of COVID cases, the vaccination programme, and the backlog of demand are all being managed alongside the current pressures on urgent and emergency care, primary care and mental health services. Winter is approaching, and this will test a stretched system even further. This could bring further implications for education and training, and we are monitoring the situation closely. Any disruption to education and training will only store up even bigger problems for the future, so we need to work closely with colleagues to protect our trainees and students where possible, maintain their learning and ensure that they are safe and supported.

2. KEY ACTIVITIES

Staff Conference

We held our Autumn staff conference on 15th November, and it was fantastic to see around 170 staff joining for a great agenda of external and internal speakers. We were able to catch up on the Workforce Strategy and our current progress with our IMTP, as well as hearing about Cardiff and Vale UHB's strategy from Abi Harris, Director of Strategic Planning. There was huge interest in the session with Dr Bnar Talibani on the innovative approach she has led to addressing misinformation about vaccination in some communities within Wales. Bnar recently won our sponsored category at the Womenspire awards, and her work was so well regarded she went on to receive the overall winner's award.

Careersville and Tregyrfa

Careersville, our online platform which showcases NHS and social care careers, was successfully launched last month with keynote speakers, including the Minister for Health and Social Services, Eluned Morgan.

The platform is fully bilingual and is a virtual village where users can explore different health and care careers through entering different buildings. Careersville received nearly 3,000 views on its day of launch. The Welsh language site, Tregyrfa, accounted for 27.7% of the total views received in the first week, which dramatically exceeded expectations.

Senedd's Health and Social Care Committee

Both HEIW and Social Care Wales attended an oral session of the Senedd's Health and Social Care Committee on 4 November to provide evidence on progress in implementing the Workforce Strategy for Health and Social Care. We are pleased that this remains a high priority for the Committee, and it has been interesting to review the 50 plus submissions that were received to inform their inquiry. We will be providing

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an update to the Board about next steps with the Workforce Strategy at the joint session we are planning with Social Care Wales on 16th December.

Team Wales

HEIW has been asked to reintroduce the Team Wales events, which had been a regular team development and networking opportunity for NHS executive teams and WG colleagues pre COVID. The first session took place on 11 November with a "speed dating" session across all 13 organisations to promote one innovation being utilised to address current pressures. This was followed by a future focus session on digital and some thought-provoking discussion on how we embed digital in our leadership work. The Minister and our new Director General/NHS Wales Chief Executive Judith Paget also addressed the event.

Development of the Integrated Medium Term Plan (IMTP)

A paper providing an update on the development of HEIW's three-year IMTP for 2022-25 is on the agenda. The approach to the development of the Plan was agreed by the Board in September, with a refresh of the six Strategic Aims as the Framework of the Plan. The active planning phase is now underway to develop detailed plans for each Strategic Objective and to ensure that these respond to the Welsh Government planning guidance that was published earlier this month. It is essential that our plans align with Ministerial priorities and the focus on recovery of the health and care system. This means we may need to put some of our more strategic and aspirational objectives on a slower track for the time being.

Strategic Equality Plan (SEP)

The SEP for 2020-24 was approved by the Board last year and the Plan outlined how HEIW would, over the four year term of the plan, strengthen our approach in advancing equality, eliminating discrimination and fostering good relations

The paper on today's agenda provides a progress update in respect of the progress made in respect of SEP over the last year.

Update on Mental Health

A paper providing an update on the development of the Strategic Workforce Plan for Mental Health is also on today's agenda. This Plan is a key commitment in 'Together for Mental Health' which sets out the requirement for Welsh Government to work with HEIW, Social Care Wales (SCW) and partners to produce a workforce plan for mental health by March 2022. The commitments in Together for Mental Health are being overseen by a Ministerial Delivery and Oversight Board chaired by the Deputy Minister.

The initial engagement and analysis to inform the Plan are in their final stages and the process is being overseen by a Project Board involving HEIW, SCW and Welsh Government colleagues.

English Catherine
11/24/2021 11:19:17

The contents of the Plan will be drafted by the end of December, and a two-month consultation process will be held during January and February. An update on the

contents of the Plan will be provided at the joint session with Social Care Wales in December.

National Quality and Safety Framework

A paper providing a briefing on the Welsh Government's National Quality and Safety Framework is on the agenda. This national framework consists of a range of actions which will inform and shape key aspects of our Quality Management Framework including the experience of students and trainees.

The aim of the national framework is to provide guidance for NHS organisations on having a strong quality management system in place at all levels leading to a reduced variation in quality.

Clearly the framework needs some adaptation to meet the particular needs of HEIW and work is also being taken forward to establish a cross professional-quality framework.

Stakeholder Reference Group

As part of the refresh of our communications and engagement work we have discussed, at the October Board Development Session, the need to establish a Stakeholder Reference Group to support the Board across all of its functions and with a particular focus on plans and developments. A paper explaining this with a Draft Terms of Reference is included on the agenda.

Performance Report – Quarter 2

Our Performance Report, which provides assurance on the organisation's performance in Q2 against the Annual Plan 2021/22 is included on today's agenda.

Overall, the report shows that HEIW has continued to make good progress on delivering our Strategic Objectives and performed effectively during the first half of 2021/22. In addition to the delivery of our strategic plans and business as usual activities we continue to support Welsh Government and NHS partners in response to COVID-19 through reset and recovery.

We have just completed the mid-year reviews with HEIW Directorates to provide an opportunity to discuss in year delivery and any performance challenges.

Meetings with NHS organisations

We have a range of engagement activities underway at the moment including; attendance at Board Development Sessions; joint Executive Team meetings and engagement meetings on the IMTP. These have been invaluable in ensuring that our plans are connected with the rest of the NHS and have also helped in promoting and clarifying our role and functions. One of the key issues emerging from these discussions has been the implementation of the Welsh Government bursary policy which continues to be a concern for some organisations and professions.

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New appointment

I am pleased to confirm that Rhiannon Beckett has been appointed as the new Interim Director of Finance from 1 January 2022. Rhiannon is currently our Deputy Director of Finance. We are always keen to encourage the development of our own staff and it is fantastic to be able to offer this opportunity to Rhiannon.

Rhiannon will be taking over from Eifion Williams on 1 January 2022. We are indebted to Eifion for the experience and commitment he has brought to the role over the last few years. I am sure the Board will join me in thanking Eifion for his leadership and development of the finance function.

We plan to advertise for the substantive post of Director of Finance in April 2022.

Director of Workforce and Organisational Development role

I also want to let you know that we are advertising the Director of Workforce and OD post this week. As you know, Julie Rogers has been undertaking this role on a secondment arrangement from Welsh Government since HEIW was established, and so we want to ensure that substantive arrangements are put in place for the role before the secondment arrangements come to an end. A full appointment process is planned, including an interview in early December.

Finance

A paper outlining the month three position is on the agenda. The financial position of HEIW as at month three is an underspend of £838,852. The Board will be updated on plans to manage any underspend position as a result of our commissioning activities.

Risk

The Corporate Risk Register is considered for noting at today's Board. There are currently nine risks on the Corporate Risk Register of which one is assessed as red: Cyber security. The Board is also aware of the risks that we have been managing with regard to Single Lead Employer Arrangements in relation to medical, dental and pharmacy trainees. The risk has reduced in the last month due to action plans that have been put in place.

3. RECOMMENDATION

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

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:	**Strategic Aim 5:**	**Strategic Aim 6:**

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	To develop the workforce to support the delivery of safety and quality	To be an exemplar employer and a great place to work	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.		

English Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**3.1**
Report Title	**Update on the Development of the IMTP 2022-25**		
Report Author	Jane Powell, Planning Business Partner & Marie-Claire Griffiths, Assistant Director of Planning & Performance		
Report Sponsor	Nicola Johnson, Director of Planning & Performance		
Presented by	Nicola Johnson, Director of Planning & Performance		
Freedom of Information	Open		
Purpose of the Report	This paper provides the Board with an update on the development of the IMTP 2022-25 and the next steps.		
Key Issues	This paper summarises the work to date on the development of the IMTP and provides an update on the development of the emerging Financial Plan. It also provides the Board with assurance on the engagement on the Plan. The paper also summarises key work being undertaken to align the IMTP and the Education and Training Plan next year and provides a brief outline of the next steps.		
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	x			
Recommendations	Members are asked to: • **Note** the progress with the development of the IMTP and the next steps.			

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11/24/2021 11:54:17

UPDATE ON THE DEVELOPMENT OF THE IMTP 2022-25

1. INTRODUCTION

This paper provides the Board with an update on the development of the IMTP 2022-25 and the next steps.

2. BACKGROUND

The approach to the development of the Plan was agreed by the Board in September, with the refresh of the six Strategic Aims as the Framework of the Plan (see diagram) and a theme of consolidation and delivery.

Following the agreement of the Framework the active planning phase has been underway to develop the detailed plans for each Strategic Objective through the completion of first draft Plans on a Page and shaping of the Plan by the Executive Team and our extended SLT. Work has also been undertaken on the financial context of the Plan and this is discussed in Section 4.

The shaping of the Plan has been undertaken within the context of the parameters set in a letter received from the previous Director General (Appendix 1), the Ministerial Priorities (which have been confirmed in the NHS Wales Planning Framework) and the Workforce Strategy. The organisation also has a good track record on planning and delivery as evidenced in the mid-year Performance Report, and we are taking this learning forward in this planning round.

English (Canada) (en-CA)
11/24/2021 1:54:07

The NHS Planning Framework 2022-25 was issued on 8th November (Appendix 2) and is set in the context of the extreme pressure on the health and care system and ahead of a most challenging winter. The Framework looks ahead to the next three years to deliver sustainable services for patients in Wales as we learn to live with Covid

highlighting the impact on mental health and wellbeing for our population. The document confirms the Ministerial Priorities and recognises that digital technology and innovation have been instrumental during the pandemic and these changes must continue to be accelerated. Value Based Healthcare and prudent in practice principles feature as themes in the document as well as finding a balance between supporting the ongoing Covid Response and Recovery with expectations about regional planning. The Minimum Data Set will be similar to previous years, and the relevant elements will be completed for our Plan.

The NHS Wales Planning Framework requires all organisations to submit their plans by the end of February 2022. In advance, the Chief Executive is required to submit an Accountability Letter by 15th January on the organisation's ability to submit an approvable IMTP. Based on current assumptions and engagement, HEIW's final IMTP will be submitted to the January Board for approval with final submission to Welsh Government by the end of January 2022.

The Corporate Risk Register has also been reviewed to ensure that our Plan addresses our key risks and Cyber Security will continue to be covered as a separate Strategic Objective. With regard to Single Lead Employer, the current issues will be resolved by the end of this financial year and the level of risk is expected to reduce, although the programme of work will continue. This is under review to decide in December whether a specific Strategic Objective is required.

3. DETAILED PLANS

Executive Leads and SROs have refreshed their detailed plans for 2022-25 and provided first drafts based on firm deliverables and milestones for year 1, indicative deliverables for year 2 and outline deliverables for year 3. Based on a first cut review the Executive Team have agreed in principle that a number of the Strategic Objectives in the current Annual Plan can close at the end of 2021/22 (see table below).

Strategic Objective		**Reason**
1.5	Lead the development and implementation of initiatives including 'Grow your Own' to improve career pathways and education opportunities for the current and potential future workforce	Will be a golden thread linked to workforce strategy implementation.
1.8	Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements (overseas recruitment)	Not a priority for year 1. Potential area for year 2 of IMTP to be considered in context of Covid recovery.
2.1	Develop a multi professional Education, Learning and Development Strategy designed to deliver future roles.	To be embedded as Business as Usual – develop a new SO regarding Future Doctor.
2.4	Embed the new ways of education and training that have been put in place in response to the	To be embedded as Business as Usual

English Catherine 11/24/2021 11:54:17

	Covid-19 pandemic, including digitally enabled learning, assessment and quality assurance	
2.8	Improve opportunities for learners to undertake education and training through the medium of Welsh.	Prioritisation of Welsh Language resource to embed the Welsh Language Framework into HEIW (SA 5).
2.13	Improve career pathways and education opportunities for the clinical academic and research workforce	To be embedded as Business as Usual
3.3	Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme	To be embedded as Business as Usual
3.6	Lead the implementation and management of the Digital Leadership portal	To be embedded as Business as Usual
4.1(a)	Covid Response: Care Homes, IP&C, ICDM	To be embedded as Business as Usual
4.4(d)	Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for Major Trauma	Handover of work to NHS Wales Collaborative
4.4(f)	Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for Critical Care	Handover of work to NHS Wales Collaborative (Critical Care Network)
4.5(e)	Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Nursing Standards	To be embedded as Business as Usual
4.5(f)	Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Learning Disabilities	Closed in 2021/22: Improvement Cymru designated as lead by Welsh Government
4.6	Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.	To be included in 2.9 Multi-Professional Quality and Safety Framework
5.2	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW	Embedded into 5.1 Development and Delivery of the People & OD Strategy.
6.2	Support the development of effective communication and engagement through an organisational network analysis (ONA).	Embedded into 6.1 development and delivery of the Communications & Engagement Strategy,
6.4	Office of the Chief Digital Officer	Will be finalised by June 2022

English Catherine 11/24/2021 11:54:17

Whilst the theme of the Plan is consolidation and delivery a number of new Strategic Objectives have been proposed in the context of the whole Plan and the strategic context. These are as follows;

- Our Workforce Strategy for Health and Social Care Implementation Programme
- Scoping of development of a Dental Workforce Plan
- Scoping of development of a Pharmacy Workforce Plan
- Development of the Education Delivery System (EDS)
- Future Doctor
- Initial Education and Training Standards for Pharmacy Technicians
- Development of Anaesthetic Associates
- Supporting NHS Wales to embed Advanced Practice
- Multiprofessional approach to development of Clinical Placements
- Putting the Welsh Institute of Minimal Access Therapy (WIMAT) on a sustainable footing
- Development of the optometry and eye care workforce
- Modernising workforce models in Cancer
- Development of a Digital and Data Strategy for HEIW

A workshop was undertaken with the extended SLT on 18th November to facilitate engagement for delivery and ensure collective ownership and consistency across our detailed plans. Following this workshop Executive Leads and SROs will be firming up the final draft plans for the Executive Team to consider the final shape of the Plan and the detailed delivery plans.

The emerging plan is summarised in Appendix 3.

The resource plan to support delivery is being developed based on the Plans on the Page through discussion with delivery teams and representatives from the enabling corporate teams. This will be undertaken on a proportionate basis, within the theme of consolidation and using existing resources prudently. This will be considered by the Executive Team with the final draft Plans on a Page in early December.

The final details of this work on the shape of the plan, the detailed Strategic Objectives and resource planning will be discussed with the Board at the Board Development session in December. This discussion will be supported by the circulation of the first draft IMTP document for the Board to provide comments.

4. THE FINANCIAL PLAN

The first draft of the financial plan for 2022-23 to 2026-27 has been produced reflecting the changes to commissioning budgets included in the Education and Training Commissioning paper; staff pay modelling the assumed pay awards and incremental changes over the planning period and non-pay through a zero based approach and review of requirements with budgets holders. The indicative draft plan totals £307m and next steps include quality checking and validation that will be completed by the end of November.

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The Financial Plan will:

- Reflect increases in commissioning budgets over the five-year financial planning trajectory, agreed as part of the NHS Wales Education and Training Commissioning Plan 2022-23.
- Complete pay modelling based on data in ESR, known vacancies and any agreed changes in establishment because of agreed business cases with input from budget holders to confirm accuracy. Also reflect the additional cost of agreed NHS pay awards and pay progression.
- Undertake a detailed review with individual budget holders of the in-year position and forecast against 2021-22 budgets set following agreement of the 2021-22 Annual Plan.
- Include any agreed WG business case investment or strategic change including new teams or functions that have transferred into HEIW.
- Develop a three-year Capital Plan, and an annual Capital Programme.

5. COMMUNICATIONS AND ENGAGEMENT

As highlighted in the September report we were unable to undertake face to face engagement with NHS organisations in 2020/21 because of COVID-19. This year, we have commenced a series of virtual engagement meetings, led by the planning teams, with all of the Health Boards and NHS organisations in Wales. A summary of the themes coming out of the engagement will be produced and shared with the Board as part of the pack for the BDS in December. At present the themes align closely with those of the Workforce Strategy.

Work is also underway to refresh our arrangements for engagement with our wider group of stakeholders and this will be planned to facilitate a discussion on our IMTP and the next Education and Training Plan before the January Board.

In addition, as part of the engagement with our staff, the draft IMTP was discussed at the Staff Conference and with the Local Partnership Forum (LPF) in November. The discussion with the LPF will be followed up in January with more detailed information on the final plan and our engagement with staff and stakeholders.

With the Communications and Engagement team we will also share the key themes from the IMTP and engagement meetings in the Stakeholder Bulletin.

6. ALIGNING THE IMTP WITH THE EDUCATION AND TRAINING PLAN

The Lessons Learned paper on the Education and Training Plan will be submitted to the Executive Team for consideration in November. Detailed work will be undertaken through December and January to map the two processes to enable the staff involved to understand both processes and to design a process to develop a single plan in 2022. This is the last cycle in which the two plans will be developed separately.

7. NEXT STEPS

- Confirm the outcome of the prioritising setting and shaping of Plans on a Page by the Executive Team and SLT.
- Final Plans on a Page to be submitted early December.
- Consideration of the final detailed plans and resource requirements by the Executive Team on 8th December.

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- The final emerging Plan, risks and issues and draft IMTP document to be submitted to the Board for comments and feedback at the Board Development Session on 16th December.
- The Chief Executive to write an Accountability Letter to Welsh Government about the submission of an approvable IMTP by 15th January.
- Based on current assumptions and engagement the final IMTP will be submitted to the January Board for approval with final submission to Welsh Government by 31st January 2022.

8. GOVERNANCE AND RISK ISSUES

- The integration of the IMTP is being overseen by the Executive-led Integrated Medium Term Plan Integrated Planning Group and collectively developed by the Executive Team.
- An Equality Impact Assessment was developed for the Annual Plan 2021/22 and this will be reviewed and updated to take account of this IMTP process.
- The delay of the NHS Wales Planning Framework may present a risk to the organisation to the development of the Plan but this is likely to be minimal for HEIW.
- The organisational risks that needed to be addressed in the IMTP have been included.
- The financial implications and risks are included in the financial plan.

9. RECOMMENDATION

Members are asked to:

- **Note** the progress with the development of the IMTP and the next steps.

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			
Preparation of a financial plan will be required.			
Legal Implications (including equality and diversity assessment)			
There is a legal duty to comply with the NHS Wales Planning Framework.			
Staffing Implications			
The planning process is likely to identify significant additional staffing resource requests required to meet capacity requirements. These will be identified and			

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appropriate costings provided to enable effective decision making and appropriate prioritisation where required.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The IMTP will make full consideration of the requirement to meet “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.	
Report History	Development of an Integrated Medium-Term Plan 2022-25 (30 September 2021)
Appendices	Appendix 1 Parameters letter received from the previous Director General Appendix 2 The NHS Planning Framework 2022-25 Appendix 3 The emerging Plan

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Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Alex Howells
Chief Executive
Health Education and Improvement Wales

22 October 2021

Dear Alex

Annual Plans 2021/22 - Parameter Letter

Thank you for submitting your Board approved Annual Plan 2021/22 in response to the Annual Planning Framework issued in December 2020. It was encouraging that the plan was clearly set out and there are clear mechanisms in place to review and monitor your plan.

My letter of 9 July set out the Ministerial priorities and the wider Welsh Government expectations that will inform the delivery of your annual planning as well as the development your integrated medium term plan for 2022-2025.

The review of NHS plans highlighted a range of generic areas that all organisations must develop and these have been communicated to Chief Executives and Directors of Planning. In addition the following were identified as part of the collective reviews as areas of accountability that your Board will want to continue to strengthen and be assured about as part of the monitoring of the delivery of your plan:

Plan delivery:
- Review the extent to which the organising is supporting national/ regional work
- Seek to ensure milestones are accurate and deliverable against existing resources
- Seek to further support NHS organisations with core workforce planning advice and expertise
- Clarify role of HEIW in hosting Director of Digital and working relationships with Digital Healthcare Wales

Finance: Allocations for additional COVID funding are being worked through and forecasts will continue to be reviewed and tested as part of the mid-year review process.

Recovery: - the Board must assure itself that:
plans continue to optimise delivery and that innovative and transformational approaches are being implemented to achieve this

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11/24/2021 11:54:17

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

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Your Joint Escalation and Intervention Arrangements letter issued on 9th August confirms your escalation level remains at 'Routine Arrangements' and there will continue to be alignment in the usual plans and governance arrangements with Welsh Government.

Welsh Government will continue to seek assurance against all the aspects of your plans through routine monitoring meetings and through JET. Plans will be reviewed on a quarterly basis and I recognise that your Boards has set out processes to support monitoring arrangements including where appropriate fully completed Minimum Data Set to inform progress and commissioning of services. Please update us on the outcome of these discussions with your Board in relation to Q2.

Finally I attach the interim Delivery Framework that organisations have requested to further assist you with your planning arrangements.

Thank you for your ongoing commitment. If you have any questions please contact the planning team on HSS-planningteam@gov.wales

Yours sincerely

Dr Andrew Goodall CBE

Enc.

cc: Nicola Johnson
Simon Dean
Samia Saeed Edmonds
Andrew Sallows

English,Catherine
11/24/2021 11:54:17

NHS Wales Delivery Framework and Guidance 2021-2022

English,Catherine
11/24/2021 11:54:17

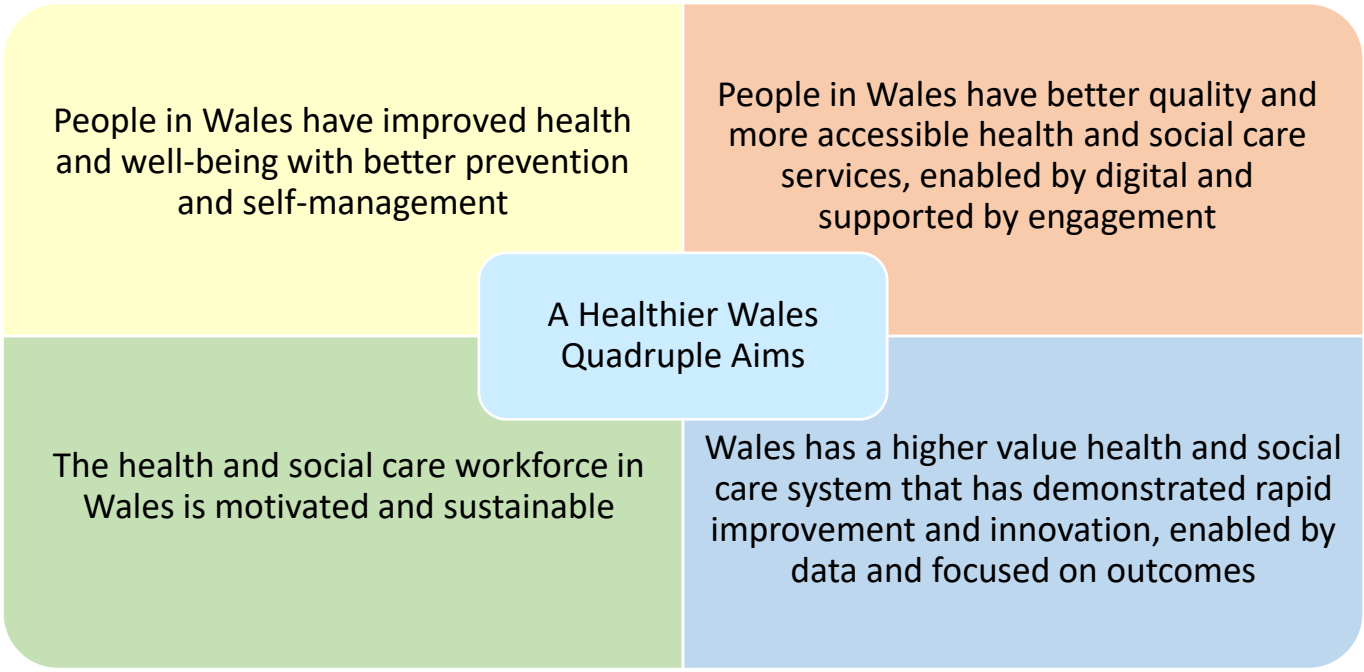
Contents

	Page
NHS Delivery Framework 2021-2022	
NHS Delivery Framework 2021-2022	3
NHS Delivery Measures	4
Reporting Guidance	9
Introduction	10
Quantitative Measures	10
Qualitative Measures	10
New Measures	11
Revised Measures	12
Removed Measures	12
Monitoring and Reporting Performance	12
Reporting of COVID-19 Measures	13
NHS Delivery Measures	14
Quadruple Aim 1	15
People in Wales have improved health and well-being with better prevention and self-management	
Quadruple Aim 2	20
People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement	
Quadruple Aim 3	32
The health and social care workforce is motivated and sustainable	
Quadruple Aim 4	35
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	
Summary of Revisions to Delivery Measures	42
Reporting Templates for Qualitative Measures	46
Advancing equality and good relations	47
Accessible communication and information for people with sensory loss	49
Learning Disabilities – Improving Lives Programme	52
Improving the health and well-being of homeless and specific vulnerable groups	56
Delivering the Welsh language objectives as defined in the More Than Just Words Action Plan	59
Learning and development in line with Good Work - Dementia Learning and Development Framework	62
Responding to service user experience to improve services	64
Retired NHS Delivery Measures	66

English Catherine 11/24/2021 11:54:17

NHS Delivery Framework 2021-2022

The NHS Delivery Framework for 2021-2022 is an interim document whilst further work is undertaken to identify outcome focused measures that deliver the priorities of the Outcomes Framework for Health and Social Care. As the Outcomes Framework for Health and Social Care is a recommendation of A Healthier Wales: Long Term Plan for Health and Social Care, all of the measures in the NHS Delivery Framework for 2021-2022 have been mapped to A Healthier Wales' quadruple aims.



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NHS Delivery Measures:

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management.

People will take responsibility, not only for their own health and well-being, but also for their family and for people they care for, pehaps even for their friends and neighbours.

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

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11/24/2021 11:54:17

- Percentage of babies who are exclusively breastfed at 10 days old
- Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1
- Percentage of children who received 2 doses of the MMR vaccine by age 5
- Percentage of adult smokers who make a quit attempt via smoking cessation services
- European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)
- Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse
- Uptake of influenza vaccination among: 65 year olds and over; under 65s in risk groups; pregnant women and; health care workers
- Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years
- Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years
- Percentage of women resident and eligible for breast screening at a particular point in time will have been screened within the previous three years
- Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)
- Percentage of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end.

Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

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- Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations
- Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss
- Qualitative report detailing the progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme
- Qualitative report detailing progress against the 5 standards that enable health and well-being of homeless and vulnerable groups to be identifed and targeted
- Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS
- Percentage of children regularly accessing NHS primary dental care within 24 months
- Percentage of adults regularly accessing NHS primary dental care within 24 months
- Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed
- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
- Number of ambulance patient handovers over 1 hour
- Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
- Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge
- Median time from arrival at an emergency department to triage by a clinician
- Median time from arrival at an emergency department to assessment by a senior clinical decision maker
- Percentage of survival within 30 days of emergency admission for a hip fracture
- Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours
- Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time
- Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds
- Percentage of stroke patients who receive mechanical thrombectomy

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end.

Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

English, Catherine 11/11/2021 12:54:17

- Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days
- Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
- Number of patients waiting more than 8 weeks for a specified diagnostic
- Number of patients waiting more than 14 weeks for a specified therapy
- Percentage of patients waiting less than 26 weeks for treatment
- Number of patients waiting more than 36 weeks for treatment
- Percentage of stage 4 referral to treatment pathways with a priority code recorded on the Patient Administration System
- Percentage of patients on the P2 assigned pathway waiting over 4 weeks
- Number of patients waiting for a follow-up outpatient appointment
- Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%
- Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date
- Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population
- Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)
- Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years and 18 years and over)
- Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years and 18 years and over)
- Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment
- Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
- Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA); C.difficile
- Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp; Aeruginosa

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals.

Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnership will support this with education providers and learning academies focused on professional capability and leadership.

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- Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor
- Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan
- Overall staff engagement score
- Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)
- Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation
- Qualitative report providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework
- Percentage of sickness absence rate of staff
- Percentage of staff who report that their line manager takes a positive interest in their health and well-being

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people-centred, timely, efficient and equitable. This will bring the individual to the fore and consider the relative value of different care and treatment options, in line with Prudent Health.

Research, innovation and improvement activity will be brought together across regions – working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

- Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales
- Evidence of how NHS organisations are responding to service user experience to improve services
- Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation
- Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target
- Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target
- Crude hospital mortality rate (74 years of age or less)
- Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
- Percentage of patients who presented as an emergency with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
- All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation
- Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs)
- Percentage of secondary care antibiotic usage within the WHO Access category
- Number of patients age 65 years or over prescribed an antipsychotic
- Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age
- Opioid average daily quantities per 1,000 patients
- Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)
- Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)
- Agency spend as a percentage of the total pay bill
- Percentage of episodes clinically coded within one reporting month post episode discharge end date

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NHS Wales Delivery Framework Guidance Document for 2021-2022

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Introduction

This guidance outlines how the delivery measures in the NHS Delivery Framework 2021-2022 are to be reported. For each measure, it provides the:

- Data source
- Frequency of reporting
- The policy area in Welsh Government that is responsible for driving improvement
- Status (i.e. whether the measure is new or revised)
- A rationale, explaining why the measure is being monitored

The measures in this guidance supersede all measures that were issued in the NHS Delivery Framework, NHS Outcomes Framework and AOF for previous years.

Quantitative Measures

All quantitative measures in the Delivery Framework are to undergo an information standards assurance process to ensure that the analysis method is appropriate and formally defined. Analysis methods that have been approved will be available to NHS organisations on the Planning, Delivery and Performance section of HOWIS' intranet site.

To reduce the burden of measurement, measures that have an established data source have been used wherever possible. Where existing data is not available, data collection templates have been developed to enable organisations to submit data from their local systems.

Qualitative Measures

For some measures, a qualitative approach to measuring service delivery is required. These measures require NHS organisations to provide an update on the activity that has been undertaken during the operational year. Templates have been designed to enable health boards and trusts to evidence the activity that they have delivered and to enable Welsh Government to assess the progress that has been made. The qualitative measures in the Framework for 2021-2022 are as follows:

- Evidence of advancing equality and good relations in the day to day activities of the NHS organisations
- Achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss

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- Progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme
- Progress against the 5 standards that enable health and well-being of homeless and vulnerable groups to be identified and targeted
- Evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan
- Evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework
- Evidence of how NHS organisations are responding to service user experience to improve services

The reporting templates for all the aforementioned measures are available on pages 46 to 65. Electronic versions of the qualitative reporting templates outlined in this document are available to NHS organisations on the Planning, Delivery and Performance section of HOWIS' intranet site.

The templates outlined in this document are to be used for reporting activity for the period 1 October 2020 to 31 March 2022, as revisions have been made to the reporting templates from the previous year. The reporting period for 2021-2022 has been adapted to accommodate peaks in service pressures during the response to the COVID-19 pandemic.

New Measures

To reflect priority areas, ten new measures have been included in the framework for 2021-2022. These measures are:

- Percentage of adults regularly accessing NHS primary dental care within 24 months
- Median time from arrival at an emergency department to triage by a clinician
- Median time from arrival at an emergency department to assessment by a senior clinical decision maker
- Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds
- Percentage of stroke patients who receive mechanical thrombectomy
- Percentage of stage 4 referral to treatment pathways with a priority code recorded on the Patient Administration System
- Percentage of patients on the P2 assigned pathway waiting over 4 weeks
- Percentage of staff who report that their line manager takes a positive interest in their health and well-being

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- Percentage of secondary care antibiotic usage within the WHO Access category
- Percentage of episodes clinically coded within one reporting month post episode discharge end date

Revised Measures

Since the publication of last year's NHS Delivery Framework, a number of the existing delivery measures have been revised for 2021-2022. The main reasons for these revisions are: to reflect changes in delivery targets to promote and encourage continuous improvement and; to capture changes in data information sources.

The delivery measures that have been re-defined are highlighted in the status column of this guidance as 'revised'. In addition, a brief description of the revision to the delivery measure is outlined in a separate summary table entitled 'Summary of Revisions to Delivery Measures' (pages 42 to 45).

Removed Measures

Following a review of the 2020-2021 edition of the NHS Delivery Framework, a number of delivery measures have not been carried forward into this year's document. The decision to remove them from the Framework was made following advice from Welsh Government's policy leads. The main reasons for removing these measures include: the quality of the data is not robust enough**;** the measure is no longer applicable due to changes in service delivery; the measure is operationalised through an alternative reporting mechanism or; an alternative measure has been identified.

For ease of reference, all the outcome indicators and performance measures that have not been carried forward into the 2021-2022 edition of the framework are noted on pages 66 and 67.

Monitoring and Reporting Performance

All quantitative data will be monitored and reported in accordance with the reporting frequency outlined in the guidance tables. These measures will be reported via Welsh Government to the following groups for consideration and, where appropriate, corrective action:

NHS and Welsh Government Meetings:

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- NHS Wales Leadership Board
- Integrated Quality, Planning and Delivery*
- Joint Executive Team*

Welsh Government Meetings:

- Executive Directors Team
- Quality Delivery Board*

All measures that have a more qualitative approach to measuring service delivery will also be reported to the aforementioned groups. To ensure a consistent approach to reporting these delivery measures, all submissions will be reviewed by the appropriate policy lead and given a RAG rating based on an agreed set of criteria. This RAG rating will be supplemented by a summary report that will outline any areas of focus to improve delivery.

*These groups form part of the NHS performance management framework.

Reporting of COVID-19 Measures

Delivery measures monitoring the response to the COVID-19 pandemic (e.g. hospital admissions, vaccination rates etc.) are to be reported via established mechanisms that fall outside of the NHS Delivery Framework. COVID-19 measures will continue to be monitored and discussed at the NHS and Welsh Government meetings as outlined above.

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NHS Wales Delivery Measures for 2021-2022

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Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
1	**Percentage of babies who are exclusively breastfed at 10 days old**	**Annual Improvement**	**National Community Child Health Database**	**Annually**	**Nursing**	
		Rationale: Evidence shows that breastfed babies will have better physical and mental health compared to those who are fed on formula milk. Breast milk provides all the nutrients that a baby will need in the first six months of life and contains antibodies that help to protect a baby from infections and illnesses. In addition, a child who has been breastfed as a baby is less prone to obesity, high blood pressure and heart disease. Breastfeeding can also make a difference to a mother's health, as it can reduce the risk of breast cancer, ovarian cancer and osteoporosis**.**				
2	**Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1**	**95%**	**Public Health Wales**	**Quarterly**	**Public Health**	
		Rationale: Vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world. Diphtheria, Hepatitis B, Haemophilus Influenza Type B Tetanus and Whooping Cough can all be prevented by a highly safe and effective vaccine. A complete course of 3 doses will protect children from these diseases and prevent them from circulating in the community.				
3	**Percentage of children who received 2 doses of the MMR vaccine by age 5**	**95%**	**Public Health Wales**	**Quarterly**	**Public Health**	
		Rationale: Vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world. Measles, Mumps and Rubella can be prevented by a highly safe and effective vaccine. A complete course of 2 doses will protect children from these diseases and prevent them from circulating in the community.				

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Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
4	**Percentage of adult smokers who make a quit attempt via smoking cessation services**	**5% annual target**	**Smoking Cessation Services Data Collection (Welsh Government)**	**Quarterly**	**Public Health**	
		Rationale: Smoking is the number one cause of avoidable premature death, linked to a range of serious and often fatal conditions, such as lung cancer, emphysema and a heart attack. To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards are required to encourage their local smoking population to attend an NHS funded service to stop smoking. Evidence shows that smokers who make a quit attempt using cessation services (offering evidence based behavioural support combined with medication/nicotine replacement therapy) are more likely to quit than those who try unaided.				
5	**European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)**	**4 quarter reduction trend**	**Patient Episode Database for Wales (PEDW)**	**Quarterly**	**Substance Misuse**	
		Rationale: Drinking above weekly guidelines and binge drinking is highly prevalent in Wales. Alcohol consumption is a significant public health concern. It may cause an immediate threat to life (e.g. violent crime, drink driving accident and acute alcohol poisoning) and has longer term health consequences, such as liver disease, heart disease and cancer. To reduce alcohol consumption, actions are taking place across Wales to reduce the availability and affordability of alcohol (such as the introduction of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018, which comes into force on the 2 March 2020), to ensure people are aware of the impact of alcohol related harm and to support behavioural change. Work is also being undertaken across Wales to support people with substance misuse issues. An indication of whether these initiatives are having a positive impact is to monitor the standardised rate of hospital admissions that are attributed to alcohol.				

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Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
6	**Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse**	**4 quarter improvement trend**	**Welsh National Database for Substance Misuse**	**Quarterly**	**Substance Misuse**	
		Rationale: Alcohol misuse in Wales is a major public health issue, impacting upon individual lives, communities, workplaces and public sector services (such as health, social care and the criminal justice system). Effective alcohol treatment - which is delivered in accordance with best practice and reflecting the client's choice in terms of intervention and treatment outcomes - can reduce alcohol related harm, improve the individual's health and social functioning and save the NHS (and other public sector services) money. Although specialist alcohol services in Wales are provided by the NHS, voluntary sector and local authority, this measure reports on the treatment services that are delivered by NHS teams.				
7	**Uptake of the influenza vaccination among:** • **65 year olds and over** • **under 65s in risk groups** • **pregnant women** • **health care workers**	**75% (65+)** **55% (risk group)** **75% (pregnant)** **60% (workers)**	**Public Health Wales**	**Annually**	**Public Health**	
		Rationale: Influenza is a respiratory illness that circulates in the UK during the winter months. Most people who are fit and well will recover from influenza, but complications may occur amongst the elderly, pregnant women and people with certain medical conditions. The best way to protect against catching and spreading influenza is to increase the uptake of immunisation amongst the vulnerable groups and health care workers.				

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11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
8	**Cancer screening coverage for:** • **Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years** • **Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years** • **Percentage of women resident and eligible for breast screening at a particular point in time will have been screened within the previous three years**	**Standards:** **60% (bowel)** **70% (breast)** **80% (cervical)**	**Public Health Wales Informatics System** **Screening Division Informatics System**	**Annually**	**Public Health**	**Revised**
		Rationale: Population screening programmes for bowel, breast and cervical cancer are important in detecting cancer early and before symptoms appear. Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival. For screening programmes to reach their full potential, coverage rate (focusing on eligible people having a test within the specific time period) needs to improve. A combination of awareness raising and more acceptable testing will help to achieve this.				
9	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan** • **Under 18 years** • **18 years and over**	**90%**	**Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)**	**Monthly**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan. A care plan, providing a range of support, is crucial to improving mental health and to assist recovery and re-ablement.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
10	**Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia that are diagnosed**	**Annual improvement**	**GP Practice Quality & Outcomes (QOF) Disease Register** **NHS Digital** **CFAS11**	**Annually**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: One of the key priorities of the Dementia Action Plan 2018-2022 is early diagnosis so that people can live well with dementia. Early identification allows individuals and their families to plan for the future, provides early contact with support services and to start treatment at an appropriate point. To ensure that people living with dementia get the support that they need, it is important that their condition is identified and recorded on the GP register.				

English Catherine
11/24/2021 11:54:17

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
11	**Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations**	**NA**	**Advancing Equality & Good Relations Monitoring Return (Welsh Government)**	**Bi-annually**	**Workforce & Organisational Development**	**Revised**
		Rationale: The Public Sector Equality Duty requires public organisations to consider how its decisions and activities will impact on different people. By advancing equality and good relations in day to day activities and ensuring equality considerations are built into the design of policies and service delivery, NHS Wales can positively contribute to a fairer society and better outcomes for all.				
12	**Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss**	**NA**	**Accessible Communication & Information Monitoring Return (Welsh Government)**	**Bi-annually**	**Workforce & Organisational Development**	
		Rationale: Effective and appropriate communication ensures that services are delivered in a way that promotes dignity and respect and minimises the risk of poorer health outcomes. The All Wales Standards for Accessible Communication and Information for People with Sensory Loss ensures that the communication and information needs of people who are deaf, deafened, hard of hearing, blind, partially sighted or deafblind are met when accessing healthcare services.				
13	**Qualitative report detailing progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme**	**NA**	**Learning Disabilities – Improving Lives Programme Monitoring Return (Welsh Government)**	**Bi-annually**	**Nursing**	
		Rationale: People with a learning disability suffer a disproportionately higher level of health inequalities and mortality at a younger age in comparison with the general population. To address this, the Learning Disability – Improving Lives Programme outlines a series of recommendations that will strengthen NHS services and subsequently improve the lives of people with a learning disability.				

English, Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
14	**Qualitative report detailing progress against the 5 standards that enable health and well-being of homeless and vulnerable groups to be identified and targeted**	**NA**	**Improving the Health & Well-being of Homeless & Specific Vulnerable Groups Monitoring Return (Welsh Government)**	**Bi-annually**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: Homeless people and specific vulnerable groups (i.e. asylum seekers, refugees, gypsies and travellers, substance misusers and EU migrants who are homeless or living in circumstances of insecurity) have a poorer physical and mental health than the general population and often have problems obtaining suitable health care. Health boards are expected to have assessments and plans in place that improve the health of homeless and vulnerable groups and ensure that they have equitable access to a full range of health and specialist services.				
15	**Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS**	**100%**	**Access Standards Reporting Template (Primary Care Portal)**	**Annually**	**Primary Care**	
		Rationale: GPs are usually the first point of contact for the majority of citizens accessing health services. During 2018-19, the National Survey for Wales (2018-19) reported that 40% of respondents found it difficult to make a convenient GP appointment. Evidence shows that difficulties in accessing a GP appointment adds pressure to other health services, in particular accident and emergency and out of hours. Improving access to GP surgeries is a key commitment of Taking Wales Forward. To drive this improvement forward GP services are expected to meet the National Access Standards for In-Hours GMS.				
16	**Percentage of children regularly accessing NHS primary dental care within 24 months**	**4 quarter improvement trend**	**NHS Business Services Authority**	**Quarterly**	**Primary Care Dental Services**	
		Rationale: Looking after a child's oral health from an early age is important. It minimises the risk of the child developing conditions such as tooth decay and erosion and encourages the healthy development of permanent adult teeth. By the age of one, children should be taken to an NHS dentist and be routinely seen thereafter. Although access to an NHS dentist has improved, there are still some localised problems. To address this, health boards have been encouraged to establish long term support for practices in areas of low access and high need.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
17	**Percentage of adults regularly accessing NHS primary dental care within 24 months**	**4 quarter improvement trend**	**NHS Business Services Authority**	**Quarterly**	**Primary Care Dental Services**	**New**
		Rationale: Although access to an NHS dentist has improved across Wales, there are still some localised problems, and due to COVID-19, the number of patients accessing NHS dental services is below previous years. To address this, a focus is being placed on the recovery of dental services (following the pandemic), which will include increased access, particularly for those most at risk. This will involve encouraging NHS dental practices to take on new patients.				
18	**Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed**	**90%**	**Out of Hours/111 Data Collection (Welsh Government)**	**Monthly**	**Delivery & Performance**	**Revised**
		Rationale: NHS Wales is committed to providing services 24 hours a day seven days a week. Outside of normal GP surgery hours, patients with an urgent medical problem may need to contact an out-of-hours service or 111 for advice and guidance. To ensure that the most urgent callers get timely advice and/or the medicine required, a nurse, emergency dentist, pharmacist or GP should provide a clinical assessment within one hour of the initial call being answered.				
19	**Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes**	**65%**	**Welsh Ambulance Service NHS Trust (WAST)**	**Monthly**	**Delivery & Performance**	
		Rationale: The speed of response is an important characteristic of a responsive ambulance service. A faster response time by emergency medical services and supporting partners to a patient who is suffering an immediate life threatening condition can reduce the risk of death and increase the potential for a positive health outcome.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
20	**Number of ambulance patient handovers over 1 hour**	**0**	**Welsh Ambulance Service NHS Trust (WAST)**	**Monthly**	**Delivery & Performance**	
		Rationale: When ambulances take patients to hospital, it is essential that patients are released promptly from the vehicles so that they can receive the best care in the correct environment. A swift patient handover also ensures that the ambulance crew can continue to provide a safe and efficient service to the local community. Delays in ambulance patient handover are frequently associated with blockages in patient flow across the whole of the health and social care pathway. To address this, health boards need to ensure that staffing arrangements and patient flow systems are safe, efficient and effective.				
21	**Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge**	**95%**	**Emergency Department Data Set (EDDS)**	**Monthly**	**Delivery & Performance**	
		Rationale: Patients attending A&E expect to be seen and treated, transferred or discharged in a timely manner. To ensure that patients spend less than 4 hours in A&E, health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services.				
22	**Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge**	**0**	**Emergency Department Data Set (EDDS)**	**Monthly**	**Delivery & Performance**	
		Rationale: Waiting over 12 hours is an indication of the resilience of the wider unscheduled care system and a key measure of patient experience (patients attending A&E expect to be seen in a timely manner). To avoid patients waiting over 12 hours, health boards are required to implement actions to continuously improve the flow of patients through A&E whilst maintaining services that are effective and safe.				
23	**Median time from arrival at an emergency department to triage by a clinician**	**12 month reduction trend**	**Emergency Department Data Set (EDDS)**	**Monthly**	**Delivery & Performance**	**New**
		Rationale: This triage measure identifies the length of time people wait for triage once they arrive at an emergency department. It enables the public and health boards to better understand the level of clinical priority of patients attending emergency departments, and how quickly they are triaged (a wait of 15 minutes or less is considered to be good practice). The data is split by triage/acuity category to understand the timeliness of triage for the most acutely ill to those with non-urgent conditions. This measure will eventually be published as a 'median' value for each emergency department in Wales.				

English Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
24	**Median time from arrival at an emergency department to assessment by a senior clinical decision maker**	**12 month reduction trend**	**Emergency Department Data Set (EDDS)**	**Monthly**	**Delivery & Performance**	**New**
		Rationale: This measure identifies the length of time people wait for a clinical decision maker assessment when arriving at an emergency department (as assessment within 60 minutes is considered to be good practice). This measure enables time-critical conditions to be identified and interventions to be delivered rapidly.				
25	**Percentage of survival within 30 days of emergency admission for a hip fracture**	**12 month improvement trend**	**CHKS**	**Monthly**	**Major Health Conditions**	
		Rationale: A hip fracture is the most common serious injury in older people. Combined with the trauma of the fall and surgery and the age and frailty of the patient (due to existing health conditions), a hip fracture is associated with an increased risk of death. To improve a patient's outcome, a co-ordinated multidisciplinary care team should deliver a full programme of care, prompt surgery and rehabilitation. As mortality occurring after 30 days is usually associated with the patient's frailty rather than directly attributed to the injury, hospitalisation or surgery, this measure focuses on survival within 30 days of an emergency admission.				
26	**Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours**	**12 month improvement trend**	**National Hip Fracture Database**	**Monthly**	**Major Health Conditions**	
		Rationale: An orthogeriatrician assessment is central to NICE's clinical guideline and quality standard for the management of hip fracture care for adults who are 60 years of age or over. An orthogeriatrician assessment is part of a multi-disciplinary programme that aims to improve the care for those admitted to hospital with a hip fracture. This assessment, in conjunction with a continuous rehabilitation programme and support, has been found to help people recover faster, regain their mobility and reduce mortality.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
27	**Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time**	**The most recent SSNAP UK national quarterly average**	**Sentinel Stroke National Audit (SSNAP)**	**Monthly**	**Delivery & Performance**	
		Rationale: To ensure treatment begins as quickly as possible and to prevent complications, all patients who have had a stroke should be directly admitted to a stroke unit within 4 hours of arrival at A&E. Due to having specialist equipment and a multidisciplinary team that provides specialist treatment, a stroke unit is associated with improved patient safety and better outcomes (such as reduced disability and mortality).				
28	**Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds**	**100%**	**NHS Delivery Unit**	**Monthly**	**Workforce & Organisational Development**	**New**
		Rationale: Minimum nursing staffing levels on stroke units have been defined in hyper-acute stroke service reconfigurations, and observational evidence is accumulating from national registries about acute care processes that are associated with substantial benefits, including outside office hours and at weekends (Rudd 2014, Ramsay et al, 2015, Turner et al, 2016). In view of this evidence, the minimum recommended staffing levels are expressed in the Sentinel Stroke Audit Programme (SSNAP) as 2.375 band 6 and 7 nursed per 10 beds. (SSNAP Criterion: Sum of band 6 and 7 (WTE) nurses per 10 stroke unit beds is equal/to above 2.375 per 10 beds for all stroke beds).				
29	**Percentage of stroke patients who receive mechanical thrombectomy**	**10%**	**Sentinel Stroke National Audit (SSNAP)**	**Monthly**	**Delivery & Performance**	**New**
		Rationale: Mechanical thrombectomy is a relatively new procedure to treat ischaemic stroke patients. When it is used in conjunction with other medical treatments, it can significantly reduce the severity of disability that a stroke can bring. Due to the need to perform the procedure as soon as stroke symptoms begin, approximately 10% of all stroke patients could be eligible for this treatment every year.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
30	**Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days**	**50%**	**Sentinel Stroke National Audit (SSNAP)**	**Monthly**	**Delivery & Performance**	**Revised**
		Rationale: Communication and swallowing problems are common after a stroke. To minimise the impact of these difficulties and to improve the patient's well-being, speech and language therapy is a key part of the patient's recovery programme. The aim is to help the patient to recover as much of their speech as possible and/or find alternative ways of communication and to provide advice on safe ways to eat and drink. Due to the affect a stroke has on the patient's concentration and energy, speech and language therapy is delivered in frequent short sessions. To measure compliance with the NICE quality standard for stroke rehabilitation, all health boards are expected to deliver an average of 16.1 minutes of speech and language for all patients.				
31	**Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)**	**75%**	**Suspected Cancer Pathway Data Set (NDR – DHCW)**	**Monthly**	**Delivery & Performance**	**Revised**
		Rationale: An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to diagnose and treat patients with cancer as promptly as possible. This measure includes all suspected cancers and starts from the point a patient is suspected of having cancer, rather than when the cancer is diagnosed (as currently happens on the 31 day pathway).				
32	**Number of patients waiting more than 8 weeks for a specified diagnostic**	**0**	**Diagnostic & Therapies Waiting Times Dataset**	**Monthly**	**Delivery & Performance**	
		Rationale: Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
33	**Number of patients waiting more than 14 weeks for a specified therapy**	**0**	**Diagnostic & Therapies Waiting Times Dataset**	**Monthly**	**Delivery & Performance**	
		Rationale: Patients receiving timely access to a specified therapy should experience improved outcomes. Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services.				
34	**Percentage of patients waiting less than 26 weeks for treatment**	**95%**	**Referral to Treatment (combined) Dataset**	**Monthly**	**Delivery & Performance**	
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.				
35	**Number of patients waiting more than 36 weeks for treatment**	**0**	**Referral to Treatment (combined) Dataset**	**Monthly**	**Delivery & Performance**	
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services**.**				
36	**Percentage of stage 4 referral to treatment pathways with a priority code recorded on Patient Administration System**	**12 month improvement trend**	**DHCW (new data set to be developed)**	**Monthly**	**Delivery & Performance**	**New**
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure encourages improvement in the timeliness of treatment by ensuring that surgical capacity (during peaks in demand) is targeted to clinical pathways with the highest priority**.**				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
37	**Percentage of patients on the P2 assigned pathway waiting over 4 weeks**	**12 month improvement trend**	**DHCW (new data set to be developed)**	**Monthly**	**Delivery & Performance**	**New Development**
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure encourages improvement in the timeliness of treatment by ensuring that patients on the P2 pathway (due to being a high clinical priority and requiring essential care) are seen within 4 weeks of assessment.				
38	**Number of patients waiting for a follow-up outpatient appointment**	**Health Board specific target: a reduction of 55% against a baseline of March 2019**	**Outpatient Follow-Up Delay Monitoring Return (Welsh Government)**	**Monthly**	**Delivery & Performance**	**Revised**
		Rationale: The number of patients waiting for a follow-up outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level.				
39	**Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%**	**Health Board specific target: a reduction of 55% against a baseline of March 2019**	**Outpatient Follow-Up Delay Monitoring Return (Welsh Government)**	**Monthly**	**Delivery & Performance**	**Revised**
		Rationale: Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment. Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment, with a particular focus on ENT, Trauma and Orthopaedic, Urology and Ophthalmology services (Planned Care Programme).				

English Catherine 11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
40	**Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date**	**95%**	**Eye Care Measures Monitoring Return (Welsh Government)**	**Monthly**	**Delivery & Performance**	**Revised**
		Rationale: For particular eye conditions, patients need regular reviews and ongoing treatment to ensure that their sight is improved and the risk of avoidable blindness is minimised. A patient 'target date' for both new and existing appointments was introduced in 2018 to reduce the number of ophthalmology patients with a high clinical risk (R1) waiting 25% over their agreed date for their clinical appointment.				
41	**Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population**	**Annual reduction**	**Patient Episode Database for Wales**	**Annually**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: The highest rates of self-harm (intentional non-fatal self-poisoning or self-injury) is amongst children and young people age 11-19. Apart from the economic burden of treating the injury or overdose, there is also the psychological and social impact on the individual, family and friends and the risk that those who repeatedly self-harm will complete suicide. As part of the Suicide and Self Harm Prevention Strategy for Wales various approaches are being taken to reduce the incidence of self-harm, including: tackling stigma; improving public and professional awareness; improving community resilience; encouraging help seeking behaviours; the identification and management of mental health conditions and; the prevention and treatment of substance misuse. By monitoring the rate of hospital admissions for intentional self-harm, we can understand if these interventions are successfully reducing the incidence of self-harm amongst children & young people.				
42	**Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)**	**80%**	**SCAMHS Waiting Times Data Collection (Welsh Government)**	**Monthly**	**Mental Health, Vulnerable Groups & Offenders**	**Revised**
		Rationale: Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10 year strategy Together for Mental Health. To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS).				

English Catherine 11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
43	**Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral** • **Under 18 years** • **18 years and over**	**80%**	**Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)**	**Monthly**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral. A readily accessible assessment (that is provided when it is needed), is essential if interventions and treatments for mental health problems are to be delivered as early as possible.				
44	**Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS** • **Under 18 years** • **18 years and over**	**80%**	**Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)**	**Monthly**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.				
45	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment**	**80%**	**Neurodevelopment Waiting Times Data Collection (Welsh Government)**	**Monthly**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: The Together for Children and Young People service improvement programme was launched in 2015 to improve the emotional and mental health of children and young people in Wales. One of the aims of this programme is to enable children and young people experiencing neurodevelopment conditions (such as autistic spectrum disorder and attention deficit disorder) to have timely access to assessment and treatment to support their continued social and personal development.				

English Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
46	**Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**	**80%**	**Psychological Therapy Waiting Times Data Collection (Welsh Government)**	**Monthly**	**Mental Health, Vulnerable Groups & Offenders**	
		Rationale: Providing timely access to psychological therapies in Specialist Adult Mental Health is a key priority within the Together for Mental Health Delivery Plan. The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains.				
47	**Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population:** • **E-coli** • **S.aureus bacteraemias (MRSA and MSSA)** • **C.difficile**	**Health Board specific target**	**Public Health Wales**	**Monthly**	**Healthcare Quality**	**TBC**
		Rationale: Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the UK AMR Strategy. The UK AMR National Action Plan (NAP) published alongside the strategy outlines the 5 year plan from 2019 – 2024 for tackling AMR in the UK. In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems. The impact of HCAIs is felt by patients and by the health service. Within the UK AMR NAP there is a delivery target to reduce healthcare associated Gram negative bacteraemia by 50% by 2024. Monitoring the Gram negative bacteraemia cases/100,000 population in Wales will assist in monitoring progress against this 5 year plan. Surveillance of *S.aureus* bacteraemia (MRSA and MSSA) and; *C.difficile* continues and through better application of existing knowledge of IP&C measures and lessons learnt from the COVID pandemic, HCAIs can be further reduced. *Note: The COVID-19 pandemic has impacted greatly on services during 2020, therefore comparisons for April 2021 to March 2022 will be made with 2019-20 rather than 2020-21. Targets and trajectories will need to be re-assessed to take into account the COVID-19 effect.* https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024				
48	**Cumulative number of laboratory confirmed bacteraemia cases:** • **Klebsiella sp** • **Aeruginosa**	**Health Board specific target**	**Public Health Wales**	**Monthly**	**Healthcare Quality**	**TBC**
		Rationale: As above.				

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Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
49	**Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor**	**Annual improvement**	**National Survey for Wales**	**Annually**	**Nursing** **Primary Care**	
		Rationale: Every person in Wales who uses GP services has the right to receive excellent care as well as advice and support to maintain their health. To determine whether this is being achieved and to identify areas for local improvement, the National Survey for Wales monitors the perception of those who have seen a GP/family doctor about their own health about the overall care that they received.				
50	**Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan**	**NA**	**Delivering the Welsh Language Objectives as defined in the More Than Just Words Action Plan Monitoring Return (Welsh Government)**	**Bi-annually**	**Welsh Language Unit**	**Revised**
		Rationale: Ensuring the safety, dignity and respect of Welsh speakers is at the heart of providing health and care in Welsh. Many people can only communicate and participate in their care through the medium of Welsh, especially young children who only speak Welsh and those who have lost their second language due to dementia or stroke. To ensure the care needs of Welsh speakers, their families and carers are being met, leadership must be demonstrated across every level of NHS organisations in implementing actions that will deliver the objectives outlined in Welsh Government's strategic framework for Welsh language services in health and social care - More Than Just Words.				
51	**Overall staff engagement score**	**Annual improvement**	**Staff Survey**	**Annually**	**Workforce & Organisational Development**	**Revised**
		Rationale: The people who work for the NHS are integral to delivering a high quality, person centred and safe service. To maximise this resource, all NHS services should have key employment practices and actions in place to support and engage staff so that they are fully aligned and committed to delivering excellent care and support. The success of these mechanisms is monitored via the NHS Wales Staff Survey.				

English Catherine 11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
52	**Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)**	**85%**	**Electronic Staff Record (ESR)** **Medical Appraisal & Revalidation System (MARS)**	**Monthly**	**Workforce & Organisational Development**	
		Rationale: The people who work for the NHS are integral to delivering high quality, person centred and safe services. A key employment practice that supports and engages staff in delivering the vision of NHS Wales is the provision of an annual personal appraisal and development review. This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles.				
53	**Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation**	**85%**	**Electronic Staff Record (ESR)**	**Monthly**	**Workforce & Organisational Development**	
		Rationale: To ensure that NHS Wales has a skilled workforce, there is a need to educate and train new staff and help others to learn and develop. The Core Skills Training Framework is the recognised minimum standard for statutory and mandatory training for all staff working for NHS Wales.				
54	**Qualitative report providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework**	**NA**	**Good Work - Dementia Learning and Development Framework Monitoring Return (Welsh Government)**	**Bi-annually**	**Nursing**	
		Rationale: NHS staff who have a solid awareness of dementia and the issues that surround it are best equipped to support people with dementia to live well. The provision of learning and development to all NHS staff is a priority of the Dementia Action Plan for Wales 2019-22.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
55	**Percentage of sickness absence rate of staff**	**12 month reduction trend**	**Electronic Staff Record (ESR)**	**Monthly**	**Workforce & Organisational Development**	
		Rationale: Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales.				
56	**Percentage of staff who report that their line manager takes a positive interest in their health and well-being**	**Annual improvement**	**Staff Survey**	**Annually**	**Workforce & Organisational Development**	**New**
		Rationale: The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported. This indicator measures staff's perception of the support provided by their line manager to maintain their health and well-being. Following the impact of COVID-19 and the many challenges that are likely to follow, it is important that NHS Wales continues to improve the working life and well-being of staff working in the NHS.				

English Catherine
11/24/2021 11:54:17

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
57	**Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales**	**Improvement**	**National Survey for Wales**	**Every 2 years**	**Nursing**	
		Rationale: Every person in Wales who uses health services or supports others to do so, has the right to receive excellent care as well as advice and support to maintain their health. Key determinants of good service user experience may include people: having a positive first and lasting impression of health services; receiving care in a safe and supportive environment and; having an understanding and involvement in their care. To determine whether these contributory factors are being met and to identify areas for local improvement, the National Survey for Wales monitors public's perception on the overall health service in Wales (GPs, pharmacies, NHS dentists, NHS opticians, community health services and hospitals) irrespective of whether they have used these health services or not.				
58	**Evidence of how NHS organisations are responding to service user experience to improve services**	**N/A**	**Responding to Service User Experience Feedback to Improve Services Monitoring Return (Welsh Government)**	**Annually**	**Nursing**	**Revised**
		Rationale: As outlined in the NHS Framework for Assuring Service User Experience gathering service user feedback and assessing it for themes and trends is a valuable opportunity for NHS organisations to make improvements. It is important that organisations have a variety of feedback methods in place and that service users feel that their views are welcomed, that notice is being taken of their feedback and improvements are being made where necessary. All NHS organisations are required to evidence that service user feedback is gathered and acted upon in all care settings.				

English Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
59	**Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation**	**75%**	**Complaints Data Collection (Welsh Government) & NHS Welsh Risk Pool**	**Quarterly**	**Healthcare Quality**	**Revised**
		Rationale: Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. In this instance, the patient, relative, friend or carer needs to raise their concern so that the organisation can look at what may have gone wrong and try to make it better. NHS Wales will try to resolve concerns immediately and aims to respond within 30 working days of receiving the concern. For concerns that are more complex, NHS Wales will provide an interim reply explaining why they cannot reply in 30 days and when a response should be expected. This measure will monitor NHS Wales' compliance with standard, ensuring the timely resolution of concerns and identification of lessons learnt.				
60	**Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target**	**100% of studies**	**Health & Care Research Wales**	**Quarterly**	**Social Care & Health Research**	**Revised**
		Rationale: Welsh Government is committed to funding a research infrastructure and capacity that will facilitate improvements to the health and well-being of people of Wales. This measure looks to improve the efficient set up of studies which in turn increases the opportunity for NHS patients to participate in and benefit from research.				
61	**Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target**	**100% of studies**	**Health & Care Research Wales**	**Quarterly**	**Social Care & Health Research**	**Revised**
		Rationale: Welsh Government is committed to funding a research infrastructure and capacity that will facilitate improvements to the health and well-being of people of Wales. This measure looks to improve the efficient set up of studies which in turn increases the opportunity for NHS patients to participate in and benefit from research.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
62	**Crude hospital mortality rate (74 years of age or less)**	**12 month reduction trend**	**CHKS**	**Monthly**	**Healthcare Quality**	
		Rationale: Although there will always be deaths in hospital, in general, people aged under 75 years should be less likely to die than people aged 75 and over. With the implementation of the Medical Examiner Service, all non-coronial deaths will be reviewed so that identified themes can inform learning and improvements. To understand whether improvements are being made, this measure quantifies hospital mortality by comparing the number of inpatient deaths with the number of hospital inpatient spells to produce crude mortality expressed as a percentage.				
63	**Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening**	**12 month improvement trend**	**Sepsis Six Bundle Monitoring Return (Welsh Government)**	**Monthly**	**Healthcare Quality**	
		Rationale: Sepsis is a life threatening condition and is one of the most common, least recognised illnesses in the developed world. NHS Wales has introduced a number of initiatives to reduce hospital mortality, including patients being treated with the sepsis six care bundle within one hour of positive screening. This bundle consists of three diagnostic tests for the condition and three treatments that have proven to combat sepsis. This indicator measures compliance with the sepsis six first hour care bundle for in-patients.				
64	**Percentage of patients who presented as an emergency with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening**	**12 month improvement trend**	**Sepsis Six Bundle Monitoring Return (Welsh Government)**	**Monthly**	**Healthcare Quality**	
		Rationale: Sepsis is a life threatening condition and is one of the most common, least recognised illnesses in the developed world. NHS Wales has introduced a number of initiatives to reduce hospital mortality, including patients being treated with the sepsis six care bundle within one hour of positive screening. This bundle consists of three diagnostic tests for the condition and three treatments that have proven to combat sepsis. This indicator measures compliance with the sepsis six first hour care bundle for patients who presented at an emergency department.				

English,Catherine 11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
65	**All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation**	**100%**	**All Wales Therapeutic & Toxicology Centre** **DHCW Medusa System**	**Quarterly**	**Pharmacy & Prescribing**	**Revised**
		Rationale: To address one of the key commitments of Taking Wales Forward, the Programme for Government 2016-21, the New Treatment Fund was launched in January 2017 to help health boards and Velindre University NHS Trust to introduce new, recommended medicines faster and more consistently across Wales. This will enable patients across Wales to get faster access to a full range of new medicines that will improve and prolong their lives.				
66	**Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs)**	**Primary care health board target: a quarterly reduction of 5% against a baseline of 2019-20**	**All Wales Therapeutic & Toxicology Centre**	**Quarterly**	**Healthcare Quality**	**Revised**
		Rationale: Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the UK AMR Strategy. Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance. Across health and social care actions need to be taken to continue the improvements in antimicrobial prescribing practices previously documented in 2019-2020.				
67	**Percentage of secondary care antibiotic usage within the WHO Access category**	**55%**	**Public Health Wales**	**Quarterly**	**Healthcare Quality**	**New**
		Rationale: Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the UK AMR Strategy. Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance. Across health and social care actions need to be taken to continue the improvements in antimicrobial prescribing practices previously documented in 2019-2020.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
68	**Number of patients age 65 years or over prescribed an antipsychotic**	**Quarter on quarter reduction**	**All Wales Therapeutic & Toxicology Centre**	**Quarterly**	**Pharmacy & Prescribing**	
		Rationale: Evidence shows that antipsychotic medicines only have a limited benefit in treating the behavioural and psychological symptoms of dementia, whilst carrying a significant risk of harm. The Dementia Action Plan for Wales 2018-22 directs health boards to reduce the prescription of antipsychotic medication for people with a diagnosis of dementia, whilst the National Assembly for Wales' Health, Social Care and Sports Committee has provided recommendations on the prescription of antipsychotics to patients who are 65 years of age or over who reside in a care home. This measure will contribute to monitoring the effectiveness of actions to ensure the safe and appropriate use of antipsychotic medicines in those age 65 and over.				
69	**Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age**	**Quarter on quarter reduction**	**All Wales Therapeutic & Toxicology Centre**	**Quarterly**	**Pharmacy & Prescribing**	
		Rationale: There is a high risk a baby will develop malformations and developmental problems if medicines containing valproate are taken during pregnancy. The Medical and Healthcare Regulatory Agency (MHRA) published a Drug Safety Update (September 2018) stating that valproate should no longer be used in women or girls of child bearing age unless she has a Pregnancy Prevention Programme in place. This measure will contribute to monitoring the effectiveness of actions to ensure the safe and appropriate use of valproate containing medicines.				
70	**Opioid average daily quantities per 1,000 patients**	**4 quarter reduction trend**	**All Wales Therapeutic & Toxicology Centre**	**Quarterly**	**Pharmacy & Prescribing** **Substance Misuse**	
		Rationale: Attempts to reduce the pain of patients by using opioids have led to overuse and adverse outcomes, without a noticeable impact on lowering of the chronic pain burden at a population level. Opioids have well established side effects and their repeated administration can cause tolerance and dependence. Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. As opioids are not the most appropriate or effective treatment option for many patients with chronic pain, the aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits.				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
71	**Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)**	**Quarter on quarter improvement**	**All Wales Therapeutic & Toxicology Centre**	**Quarterly**	**Pharmacy & Prescribing**	
		Rationale: A biosimilar medicine is a biological medicine that is developed to be highly similar and clinically equivalent to an existing biological medicine (a 'reference' medicine). Biological medicines account for a significant expenditure within the NHS. The use of biosimilar medicines instead of a reference biological medicine could be associated with cost savings. The purpose of this measure is to ensure the prescribing of biological medicines supports cost efficient prescribing in primary and secondary care, by increasing the appropriate use of cost-efficient medicines, including biosimilar medicines.				
72	**Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)**	**Quarter on quarter reduction towards the target of no more than 5%**	**Ward Watcher Critical Care Return (Welsh Government)**	**Monthly**	**Delivery & Performance**	
		Rationale: The number of delayed discharges from critical care across Wales is significant and can be associated with inefficient hospital flow. Delayed discharge from critical care can prevent patients who are critically ill from accessing the treatment they need and can have a detrimental effect on the rehabilitation of patients whose transfers are delayed. Furthermore, delays can be harmful to the patient's safety as they can result in out of hours discharge, cancelled operations and non-clinical transfers (which are all known to increase morbidity and mortality). A delayed transfer of care also has a financial implication, as a critical care bed is the most costly type of bed in a hospital. This measure looks to improve patient flow through the critical care unit by encouraging health boards to reduce the number of critical care bed days lost due to the delayed transfer of care**.**				

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
73	**Agency spend as a percentage of the total pay bill**	**12 month reduction trend**	**Financial Monitoring Returns (Welsh Government)**	**Monthly**	**Workforce & Organisational Development**	**Revised**
		Rationale: To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market. This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend.				
74	**Percentage of episodes clinically coded within one reporting month post episode discharge end date**	**12 month improvement trend towards achieving the 95% target**	**Patient Episode Database Wales**	**Monthly**	**Technology & Digital**	**New**
		Rationale: It is essential that clinical coding is accurately recorded as it informs the analysis of key statistics. Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and; is used to examine public health trends.				

English,Catherine
11/24/2021 11:54:17

Summary of Revisions to Delivery Measures

In comparison with the published 2020-2021 NHS Delivery Framework

English,Catherine
11/24/2021 11:54:17

Delivery Measure		Detail of Revision
8	Cancer screening coverage for: bowel; breast and; cervical	The wording and calculation of this measure has changed. The previous measure focused on the 'uptake' of the screening for bowel, breast and cervical cancer.
11	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	The list of relevant strategies and guidance (at the end of the template) has been updated.
18	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	The wording of this measure has changed. The previous measure focused on the initial call being 'answered'.
30	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	The wording of this measure has changed. The previous measure focused on compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient. The target has been revised to 50% from a 12 month improvement trend.
31	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	The target has been revised to 75% from a 12 month improvement trend. The information source has been revised from Single Cancer Pathway Monitoring Return (Welsh Government) to Suspected Cancer Pathway Dataset (NDR - DHCW).
38	Number of patients waiting for a follow-up outpatient appointment	The target for 2021-22 has been revised to: Health Board specific target – a reduction of 55% against a baseline of March 2019. It was previously a 35% reduction.
39	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	The target for 2021-22 has been revised to: Health Board specific target – a reduction of 55% against a baseline of March 2019. It was previously a 35% reduction.
40	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.	The wording of this measure has been revised. The measure for 2021-22 reports on ophthalmology R1 appointments attended. The previous measure focused on R1 patients who were waiting within their clinical target date for care and treatment.
42	Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)	The wording of the measure has been revised. The measure for 2021-22 reports on the 'first appointment'. The previous measure focused on the 'first outpatient appointment'.

English Catherine 11/24/2021 11:14:15

Delivery Measure		Detail of Revision
		The information source has been revised from CAMHS Management Information Data Collection (Welsh Government) to sCAMHS Waiting Times Data Collection (Welsh Government)
50	Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan	Revision to the reporting template. The following has been added to the evidence required for 'Planning, Commissioning and Contracting': Actions taken to improve Welsh language provision in mental health services.
51	Overall staff engagement score	Revision to the calculation. The results for 2020-21 onwards are calculated as a percentage rather than as a whole number.
58	Evidence of how NHS organisations are responding to service user experience to improve services	The following fields have been added to the reporting template: Mental Health and Learning Disability Services; Children's Services; Caring for People with COVID-19 and; Women and Maternity Services.
59	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	The information source has changed from Complaints Data Collection (Welsh Government) to Complaints Data Collection (Welsh Government) and NHS Risk Pool.
60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	The wording of the measure has been revised. The previous measure focused on the number of patients recruited in Health and Care Research Wales clinical research portfolio studies. The target for 2021-22 has been revised to: 100% of studies. It was previously a 10% annual improvement.
61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	The wording of the measure has been revised. The previous measure focused on the number of patients recruited in Health and Care Research Wales commercially sponsored studies. The target for 2021-22 has been revised to: 100% of studies. It was previously a 5% annual improvement.
65	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	The information source has changed from NWIS to DHCW.

English Gwelsh
11/24 (21)

Delivery Measure		Detail of Revision
66	Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs)	The target for 2021-22 has been revised to: a quarterly reduction of 5% against a baseline of 2019-20. It was previously a reduction against a baseline of 2018-19.
73	Agency spend as a percentage of the total pay bill	The target for 2021-22 has been revised to: 12 month reduction trend. It was previously a NHS organisation specific target.

English,Catherine
11/24/2021 11:54:17

Reporting Templates for Qualitative Measures

English,Catherine
11/24/2021 11:54:17

Advancing Equality and Good Relations

Organisation	
Date of Report	
Report Prepared By	

The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. To meet the requirements of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Health Boards & NHS Trusts must consider how they can positively contribute to a fairer society through advancing equality & good relations in their day-to-day activities. The equality duty ensures that equality considerations are built into the design of policies & the delivery of services and that they are kept under review. This will achieve better outcomes for all.

Reporting Schedule: Progress against the organisation's plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April. **Completed form to be returned to: hss.performance@gov.wales**

Please attach a copy of the organisation's Strategic Equality Plan (SEP) which should set out how tackling inequality and barriers to access improves the health outcomes and experience of patients, their families and carers. Your SEP should also include equality objectives to meet the general duty covering the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origin, colour or nationality), religion or belief (including lack of belief), marriage and civil partnership, sex, sexual orientation.

Update on the actions implemented during the <u>current operational year</u> to advance equality & good relations in the health board's day to day activities

	Key Actions Planned 1 Oct 2020 – 31 Mar 2022	**Risks to Delivery Corrective Actions & By When**	**What was Achieved during** 1 Oct 2020 – 30 Sept 2021	**What was Achieved during** 1 Oct 2021 to 31 Mar 2022
Planning & Performance Management				
IMTPs clearly demonstrate how the NHS organisation meets the duties associated with equality & human rights and the arrangements for equality impact assessment.				
Steps have been taken, where possible, to align equality impact & health needs assessments to ensure they take account of the 'protected characteristics' & utilise specific data sets & engagement activity.				
Equality impact assessment is embedded into service change/transformational programmes and service delivery plans and informed by the findings from the engagement and consultation and other evidence.				

	Key Actions Planned 1 Oct 2020 – 31 Mar 2022	Risks to Delivery Corrective Actions & By When	What was Achieved during 1 Oct 2020 – 30 Sept 2021	What was Achieved during 1 Oct 2021 to 31 Mar 2022
Governance				
The Health Board/NHS Trust receives assurance that processes are in place to identify Equality impact, undertake engagement and that mitigating actions are clearly set out. Committee or sub-committees confirm that equality impact assessments inform decision making.				
The Health Board/NHS Trust ensures that equality considerations are included in the procurement commissioning and contracting of services.				
Quality & Safety				
Links are made between equality and the quality initiatives set out in the Quality Improvement Strategy and Annual Quality Statement.				
Workforce				
There is evidence that employment information informs policy decision making and workforce planning.				
Numbers of staff who have completed mandatory equality and human rights training 'Treat Me Fairly' (TMF)				

Relevant Strategies and Guidance

Equality and Human Rights Commission Wales (EHRC) https://www.equalityhumanrights.com/en/commission-wales
Making Fair Financial Decisions: Guidance for Decision-makers - Equality and Human Rights Commission https://www.equalityhumanrights.com/en/advice-and-guidance/making-fair-financial-decisions
EHRC's "Is Wales Fairer?" 2018 https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018
Welsh Government Equality Objectives 2020-2024 https://gov.wales/sites/default/files/publications/2020-04/strategic-equality-plan-equality-aims-objectives-actions-2020-2024.pdf
Organisations Revised Strategic Equality Plans 2016-20 https://gov.wales/sites/default/files/publications/2019-03/equality-plan-and-objectives-2016-2020.pdf
EIA Practice Hub – Public Health Wales http://www.eiapractice.wales.nhs.uk/home
The Essential Guide to the Public Sector Equality Duty: An Overview for Public Authorities in Wales (EHRC) https://www.equalityhumanrights.com/en/publication-download/essential-guide-public-sector-equality-duty-overview-listed-public-authorities
Welsh Government 'A Healthier Wales' https://gov.wales/healthier-wales-long-term-plan-health-and-social-care
Chwarae Teg (2018). Rapid Review of Gender Equality Phase One and Phase two https://chwaraeteg.com/projects/gender-equality-review/
How coronavirus has affected equality and human rights https://www.equalityhumanrights.com/en/publication-download/how-coronavirus-has-affected-equality-and-human-rights
Welsh Government Race Equality Action Plan – Anti-racist Wales - https://gov.wales/race-equality-action-plan-anti-racist-wales
Covid-19 BAME socio economic sub group - https://gov.wales/covid-19-bame-socio-economic-subgroup-report-welsh-government-response

Accessible Communication and Information for People with Sensory Loss

NHS Organisation	
Date of Report	
Report Prepared By	

The All Wales Standard for Accessible Communication and Information for People with Sensory Loss sets out the standards of service delivery that people with sensory loss should expect when they access healthcare. These standards apply to all adults, young people and children. The Accessible Information Standard requirements sit alongside the 'Standards' as an enabler to implementing them.

Reporting Schedule: Progress against the organisation's action plan for the current operational year is to be reported bi-annually. This form is to be submitted on 31 October and 30 April.

Completed form to be returned to: hss.performance@gov.wales

Please attach an updated action plan that you may have in place to implement the All Wales Standard for Accessible Communication & Information for People with Sensory Loss

Needs Assessments	**Key Actions Achieved** 1 Oct 2020 to 30 Sept 2021	**Key Actions Achieved** 1 Oct 2021 to 31 Mar 2022	**Risks to Delivery**	**Corrective Actions & By When**
All public & patient areas should be assessed to identify the needs of people with sensory loss				
All public information produced by organisation should be assessed for accessibility prior to publication.				

Standards of Service Delivery	**Key Actions Achieved** 1 Oct 2020 to 30 Sept 2021	**Key Actions Achieved** 1 Oct 2021 to 31 Mar 2022	**Risks to Delivery**	**Corrective Actions & By When**
Health Prevention (Promotion Screening, SSW, Flu Vaccination, Bump Baby & Beyond). Priority areas include:				
Raising staff awareness				
Ensuring all public information is accessible for people with sensory loss				
Accessible appointment systems				

English,Catherine 11/11/2021 11:54:17

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
Communication models				
Primary and Community Care. Priority areas include:				
Raising staff awareness				
Accessible appointment systems				
Communication models				
Implementation of the Accessible Information Standard				
Secondary Care. Priority areas include:				
Raising staff awareness				
Accessible appointment systems				
Communication models				
Implementation of the Accessible Information Standard				

Enquiry Opening
4 May 2021 11:54:17

Standards of Service Delivery	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
Emergency & Unscheduled Care. Priority areas include:				
Raising staff awareness				
Communication models				

Concerns & Feedback (CF). Areas include:	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
Highlighting current models of CF in place which would support individuals with sensory loss to raise a concern or provide feedback				
Highlight any CFs received in sensory loss and actions taken				

Patient Experience*	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions & By When
Mechanisms are in place to seek and understand the patient's experience of accessible communication and information				
	Key Themes		**Corrective Actions & By When**	
The key themes to emerge from patient experience feedback (both positive and negative)				

Kenilworth Cathedral
12/4/2021 11:41:11

* **Patient experience mechanism and themes to be documented in this return applies specifically to patients with sensory loss who have accessible communication and information needs**. There is a requirement in the NHS Delivery Framework for NHS organisations to provide an update on patient experience for all patients (not just for those with accessible communication or information needs). This is to be reported on a separate proforma entitled 'Evidence of how organisations are responding to patient feedback to improve services' and links to the NHS Framework for Assuring Service User Feedback.

Learning Disabilities – Improving Lives Programme

NHS Organisation	
Date of Report	
Report Prepared By	

The learning disability transformation programme 'Improving Lives' https://gov.wales/sites/default/files/publications/2019-03/learning-disability-improving-lives-programme-june-2018.pdf outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the 'Improving Lives' programme and in particular, the recommendations/actions outlined in this reporting template.

Reporting Schedule: Progress for the current operational year is to be reported bi-annually. This form is to be submitted on 31 October and 30 April. **The completed form is to be returned to: hss.performance@gov.wales**

Recommendation: Implementation of evidence based interventions e.g. Positive Behavioural Support (PBS) and active support training programmes and awareness sessions across services and the lifespan. Starting with guidance for children and parents and carers and linking to the ACE awareness training and learning from the English STOMP (STop Over Medicating People) programme.
Key Action: Promote the use of PBS in all settings and raise awareness of the appropriate and safe use of restraint.

Achievements	Risk to Delivery	Corrective Actions
Reporting Period: 1 October 2020 to 30 September 2021		
Reporting Period: 1 October 2021 to 31 March 2022		

English,Catherine
11/24/2021 11:54:17

Recommendation: Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilising part of the potentially expanded integrated capital and revenue care fund. **Key Action:** As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Integrated Care Fund.		
Achievements	**Risk to Delivery**	**Corrective Actions**
Reporting Period: 1 October 2020 to 30 September 2021		
Reporting Period: 1 October 2021 to 31 March 2022		

Recommendation: To enable a person centred approach through developing models of funding to enable joint packages of care through social care funding and health care funding to prevent delayed transfers of care and inappropriate placements/ accommodation. **Key Action:** As a member of the Regional Partnership Board jointly assess, plan and provide efficient and effective integrated and sustainable care and support services. Their purpose is to improve the outcomes and well-being of people with care and support needs.		
Achievements	**Risk to Delivery**	**Corrective Actions**
Reporting Period: 1 October 2020 to 30 September 2021		
Reporting Period: 1 October 2021 to 31 March 2022		

English,Catherine
11/24/2021 11:54:17

Recommendation: Primary Health Care: Improve the take up and quality of annual health checks to monitor and identify health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check). **Key Action:** (1) Review the role of community learning disability teams to support delivery of the annual health checks (primary care cluster level), supporting step-down and children and young people's services. (2) Establish a community learning disability link nurse for every primary care cluster.		
Achievements	**Risk to Delivery**	**Corrective Actions**
Reporting Period: 1 October 2020 to 30 September 2021		
Reporting Period: 1 October 2021 to 31 March 2022		

Recommendation: Secondary Health Care: To ensure reasonable adjustments are made for people with a learning disability through using care bundles, having learning disability champions, system flagging and increasing the number of learning disability liaison nurses across Wales. To ensure traffic light systems/health passports are put in place. Roll out of the health equalities framework.		
Achievements	**Risk to Delivery**	**Corrective Actions**
Reporting Period: 1 October 2020 to 30 September 2021		
Reporting Period: 1 October 2021 to 31 March 2022		

English,Catherine
11/24/2021 11:54:17

Recommendation: To ensure that people with complex needs have timely and easy access to learning disability specialist services through mainstreaming multi-disciplinary teams, reviewing health's bed placed provision and developing appropriate care services e.g. trauma informed care, PBS, mental health and out of hours access.		
Achievements	**Risk to Delivery**	**Corrective Actions**
Reporting Period: 1 October 2020 to 30 September 2021		
Reporting Period: 1 October 2021 to 31 March 2022		

English Catherine
11/24/2021 11:54:17

Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

Health Board	
Date of Report	
Report Prepared By	

Health Boards are expected to have in place assessments and plans to identify and target the health & well-being needs of homeless & vulnerable groups of all ages in the local area. Vulnerable groups are people identified as: homeless, asylum seekers & refugees, gypsies & travellers, substance misusers, EU migrants who are homeless or living in circumstances of insecurity.

Reporting Schedule: Progress against the Health Board's action plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April to cover the period April 2020 to March 2021.
Completed form to be returned to: hss.performance@gov.wales

Standards	**Key Actions Achieved** 1 Oct 2020 to 30 Sept 2021	**Key Actions Achieved** 1 Oct 2021 to 31 Mar 2022	**Risks to Delivery**	**Corrective Actions**
Please refer to the checklist on the evidence that is to be provided for each Standard				
1. Leadership The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.				
2. Joint Working The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders to improve health of vulnerable groups and contribute to the prevention of homelessness				
3. Health Intelligence The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders and demonstrates an understanding of the profile and health needs of homeless people & vulnerable groups in their area.				

Catherine 11/11/2021 11:54:17

Standards	Key Actions Achieved 1 Oct 2020 to 30 Sept 2021	Key Actions Achieved 1 Oct 2021 to 31 Mar 2022	Risks to Delivery	Corrective Actions
4. Access to Healthcare Homeless and vulnerable groups have equitable access to a full range of health and specialist services.				
5. Homeless & Vulnerable Groups' Health Action Plan (HaVGHAP) The Health Board leads the development, implementation & monitoring of the HaVGHAP (as an element of the Single Integrated Plan & regional commissioning strategies) in partnership with the Local Authority, service users, third sector & other stakeholders.				

To prevent separate updates being commissioned for vulnerable groups, please ensure that the update you provide considers all vulnerable groups.

- For gypsy and travellers, when providing an update, please consider the outcome measures as detailed in 'Travelling for Better Health'. Travelling for Better Health is available at: http://gov.wales/docs/dhss/publications/150730measuresen.pdf
- For refugee and asylum seekers, when providing an update, please consider the key actions required within the guidance issued in December 2018, available at: https://gov.wales/docs/dhss/publications/health-and-wellbeing-provision-for-refugees-and-asylum-seekers.pdf

English,Catherine
11/24/2021 11:54:17

Evidence Checklist: Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

General: The Health Board leads the development, implementation and monitoring of the HaVGHAP (as an element of the Single Integrated Plan & regional commissioning strategies) in partnership with the Local Authority, service users, third sector & other stakeholders.	
	Questions to consider when completing the reporting template
Risks to Delivery	• Has there been an increase in the numbers of people within specific vulnerable groups you are supporting or is there an element of increased complexity? • Has there been a change in funding allocated to the vulnerable groups from either a health, local authority or third sector perspective; which effects how the Health Board may support the group? • Are there sufficiently skilled staff to deliver services and meet the needs of the homeless and vulnerable groups? • Despite there being identified needs across the whole population, the Health Board is only currently providing a service within one region.
Leadership	• Does the Health Board have a lead/named person who has responsibility for the strategic direction and service delivery for homelessness and vulnerable groups? • Do the single integrated plan and regional commissioning strategies include information on homelessness and vulnerable groups or is there a separate strategic plan which specifically focuses on this area? If not what are the governance arrangements?
Joint Working	• How do the Local Authority, Third Sector and people who use services inform the strategic plan and shape service delivery?
Health Intelligence	• Does the Health Board identify the needs of homeless and vulnerable groups within their community through their population needs assessment? • Is any additional information collected to inform how services are developed and or delivered? (For example National Rough Sleeper count, Stats Wales, Home office data, information from GPs and Local Authorities).
Access to Healthcare	• How does the Health Board ensure that vulnerable groups with different language, culture and communication needs are supported to access health services? How widely is the language line used, are other translation services used within the Health Board, do people have access to a clinician or staff who speak their language and have staff attended cultural competency training? • How does the Health Board support all vulnerable groups to access generic health services? The response should consider GPs, dental care and whether information is available to signpost people about the services available? • Has the Health Board got any specialist services/support for the different vulnerable groups? (e.g. homelessness in x region is a significant issue and research tells us that this group has poorer health and accesses health services far less than the general population. We have developed a specialist team which includes a lead GP, nurse specialist and mental health worker. We work closely with charities and undertake outreach work in the community).

English Catherine
11/24/2021 11:54:17

Delivering the Welsh Language Objectives as defined in the More Than Just Words Action Plan

NHS Organisation	
Date of Report	
Report Prepared By	

Each Health Board and Trust is expected to implement actions to deliver the objectives that are outlined in the More Than Just Words Action Plan. This plan has been developed to meet the care needs of Welsh speakers, their families or carers in health, social services and social care. Actions to deliver the objectives are to cover both primary and secondary care sectors.

Reporting Schedule: Progress against actions to deliver More Than Just Words is to be reported bi-annually. This form is to be submitted on 31 October and 30 April.

Update on the actions implemented to deliver the objectives in the More Than Just Words Action Plan

Objective	**Supporting Evidence**		
	Key Actions Achieved	**Risk to Delivery**	**Corrective Actions**
Planning, Commissioning & Contracting People to be assured that their Welsh language needs and choices influence and are rooted in the planning, commissioning and contracting of health and social care services and are regularly reviewed. ***Evidence required includes:*** • *How Welsh language population profiles have influenced planning and commissioning;* • *Actions taken to improve and support Welsh language services in primary care.* • *Actions taken to improve Welsh language provision in mental health services.*	**1 October 2020 to 30 September 2021**		
	1 October 2021 to 31 March 2022		

English,Catherine
11/24/2021 11:54:17

Objective	Supporting Evidence		
	Key Actions Achieved	**Risk to Delivery**	**Corrective Actions**
Active Offer People are aware of the 'Active Offer' and there is a visible commitment and active engagement in providing care centred on their language preference. ***Evidence required includes:*** • *Initiatives to communicate and increase awareness of the 'Active Offer';* • *Sharing of best practice and involvement in the More Than Just Words regional forum;* • *Engaging with schools and colleges on the importance of Welsh language skills in recruiting your future workforce.*	**1 October 2020 to 30 September 2021**		
	1 October 2021 to 31 March 2022		
Education People can be assured that education and professional bodies understand the importance of and have Welsh language needs embedded in curriculums, training programmes and policies. ***Evidence required includes:*** • W*ork with Coleg Cymraeg to enable Welsh speaking students to be paired/ mentored with Welsh speaking staff.*	**1 October 2020 to 30 September 2021**		
	1 October 2021 to 31 March 2022		
Use of Welsh To increase the use of Welsh across health and social care workplaces. ***Evidence required includes:*** • *Support to increase confidence of staff to use Welsh in the workplace;* • *Support for staff to learn and develop their Welsh language skills.*	**1 October 2020 to 30 September 2021**		
	1 October 2021 to 31 March 2022		

English Version
Fersiwn Saesneg

Objective	Supporting Evidence		
	Key Actions Achieved	**Risk to Delivery**	**Corrective Actions**
Leadership People are assured of the commitment of those in leadership roles across health and social care on providing and developing Welsh language services according to choice and need. ***Evidence required includes:*** • *How the Board and senior leadership have demonstrated commitment and ensured resources are in place (e.g. Board papers, discussion items on committees, use of Welsh by senior leaders.)*	**1 October 2020 to 30 September 2021**		
	1 October 2021 to 31 March 2022		
Technology/Terminology Systems People are assured that the Welsh language is mainstreamed into health and social care technology/ terminology systems. ***Evidence required includes:*** • *Developments in increasing the Welsh language capacity of current systems;* • *Encouraging the use of bilingual digital systems you have in place.*	**1 October 2020 to 30 September 2021**		
	1 October 2021 to 31 March 2022		

Completed form to be returned to: hss.performance@gov.wales

English,Catherine
11/24/2021 11:54:17

Learning and Development in line with The Good Work - Dementia Learning and Development Framework

Health Board/Trust	
Date of Report	
Completed By	
E-mail	

As outlined in the 'Good Work – Dementia Learning and Development Framework' all staff who work for NHS Wales need to have a solid awareness of dementia and the issues that surround it so that they can support people with dementia to live well. NHS organisations are required to evidence the actions that have been implemented to deliver and record training at an informed, skilled and influencer level.

Reporting Schedule: Progress for the current operational year is to be reported bi-annually. This form is to be submitted on 31 October and 30 April. **The completed form is to be returned to: hss.performance@gov.wales**

	Achievements for October 2020 to March 2022	**Issues Impacting Delivery**	**Corrective Actions**
Informed Level			
Training delivered at an informed level. *Focusing on Dementia Friends training programme and essential communication skills.*	**Update at 30 September 2021**		
	Update at 31 March 2022		
Skilled Level			
Actions to identify staff groups that require training at a skilled level.	**Update at 30 September 2021**		
	Update at 31 March 2022		
Training delivered at a skilled level. *Covering the well-being themes of: rights & entitlement; physical & mental health; physical environment; social & economic well-being; safeguarding; meaningful living; meaningful relationships; community inclusion & contribution.*	**Update at 30 September 2021**		
	Update at 31 March 2022		

English Gathering 12-14 October 2022

	Achievements for October 2020 to March 2022	Issues Impacting Delivery	Corrective Actions
Mechanisms to record the completion of training at a skilled level. *Including details of how the organisation will measure the impact the learning is having on practice*.	**Update at 30 September 2021**		
	Update at 31 March 2022		
Influencer Level			
Actions to identify staff groups that require training at an influencer level.	**Update at 30 September 2021**		
	Update at 31 March 2022		
Training delivered at an influencer level. *Focusing on: drivers, policy & research; effective service mapping & co-ordinated delivery; collaborative & integrated working; shared values; creating & owning a clear & shared vision; culture & language; delivering excellence; creative approaches; safeguarding and; quality assurance & improvement.*	**Update at 30 September 2021**		
	Update at 31 March 2022		
Mechanisms to record the completion of training at an influencer level. *Including details of how the organisation will measure the impact the learning is having on practice.*	**Update at 30 September 2021**		
	Update at 31 March 2022		

10/08/2022 14:17

Responding to Service User Experience to Improve Services

NHS Organisation	
Date of Report	
Report Prepared By	

The NHS Framework for Assuring Service User Experience explains the importance of gaining service user experience feedback in a variety of ways using the four quadrant model (real time, retrospective, proactive/reactive and balancing). It outlines three domains to support the use and design of feedback methods and is intended to guide and complement service user (patient) feedback strategies in all NHS Wales organisations. NHS organisations are required to evidence that service user experience feedback is gathered and acted upon in all care settings (as applicable).

Reporting Schedule: Evidence of how NHS organisations are responding to service user experience feedback to improve/redesign their services is to be reported annually. This form is to be submitted on 30 September to cover the period April 2020 to March 2021. **Return form to: hss.performance@gov.wales**

	What has your organisation done to encourage feedback from service users on their experience of your services?	**What has your organisation done to respond to service user feedback to improve/redesign your services? Please provide examples of improvements.**	**How have you communicated improvements to your service users? e.g. 'you said, we did' notice boards, social media, posters**
Mental Health and Learning Disability Services			
Children's Services			
Caring for People with COVID-19			
Women and Maternity Services			
Prevention Services and Health Promotion. This includes Screening Services			

English,Catherine 11/24/2021 11:59:21

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services? Please provide examples of improvements.	How have you communicated improvements to your service users? e.g. 'you said, we did' notice boards, social media, posters
Primary Care/Community Care Services (not outlined above)			
Planned Care Services (not outlined above)			
Emergency & Unscheduled Care			
Patient Transport			

English,Catherine
11/24/2021 11:54:17

Retired NHS Delivery Measures

Delivery Measures in the NHS Delivery Framework 2020-2021 that will not be reported via the NHS Delivery Framework 2021-2022

English,Catherine
11/24/2021 11:54:17

NHS Delivery Measure (reference number & description taken from the 2020-2021 NHS Delivery Framework)	
5	Percentage of smokers who are CO-validated as quit at 4 weeks
16	Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year
26	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time
28	Percentage of stroke patients who receive a 6 month follow-up assessment
29	Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of decision to treat
30	Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment (up to and including) 62 days of receipt of referral
45	Number of health board delayed transfer of care for: • Mental health • Non-mental health
48	Number of potentially preventable hospital acquired thromboses
54	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job
58	Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment
64	Percentage of deaths scrutinised by a medical examiner
74	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months
76	Number of procedures postponed either on the day or the day before for specified non-clinical reasons
78	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme

English,Catherine
11/24/2021 11:54:17

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

IMTP 2022-25
The Emerging Plan
HEIW Board 25th November

English Catherine
11/24/2021 11:54:17

Our Emerging Plan

English Catherine
11/24/2021 11:54:17

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

- Implementation of the Workforce Strategy
- Strategic Workforce Plan for Nursing; scoping Pharmacy and Dental
- Education Delivery System & Workforce Intelligence
- Careers Strategy & Careersville & #TrainWorkLive
- National Wellbeing offer – focussing on students and trainees
- Improved Workforce planning capability and capacity

English Catherine
11/24/2021 11:54:17

To transform healthcare education and training to improve opportunity, access and population health

- Modernisation of Education Commissioning & Clinical Placements
- Major changes to Pharmacy education and training
- Multi-professional Quality Framework
- A Digitally Capable Workforce
- Reducing Differential Attainment
- Workbased Learning, Apprenticeships & New Roles

English Catherine
11/24/2021 11:54:17

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

NHS Leaders model compassionate and collective leadership

National leadership and succession offer

Increased numbers of clinical leaders within Executive Director talent pools

Graduate Training Scheme embedded across NHS Wales

English Catherine
11/24/2021 11:54:17

To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care

- Primary Care and Mental Health
- Cancer, Imaging, Pathology and Endoscopy
- Urgent and Emergency Care
- AHPs, Healthcare Scientists and Optometry
- Nurse Staffing Programme
- Maternity

English Catherine
11/24/2021 11:54:17

To be an exemplar employer and a great place to work

- People and OD Strategy in place, supporting a happy, motivated and skilled workforce
- Implemented the Welsh Language Framework within HEIW
- Reduced our own carbon emissions & embedding sustainable healthcare into education
- Capability and capacity for evaluation, research and innovation
- Integrated approach to manage cybersecurity risks

English Catherine 11/24/2021 11:54:17

To be recognised as an excellent partner, influencer and leader

Communications and Engagement Strategy launched and adopted

Improved digital systems with increased resilience, reporting and connectivity

Development of a Digital and Data Strategy reflecting our role as a system leader in education & training

English Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**3.2**
Report Title	**Update on Development of Strategic Workforce Plan for Mental Health**		
Report Author	Alex Howells, CEO		
Report Sponsor	Alex Howells, CEO		
Presented by	Alex Howells, CEO		
Freedom of Information	Open		
Purpose of the Report	To update the Board on work to develop the Strategic Workforce Plan which is a key commitment in Together for Mental Health		
Key Issues	The initial engagement, deep dives, data collection and analysis to inform the Plan are in their final stages and the process is being overseen by a Project Board involving HEIW, Social Care Wales and Welsh Government colleagues. The contents of the Plan will be drafted by the end of December, and a two-month consultation process will be held during January and February. The key actions in the Plan will need to be costed where relevant. In parallel with the development of the Plan priority work is proceeding in relation to: • Children and Adolescent Mental Health Services (CAMHS), education and training • Perinatal education and training • Development of the Psychological workforce • Workforce model for the mental health measure The work to develop the psychological workforce has identified a need for a new role for the health and care system in Wales – (CAAP).		
Specific Action Required ***(please ✓ one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	x			
Recommendations	Board Members are asked to **note** the update on the work to develop the Strategic Workforce Plan for Mental Health, with a more detailed presentation on the emerging content of the Plan to be provided in December.			

English,Catherine
11/24/2021 11:54:17

UPDATE ON DEVELOPMENT OF STRATEGIC WORKFORCE PLAN FOR MENTAL HEALTH

1. INTRODUCTION

The purpose of this report is to provide an update on the development on the development of Strategic Workforce Plan for Mental Health and the short-term priorities that are being progressed in parallel.

2. BACKGROUND

Together for Mental Health sets out the requirement for Welsh Government to work with Health Education Improvement Wales (HEIW), Social Care Wales (SCW) and partners to produce a workforce plan for mental health by March 2022. This being undertaken in two phases:

Phase 1: a plan of work to respond to urgent workforce priorities. This will aim to underpin the delivery of the *Together for Mental Health Delivery Plan 2019-22* and respond to immediate priorities, either in response to legislative changes or needs identified in assurance/inspection reports.

Phase 2: a longer-term plan for the mental health workforce based on the Workforce Strategy for Health and Social Care, with a focus on enhancing the role of the wider workforce, recruitment and retention in key roles and developing an agile workforce to respond to changing mental health needs.

The work commenced during COVID and so the early stages of the development of the plan were constrained by the need for all parts of the system to refocus efforts and resources on the emergency response. However, an extensive engagement exercise was held during the Autumn of 2020, providing a valuable starting point for the development of the plan. This was the subject of an informal Board Briefing in February 2021.

Welsh Government established a Ministerial Delivery and Oversight Board for Mental Health in the Spring to oversee a number of Together for Mental Health commitments including the Workforce Plan. I was invited to be a member of this Board on behalf of our workstream.

To ensure that appropriate project management arrangements were in place to drive the development of this complex piece of work a Project Board was established in May 2021, involving HEIW, SCW and WG colleagues and chaired by myself. Task groups are also in place to focus on specific areas, as well as a Stakeholder Reference Group.

Funding of £130,592 has been provided by WG in year to support the capacity needed to undertake the above work. This funding is currently supporting 3 posts

English,Catherine
11/24/2021 14:04:17

3. PROGRESS

Workforce plan:

We have completed the initial analysis of high-level service areas and settings (Children & Young People, Adult and Older Adult) and context/setting (Community or Inpatient), building on the earlier engagement and feedback from stakeholders, and available workforce intelligence. This is highlighting interesting themes and trends that need to inform the plan.

We have requested further data collection on vacancy numbers and agency cost. Social Care Wales Data collection is complete, including the very recently collated 2021 data.

A communications plan has been developed and the engagement process has continued in order to share the scope and emerging themes of the Plan. This has included key stakeholders through the Mental Health Network Board, the relevant Royal Colleges, the Vice Chairs Peer Group and our internal Senior Leadership Team. This will continue prior to consultation and will raise awareness and enable initial comments/responses in relation to trends, potential strategic direction and the proposed workforce solutions.

We are now focused on using the various sources of information and data to develop the plan content and potential workforce solutions. This will use both professional and service lenses but will also use the 7 key themes of the Workforce Strategy to ensure alignment and consistency.

We are preparing for the consultation phase with the publication of a newsletter during November to remind stakeholders, partners and service users about the process that was initiated in 2020 and to provide a flavour of what will be in the draft plan. The newsletter will be highlighting ways to contribute to the consultation, with an offer of joint HEIW/SCW discussions and briefings as we did for the Workforce Strategy.

We will provide an update on the emerging contents of the plan at the Joint Session with the Board with Social Care Wales in December on 13th December.

Perinatal:

New education and training aimed at all health and social care staff working with parents and families in the perinatal period has been sourced from NHS Education Scotland (NES) and will be hosted on the 'Learning@Wales' platform. This will be reviewed for the Welsh context and translation will be completed prior to release to pilot.

The Institute of Health Visiting (IHV) training modules package is being rolled out across Health Boards with positive responses with uptake from health visitors, midwives, general practitioners, and wider multidisciplinary professionals engaged with perinatal services. This is aimed at staff working directly with families as a more in-depth training session. Uptake is variable so there is a focus on engagement.

English, Catherine 11/24/2021 9:55:27 AM

Early phase scoping has been initiated with primary care stakeholders around perinatal mental health training for GPs in Wales. This would potentially utilise the HEE

'champions as trainers' approach to enable dissemination of learning throughout Welsh GP practices.

Level 7 learning is being reviewed and the size of level 7 learning package being assessed (Full Masters or Post Graduate Certificate options). This would be aimed at career progression for specialist practitioners that may want to complete higher learning. The potential for a work-based learning approach needs to be fully scoped.

The perinatal competency frameworks from both England and Scotland are being sourced to scope content and preferability for Wales. Both HEE and NES have offered availability of content to enable use in Wales. England are currently reviewing their competency framework and welcomed the suggestion to include a tripartite approach formulating a national framework (HEE, NES and Wales stakeholders).

Perinatal Pathways (clinical and less technical) guidance documentation has been created by the NHS Wales Collaborative to standardise practice, to provide clarity around roles and responsibilities and reflect a preventative, earlier intervention and evidence-based approach.

Children & Young People:

We are continuing with the development of specialist skills and expertise to support CAMHs services. Our CAMHS education mapping and framework exercise has now been completed and agreement has been reached to run a pilot delivery of the NES modules as an Essential CYPMH Programme in Wales. This aims to train the trainer and update content during the delivery pilot. This piece of work requires a procurement exercise which is underway. It is anticipated that the tender can be awarded for work to start by end November 2021. This may cause an extension to the original planned timelines for completion of a pilot cohort by end March 2022 up until May 2022.

We are working closely with the Collaborative CAMHS Mental Health Workforce Plan Task & Finish sub-group to ensure the Service Improvement Framework and Peer Review Workforce implications are considered.

The Infant Mental Health (IMH) education developments are to be imminently taken forward via a consultant led piece of work to scope the sector educational need, review the current learning packages available, evaluate the impact of such package availability on the sector to deliver services and to engage with the development of a qualification at level 7.

Psychological Therapies:

Work to develop the psychological therapies workforce has identified the potential to develop a new role of Clinical Associate in Applied Psychology (CAAP) to fill an identified skills gap between *assistant psychologist* and qualified *clinical psychologists*

- CAAPs are psychology graduates who currently undergo a one-year training programme at full MSc in order to become a skilled professional applied psychologist, working within their scope of practice, under the direct supervision of a clinical psychologist.

English,Catherine
11/24/2021 11:54:17

- Up to half of their training is spent on clinical placement using the Clinical Psychology training model of teaching-placement synchronisation so that CAAP trainees can put their academic teaching into practice.
- Although the CAAP role is of utility in a broad range of settings, and CAAPs can be trained to work with a wide variety of clinical populations, in practice individual CAAPs are trained to work with one population [initially].
- Trainees are exposed to a curriculum that emphasises fundamentals of professional psychological practice across the lifespan and use problem-based learning and the supervised clinical placement to develop competence in working with a specific clinical population.
- CAAPs have a full year of supervised clinical practice, in a service and a clinical team, before they graduate to become a CAAP
- The Health Boards currently employ almost 300 assistant psychologists at a range of bandings within their workforce.
- England (CAPs) and Scotland (CAAPs) have already started to embed this within their workforce.

In order to develop a proposal for the health and care system in Wales HEIW has supported 2 Virtual stakeholder events to discuss the development of a CAAP role for NHS Wales organised by the lead for the South Wales clinical psychology programme.

From these discussions a proposal is being developed with a deadline of end of November. There is no funding currently in place to support this, it would require additional investment either through the Education and Training Commissioning Process or based on an initial business case.

In parallel with the above we continue to review arrangements for the Clinical Psychology Doctorate through Phase 2 of our Strategic Review of Education to enable high quality contracts that deliver the education that the service and workforce need. We are working closely with established national groups including the NPTMC, APHNSAG and MCLIP programs, as well as undertaking engagement events with health boards. This includes scoping the development of a training framework alongside the development of infrastructure for the psychological therapies in Wales. In the meantime we have increased the numbers being commissioned through the existing process.

Mental Health Measure Part 1

HEIW and Social Care Wales, with support from NHS Wales Collaborative, have initiated undertaken an engagement exercise, from 18th October and 12th November 2022, to receive feedback on whether a change to the Mental Health (Wales) Measure Wales (2010) Regulations should be initiated. Three options have been presented as alternatives to the current position of professionals undertaking the assessment. The outcome of the engagement will be fed back to WG by the end November 2021 to inform any changes that may be needed via legislation.

English Catherine
11/24/2021 11:54:17

4. GOVERNANCE AND RISK ISSUES

Robust governance arrangements are in place to oversee progress on these commitments. The main risks continue to be the capacity of health and care organisations/professionals to engage in the planning process given ongoing service pressures.

5. FINANCIAL IMPLICATIONS

Funding has been received from Welsh Government to support the capacity needed to develop the work

Additional investment will be needed in relation to the development of the Clinical Associate in Psychology role and potentially in relation to other actions in the Strategic Workforce Plan.

6. RECOMMENDATION

Board Members are asked to **note** the update on the work to develop the Strategic Workforce Plan for Mental Health, with a more detailed presentation on the emerging content of the Plan to be provided in December.

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			
Developing the Mental Health Workforce will have a critical impact on quality and safety for service users			
Financial Implications			
As noted above			
Legal Implications (including equality and diversity assessment)			
No detrimental impact on equality and diversity.			
Staffing Implications			
There are none. The SRG will continue to be supported by HEIW's core function.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
No direct impact.			
Report History	n/a		
Appendices	n/a		

English, Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**3.3**
Report Title	**BRIEFING ON NATIONAL QUALITY AND SAFETY FRAMEWORK – New National Reporting of Quality - Superseding the Annual Quality Statement**		
Report Author	Executive Team		
Report Sponsor	Executive Team		
Presented by	Professor Pushpinder Mangat, Medical Director Lisa Llewelyn, Director of Nurse and Health Professional Education		
Freedom of Information	Open		
Purpose of the Report	To inform the HEIW Board of the new Quality and Safety Framework published by WG		
Key Issues	The Framework consists of a range of actions relating to • COVID 19 • Health and Care Standards • Duties of Quality and Candour • National Incident Reporting Framework • Medical Examiner function • Independent reviews of Maternity and Neonatal Services • Development of Electronic systems such as ePrescribing • Governance of Patient centred care • Philosophy of Continuous improvement and learning • National Quality Assurance Framework • National Quality Management system/Improved Data • Leadership aligned to achieve these aims • National work on toolkit for Quality Management • Engagement to deliver a Quality led system • Quality and Safety Board as part of NHS Executive		

Specific Action Required *(please ✓ one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
		✓		

Recommendations	The Board is asked to: • **note** the publication of the National Quality &Safety Framework • **note** that the current Annual Quality Statement requirement will be replaced by a new annual report • **note** that this national work will inform & shape key aspects of the HEIW Quality Management Framework, including student, trainee & learner experience • **note** the full engagement of HEIW in this work

English,Catherine
11/24/2021 11:54:17

BRIEFING ON NATIONAL QUALITY AND SAFETY FRAMEWORK
New National Reporting Of Quality - Superseding The Annual Quality Statement

1. INTRODUCTION/BACKGROUND

Welsh Government (WG) has published a Quality and Safety Framework "providing guidance and direction for all NHS Organisations with a focus on having a strong quality management system in place at all levels, in turn reducing variation in quality".

As the Board is aware, HEIW has commenced a programme of work to develop an integrated quality management framework which provides clarity on the core components of a quality management system, recognising the unique and specialist functions of the organisation. This seeks to build on good practice that already exists in pockets and to develop a more consistent and integrated approach that is in line with our statutory functions and multi-professional ambition.

The purpose of this paper is **to alert the Board to the potential implications of the national Framework which we will need to reflect in our local work.**

The national Framework document also highlights the need for organisations to publish an annual report on steps taken to improve quality in services and outcomes. **This new report will replace the current requirement for an Annual Quality Statement.**

2. NATIONAL FRAMEWORK ACTIONS

The Framework consists of a range of actions and these have been set out in the table below, with some initial commentary on the implications and relevance to HEIW. As is often the case the actions often require some translation in order to apply to a non-patient facing, specialist organisation such as ourselves.

	Framework Actions	**Implications for HEIW**
Action 1	NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.	Our response to COVID 19 harm is focused on 3 areas: 1. System support – for example our work on infection prevention and control, remote clinical assessment skills, critical care workforce, support to vaccination workforce. 2. Protecting Education and training – continuing to focus on maintaining standards, shifting to digital delivery, introduction of the new role for clinical placements for health professional students 3. Support students – vaccination advice, wellbeing, playlist of support resources, individual management of progression/ extensions/deferrals.

English Catherine 11/24/2021 11:54:17

		We have recently reported to the Board on our ongoing monitoring of COVID implications for education and training. The Director of PPCS has been asked to undertake a lessons-learned exercise in relation to our COVID response to embed in future plans.
Action 2	Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.	There has been limited education and workforce content in previous standards. We are keen to engage with this to ensure that these standards reflect and align with regulatory standards and the standards we use to commission education and training, from HEIs and LEPs
Action 3	Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.	We to ensure that this is built into education and training for the new NHS workforce (students and trainees) again aligning with standards set by regulators. Our Quality Management Framework will need to be clear on escalation of concerns processes, and flows of information with regulators and inspectorates e.g. HIW. We need to prepare as a Board for implementation of these duties, through our Board Development Programme.
Action 4	Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.	This knowledge needs to be embedded in our education and training for students and trainees as they undertake clinical placements, training posts and to make them ready for employment. Incidents within HEIW will be non-clinical in nature but it will be important to clarify use of the national incident reporting system for those purposes and link to the Quality Management Framework.
Action 5	National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.	Our main interface with this process is to ensure that trainees play an active role in mortality reviews and require understanding of medical examiners. This doesn't need to be reflected in our quality framework as it relates to Health Board/Trust services for patients.

English,Catherine
11/24/2021 11:54:17

Action 6	National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.	We need to ensure that education and training / workforce issues are afforded a higher priority in independent reviews. We will be reviewing the findings from these independent reviews to identify both improvements in HEIW quality management , and also improvements that are needed to support the system.
Action 7	Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.	This is mainly relevant to patient facing organisations although our work on digital skills and literacy does have relevance here. .
Action 8	NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.	This is a major area for development in the HEIW context – which is for student, trainee and learner experience and feedback. This is a major component of the development of our Quality Management Framework including a more formalised approach to receipt of national survey feedback and ensuring appropriate engagement and feedback mechanisms are in place.
Action 9	Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.	Our internal QIST function already provides a vital education and training in QI for trainees and is also rolling our QI skills across our HEIW workforce. We will be considering plans to build on this work during the year.
Action 10	National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality	As noted previously, we need to align the development of a HEIW quality management system where possible but ensure that our unique and specialist functions are reflected. Our relationship with a Citizens Voice Body needs to be considered in our HEIW framework

English,Catherine
11/24/2021 11:54:17

	management system. This will include a refreshed Framework for Assuring Service User Experience, and help prepare the way for the duties of quality and candour	
Action 11	Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.	We will aim to have measures in place to support quality management and quality improvement, as a core part of our performance management framework but these may look different to those used for patient facing organisations.
Action 12	NHS organisations to review and consider what needs to be in place in order to develop a fully-functioning quality management system, including ensuring the Board have the appropriate skills and knowledge to provide effective leadership of the system.	As noted previously this work is underway as a key strategic objective in our annual plan. Board development sessions will focus on consolidating the requisite skills for leadership and assurance.
Action 13	National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.	Noted.
Action 14	Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.	Significant communication and engagement will be needed with our HEIW workforce to ensure there is a full understanding of the quality agenda, and the critical impact of our functions on safety and quality of patient care. Embedding QI in our leadership programmes is essential to support the system in this objective.

English Catherine 11/24/2021 11:54:17

Action 15	A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.	This is outlined in more detail in the next section. This may require a review of our internal governance arrangements to ensure that they are fit for purpose in terms of a) implementation and b) ongoing oversight.

3. ENGAGEMENT IN NATIONAL GOVERNANCE ARRANGEMENTS

Each organisation is being asked for nominations for five workstreams and a series of workshops:

a. **Overarching principles and development of statutory guidance**
To define the duty of quality and develop the statutory guidance and tools to support implementation; consideration of the impact of culture on quality.
HEIW nomination: Julie Rogers

b. **Quality reporting framework**
To develop a framework to deliver the duty to report within the Act. To explore the use of storyboards and quality indicators on an ongoing and annual reporting cycle. Further guidance regarding the quality reporting requirements for 2021/22 will be issued.
HEIW nomination: Nicola Johnson

c. **Health and Care Standards**
To review and update the Health and Care Standards and supporting guidance to ensure they complement the duty of quality and 6 domains of quality.
HEIW nomination: Lisa Llewelyn

English,Catherine
11/24/2021 10:54:17

d. **Communication and engagement**
To ensure communication and engagement with key stakeholders.

HEIW nomination; Julie Rogers

e. Education

To develop educational materials suitable for board members of NHS bodies and NHS staff.

HEIW nomination: Sian Richards

f. Duty of Candour Workshops

Each organisation is to nominate two representatives to take part in collaborative workshops scheduled to take place in October, November and early December 2021 to consider/provide feedback on a draft of the duty of candour guidance and consider proposals for the duty of candour procedure.

HEIW nominations; Pushpinder Mangat and Dafydd Bebb

4. GOVERNANCE AND RISK ISSUES

While we need to review our local work in the light of the information contained in this report, there is alignment with HEIW Quality agenda.

5. FINANCIAL IMPLICATIONS

No immediate financial consequences identified.

6. RECOMMENDATION

The Board is asked to:

- **note** the publication of the National Quality and Safety Framework
- **note** that the current Annual Quality Statement requirement will be replaced by a new annual report
- **note** that this national work will inform and shape key aspects of the HEIW Quality Management Framework, including student, trainee and learner experience
- **note** the full engagement of HEIW representatives in this work

English,Catherine
11/24/2021 11:54:17

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			
This will be integral to delivering High Quality Safe Care.			
Financial Implications			
None identified at this stage.			
Legal Implications (including equality and diversity assessment)			
This is WG mandated.			
Staffing Implications			
None at this stage for HEIW.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History			
Appendices			

English,Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**3.4**
Report Title	**Proposal for the HEIW Stakeholder Reference Group**		
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 support the proposal to establish a new Stakeholder Reference Group (SRG).		
Key Issues	As part of the refresh of our Communications and Engagement activities post COVID it is proposed to establish a new Stakeholder Reference Group supporting the Board with advice and discussion across the range of its functions. To SRG will replace the existing External Advisory Group which currently exists as a sub-committee to the Education Quality and Commissioning Committee. The SRG will encompass and build on the existing membership of the EAG.		
Specific Action Required *(please ✓ one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
				✓
Recommendations	The Board is asked to **approve**: • the establishment of the HEIW Stakeholder Reference Group (SRG) together with the terms of reference attached at Appendix 1; • that the SRG replace the current role of the Education Advisory Group (EAG) and that the EAG be disbanded.		

English,Catherine
11/24/2021 11:54:17

PROPOSAL FOR A HEIW STAKEHOLDER REFERENCE GROUP

1. INTRODUCTION

The purpose of this report is to ask the Board to consider and support the proposal to establish a Stakeholder Reference Group (SRG). The Board is also asked to support the proposed terms of reference for the SRG which are attached at Appendix 1.

2. BACKGROUND

HEIW needs to engage with a wide range of stakeholders across all of its functions as set out in our Communications and Engagement Strategy. Some of this work was paused, reshaped or put on hold during the pandemic response but now needs to be reset to ensure effective stakeholder engagement in a range of important plans and developments.

The organisation's approach to date has included targeted workshops, roadshow events and various bulletins. Having considered the engagement models in place in other NHS organisations the Executive Team have proposed that there is a need to complement these activities with a regular forum for ongoing engagement with stakeholders across all functions. The Stakeholder Reference Group would replace the need for the current External Advisory Group, which exists as a sub-committee to the Education Quality and Commissioning Committee.

3. Proposals

3.1 Purpose of the SRG

The purpose of the SRG will be to facilitate engagement, dialogue and advice from stakeholders to inform HEIW's strategic planning and decision making. This will include all major plans and transformation programmes, including the Integrated Medium Term Plan and the Education and Training Commissioning Plan.

The Terms of Reference are attached at Appendix 1.

It is anticipated that the SRG will meet at key stages in the planning cycle three to four times per year. The aim shall be for the SRG to complement the existing engagement activities and not replace them.

The deliberations of the SRG shall be reported to the Board via the Chair's Report.

It is proposed that the membership of the SRG will build on the current EAG membership and be based on national stakeholders and partners**.**

4. GOVERNANCE AND RISK ISSUES

English Contents
11/24/2021 7:54:17

The SRG will improve the effectiveness and continuity of stakeholder engagement and, as a result, improve the quality of HEIW planning.

The establishment of the SRG will remove the requirement for a separate EAG as sub-committee to the Education Quality and Commissioning Committee.

5. FINANCIAL IMPLICATIONS

There are no additional costs associated with the proposed amendments to the terms of reference of the SRG.

6. RECOMMENDATION

The Board is asked to **approve**:

- the establishment of the HEIW Stakeholder Reference Group (SRG) together with the terms of reference attached at Appendix 1;
- that the SRG replace the current role of the Education Advisory Group (EAG) and that the EAG be disbanded.

<table>
<tr><th colspan="4">Governance and Assurance</th></tr>
<tr><td rowspan="4">Link to IMTP strategic aims
(please ✓)</td><td>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'</td><td>Strategic Aim 2:
To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</td><td>Strategic Aim 3:
To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Strategic Aim 4:
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To be an exemplar employer and a great place to work</td><td>Strategic Aim 6:
To be recognised as an excellent partner, influencer and leader</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td colspan="4">Quality, Safety and Patient Experience</td></tr>
<tr><td colspan="4">Obtaining advice from our peer groups and stakeholders across HEIW's functions will support quality, safety and the patient experience.</td></tr>
<tr><td colspan="4">Financial Implications</td></tr>
<tr><td colspan="4">There are no additional costs associated with the proposed SRG.</td></tr>
<tr><td colspan="4">Legal Implications (including equality and diversity assessment)</td></tr>
<tr><td colspan="4">No detrimental impact on equality and diversity.</td></tr>
<tr><td colspan="4">Staffing Implications</td></tr>
<tr><td colspan="4">There are none. The SRG will continue to be supported by HEIW's core function.</td></tr>
<tr><td colspan="4">Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</td></tr>
<tr><td colspan="4">No direct impact.</td></tr>
<tr><td colspan="2">Report History</td><td colspan="2">The SRG concept was considered at the October Board Development Session.</td></tr>
<tr><td colspan="2">Appendices</td><td colspan="2">Appendix 1 – terms of reference for the SRG.</td></tr>
</table>

English, Catherine
11/24/2021 11:54:17

STAKEHOLDER REFERENCE GROUP (SRG)
TERMS OF REFERENCE

Date: [ ] November 2021

Review Date: Annually

1. Introduction

The Board has authorised the establishment of a forum to engage with stakeholders across all of HEIW's functions.

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

2. Purpose

The purpose of the SRG is to facilitate engagement, dialogue with, and advice and feedback from stakeholders to inform HEIW's planning and decision making.

The focus of the SRG will include:

- key strategic plans such as the Education and Training Plan and the Integrated Medium Term Plan
- major transformation programmes on specific matters
- key service developments and changes.

The forum is not a replacement for ongoing partnership working between HEIW staff and stakeholders, which is a necessary part of the pursuit and delivery of our organisational aims and objectives.

3. Chair, Membership, Attendees and Term

3.1.1 Chair

The Chair of HEIW will chair the SRG. The Chair of the Education Commissioning and Quality Committee will act as the Vice Chair of the SRG.

3.1.2 Lead Director

The Director of Planning and Performance will be Lead Director for the SRG.

3.2.1 Membership

English Catherine 11/24/2021 11:54:17

The membership of the SRG is detailed below and seeks to be as inclusive as possible. Stakeholder representation shall be based on nominations received from stakeholder groups detailed below.

Where possible NHS Peer Group representation should balance in terms of geographical representation for all of Wales.

The membership will be reviewed at least every three years, or more frequently if deemed necessary by the Chair.

3.2.2 Membership:

From HEIW:
- Director of Planning and Performance – lead Executive
- Other members of the Executive Team as required

Peer Group representatives:
- Health Board/Trust Medical Director
- Health Board/Trust Director of Nursing
- Health Board/Trust Director of Therapies and Healthcare Science
- Health Board Chief Pharmacist
- Health Board /Trust Director of Planning
- Health Board / Trust Chief Operational Officer
- Health Board / Trust Director of Primary Care
- Health Board / Trust Director of Finance
- Health Bod / Trust Workforce and Organisational Development Director

Stakeholder representatives:
- Representative from the Council of Deans
- Representative from Wales Health Student Forum (WHSF) x2
- Representative from Post Graduate - Trainees x2
- Representative from Welsh Health Partnership Forum (WHPF) x4
- Social Care Wales
- Colleges Wales
- Coleg Cymraeg Cenedlaethol
- Diverse Cymru
- Welsh Council for Voluntary Action
- Care Forum Wales
- HEFCW
- Medical Schools
- Board of Community Health Councils.
- Professional bodies including Royal Colleges and BMA

3.3 Values

All members must be willing to engage with and contribute constructively to the SRG's activities and in a manner that upholds the standards of good

English Catherine 11/24/2021 11:54:17

governance – including the values and standards of behaviour – set for the NHS in Wales.

3.4 Attendees

Depending on the agenda the Chair will invite leads from HEIW or externally to present papers or proposals as required.

3.5 Terms

The terms of reference shall be reviewed at least every three years, or more frequently if deemed necessary by the Chair.

4. Relationship with the Board

The outcome of the SRG discussion shall be reported to the Board via the Chair's report.

5. Support for the SRG

Administrative support to be provided by HEIW.

5. Frequency of Meetings

Meetings shall be held three or four times a year. Meetings will be virtual in the main although the intention will be to hold one meeting per year 'in-person'.

English,Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**4.1**
Report Title	**HEIW Quarterly Integrated Performance Report Q2 2021/22**		
Report Author	Marie-Claire Griffiths, Assistant Director of Planning and Performance		
Report Sponsor	Nicola Johnson, Director of Planning, Performance & Corporate Services		
Presented by	Nicola Johnson, Director of Planning, Performance & Corporate Services		
Freedom of Information	Open		
Purpose of the Report	To provide the quarterly update on HEIW performance for Quarter 2 (Q2) 2021-22		
Key Issues	In line with the quarterly planning process as agreed in the Performance Framework, this report and appendices summarise quarterly performance against the intentions of agreed Annual plan 2021/22 and key performance measures. Overall, there is assurance that HEIW made good progress on delivering our 59 Strategic Objectives and performed effectively during the period covered by this report. Two Objectives have been rated as Red (off-track and will not recover in year). The report also details a significant number of achievements in the period.		

Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	

Recommendations	The Board is asked to **note** the contents of this report and appendices for assurance.

English,Catherine
11/24/2021 11:54:17

HEIW QUARTERLY INTEGRATED PERFORMANCE REPORT Q2 2021/22

1. INTRODUCTION

This paper and Appendix 1 provide the Board with the update on performance to the end of September 2021 (Quarter 2) in line with the reporting timescales of the Performance Framework.

2. BACKGROUND

This report and appendices summarise progress at the mid-year point including performance against the Strategic Objectives in the Annual Plan 2021/22 and key operational performance measures.

3. PERFORMANCE OVERVIEW

HEIW has made good progress on the delivery of the 59 Strategic Objectives in the Annual Plan 2021/22 and performed effectively during the period covered by this report. In addition to the delivery of our strategic plans and business as usual activities we continue to support Welsh Government and NHS partners in response to COVID-19 through reset and recovery.

The detailed mid-year integrated performance report outlines the performance highlights from Quarter 1 and details HEIW performance for the period from 1st July to 30th September 2021 (Quarter 2) against the milestones indicated within our Annual Plan and the key measures reported in the performance dashboard.

We agreed an ambitious set of objectives and actions for this year to ensure that we are able to play our part in the Covid response and recovery agenda, as well as to continue to make progress in relation to our Strategic Aims and delivery of core functions.

Overall HEIW has made good progress on delivering our agreed Strategic Objectives and performed effectively during the first half of 2021/22.

Quarter 1 Highlights

- Our workforce planning matrix was launched via the Workforce Planning Network and we progressed the interactive on-line version.
- We successfully launched our Compassionate Leadership Principles and our compassionate leadership book with Professor Michael West was launched in July 2021.
- Nine students from Cardiff University supported us to design our first internship programme.
- We appointed a new Head of Placement Experience and Improvement and we successfully migrated the Wales Optometry Postgraduate Education Centre (WOPEC) staff into HEIW from Cardiff University, under the leadership of a Head of Optometry Transformation.

English Catherine 11/24/2021 11:54:17

- We held our first Arts Therapies event during April; across several days we focussed on different areas; dance and movement, music, art and drama therapy, showing how they are working to support services.

Quarter 2 Achievements

A full list of achievements is included in the detailed report but key areas to note for the period include:

- The all-Wales pre-registration healthcare professional education procurement exercise was concluded which was the most complex education commissioning procurement process we have undertaken, worth in excess of £10bn over the next 10 years.
- The Education and Training Plan 2022-23 was approved by the Board for submission to Welsh Government.
- We formally launched Careersville in October with a highly successful event aimed at schools.
- Our Compassionate Leadership in Practice module has commenced in partnership with Glyndwr University at Masters level.
- Twenty-one Graduate Management Trainees were onboarded and completed their induction process.
- We were delighted to welcome our first Welsh Allied Health Professional Leadership Fellows.
- The Strategic Outline Case for the 5-year Initial Education and Training Standards for Pharmacy (IETP) Implementation Programme was signed off by the Board in July and subsequently presented to Welsh Government.
- Following internal engagement in April 2021, the HEIW Biodiversity and Decarbonisation Strategy, 2021-24 was approved by the Executive Team in Quarter 1 and was approved by the Board in July.
- For medical training posts commencing in August 2021, the final position for recruitment Rounds 1 and 2 saw us achieving a recruitment rate of 93% for Speciality (excluding GP) training (400 of 429 posts advertised) and 96.3% for Foundation programmes.
- Fill rates have been collated from all universities for the September 2021 recruitment round for Health Professional Education. At the end of Q2, the fill rate for Wales is 99.4%. This is the highest overall fill rate that September intakes have achieved in the last 10 years and may be a positive effect of the pandemic.
- Overall, the statutory and mandatory training compliance rate for HEIW core staff is at 86%. HEIW has exceeded the 85% target compliance for the first time since the creation of the organisation.

At the end of the period, of the 59 Strategic Objectives and sub objectives being taken forward, 2 (4%) have been rated by Senior Responsible Officers and Executive Leads as Red status indicating the objective is off track for delivery within the year. These are the same as in Q1 and are:

English Catherine
11/24/2021 11:54:17

- **Strategic Objective 4.6: supporting the transition of health care professional from education into the workforce** – objective is off-track due to capacity constraints in delivery of the actions.
- **Strategic Objective 6.1: Refresh of HEIW Communications and Engagement Strategy** – due to capacity issues, the scope and milestones have been revised.

.

4. GOVERNANCE AND RISK ISSUES

This mid-year performance report is provided to the Board for assurance in line with the HEIW Performance Framework and where applicable has incorporated previous audit recommendations to enhance our reporting.

The report has been compiled with the support and engagement of Senior Responsible Officers and Executive Leads to validate progress and performance measures in line with the expectations of the Performance Framework.

Risks to the achievement of Strategic Objectives or business as usual activities have been identified in section 3.0 above in line with our approach to RAG rating and mitigating actions. These are explained in more depth in the detailed report.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising specifically from this report.

6. RECOMMENDATION

The Board is asked to note the contents of this report and appendices for assurance.

Governance and Assurance			
Link to IMTP strategic aims ***(please ü)***	**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
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	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			

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11/24/2021 5:15 PM

N/A	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
N/A	
Report History	Q1 Performance Report – September 2021 Board End of Year Performance Report – May 2021 Board Q3 2020-21 Integrated Performance Report – March 2021
Appendices	Appendix 1 – Integrated Performance Report Appendix 2 - Dashboard

English Catherine
11/24/2021 11:54:17

GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)

Health Education and Improvement Wales (HEIW)

Health Education and Improvement Wales

Quarterly Integrated Performance Report

Q2 2021/22

November 2021

English,Catherine
11/24/2021 11:54:17

CONTENTS

Introduction & Overview

Section 1: Performance Against HEIW Annual Plan 2021/22

Section 2: Organisational Performance

Annex 1: HEIW Performance Dashboard

INTRODUCTION & OVERVIEW

This mid-year integrated performance report outlines the performance highlights from Quarter 1 and details HEIW performance for the period from 1st July to 30th September 2021 (Quarter 2) against the milestones indicated within our Annual Plan and the key measures reported in the performance dashboard (Annex 1).

We have identified an ambitious set of objectives and actions for this year to ensure that we are able to play our part in the Covid response and recovery agenda, as well as to continue to make progress in relation to our Strategic Aims and delivery of core functions.

Overall HEIW has made good progress on delivering our agreed Strategic Objectives and performed effectively during the first half of 2021/22.

Quarter 1 Highlights

- Our workforce planning matrix was launched via the Workforce Planning Network and we progressed the interactive on-line version.
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- We held our first Arts Therapies event during April; across several days we focussed on different areas; dance and movement, music, art and drama therapy, showing how they are working to support services.

English Catherine
11/24/2021 11:54:17

Quarter 2 Highlights

Widening Career Access

We formally launched Careersville in October with a highly successful event aimed at schools. The take-up by Welsh schools has been very positive, leading to an unusually high 'hit rate' for the Welsh-language version of the platform.

Leadership Developments

During the Quarter our Compassionate Leadership in Practice module has commenced in partnership with Glyndwr University at Masters level. All of the Welsh Clinical Leadership Fellows have been enrolled with positive feedback received to date.

NHS Wales Graduate training scheme

Twenty-one graduates were onboarded and completed their induction process. Orientation and work experience schedules have also been completed.

Allied Health Professional Leadership Network

We were delighted to welcome our first Welsh Leadership Fellows. Building on our first engagement event for AHPs at the end of Quarter 1 which was attended by over 150 delegates, the second has been held in October 2021 with further events planned up to the end of Quarter 4 2023. There are now 340 members in the AHP Leadership networks in Gwella.

Simulation Based Education

The HEIW Simulation annual event was held at the end of Q1 and an internal evaluation of the meeting has been completed, with excellent results.

Pharmacy Developments

The Strategic Outline Case for the 5-year Initial Education and Training Standards for Pharmacy (IETP) Implementation Programme was signed off by the Board in July and subsequently presented to Welsh Government. Alongside this we continued aligning the Pre-Registration Foundation curriculum to align to the IETP for the 2022/23 intake.

Foundation Pharmacist training in Wales continues to pave the way by being the first wholly multi-sector programme in the UK, offering rotational experience in hospital, primary care, and community pharmacy. The Foundation Pharmacist Team have been recognised in the Chemist and Druggist Training Development Award for the second year running. A total of 33 community pharmacy professionals have enrolled on the protected development time pilot with 22 having started advanced practice developments with HEIs or begun development against professional frameworks as early as September.

Supporting the pandemic response

We produced a comprehensive service evaluation report detailing the pilot Care Home Education Facilitator (CHEF) role implementation in Hywel Dda UHB. After 10 months there are extremely positive impacts and we have extended this funding support until April 2022.

Four regional Integrated Collaborative Decision Making (ICDM) leads have commenced in post and training has started alongside identifying appropriate health board contacts.

English (Catholic)
11/24/2021 11:54:17

Supporting Recovery

We continued our work across the first half of the year to develop national strategic workforce plans for nursing, mental health, imaging and cellular pathology. During the Quarter, work

commenced to support the Critical Care Clinical Network to develop a draft workforce model by the end of this year.

The second cohort of Clinical Endoscopists have now all commenced the clinical aspects of their training, although list availability has been less than expected due to the recovery backlog coverage which is limiting training delivery.

Biodiversity and Decarbonisation

Following internal engagement in April 2021, the HEIW Biodiversity and Decarbonisation Strategy, 2021-24 was approved by the Executive Team in Quarter 1 and was approved by the Board in July.

Embedding of Strategic Equality Plan

Building on work commenced in January 2021, 84 workshops have been delivered to 1500 delegates on various aspects of equality and diversity and the forward work programme is prepared until July 2022. We have been awarded Level 2 Disability Confident Employer status and our Stonewall Diversity Champion membership was renewed alongside maintaining other accreditation pledges.

Medical Education & Training Recruitment

For posts commencing in August 2021, the final position for recruitment Rounds 1 and 2 saw us achieving a recruitment rate of 93% for Speciality (excluding GP) training (400 of 429 posts advertised) and 96.3% for Foundation programmes.

We continue to build capacity for GP training in each Scheme in Wales, with another 3 modules of the GP Prospective Trainers Course started in September 2021. The number of new trainers and new practices that successfully complete the approval process will be reported in the Q3 report in March 2022.

Dental Education & Training Recruitment

In Dental Foundation Training (DFT), 67 posts were available for the 2021/22 cohort and submitted to the National Recruitment Office and all 67 posts were filled at the end of August. The excellent fill rate is due to significant additional work by the Deanery and nationally to expedite the recruitment processes to mitigate the effects of the pandemic on undergraduate education.

In Dental Core Training (DCT), as a result of the national recruitment process that concluded in June 2021, we have the following:

- DCT1 - All posts have been filled with official trainees, giving a recruitment rate of 100% for DCT1 for 2021/22. There are 31 posts including 3 new General Dental Services Core Trainee (GDSCT) posts and 1 former Clinical Fellow post converted to DCT1.
- DCT2 – There are 26 official DCT2 trainees, 6 locally appointed trainees (LATs) and 2 posts are vacant. The recruitment rate is 94%.
- DCT3 – There are 8 official DCT3 trainees, 1 LAT and no vacancies. The recruitment rate is 100%.

Health Professional Education Commissioning & Recruitment

English Committee 11/24/2021 1:10:34 PM

The all-Wales pre-registration healthcare professional education procurement exercise was concluded which was the most complex education commissioning procurement process we have undertaken, worth in excess of £10bn over the next 10 years.

The Education and Training Plan 2022-23 was approved by the Board for submission to Welsh Government.

Fill rates have been collated from all universities for the September 2021 recruitment round. At the end of Q2, the Health Professional fill rate for Wales is 99.4%. This is the highest overall fill rate that September intakes have achieved in the last 10 years and may be a positive effect of the pandemic.

GMC National Training Surveys

The GMC National Training Surveys were undertaken between 20th April and 25th May 2021 with a shorter completion window than usual. However, despite this, HEIW's response rates were still strong with an 85.39% response rate for the trainee survey and a 51.7% response rate for the trainer survey, both significantly higher than the UK average response rates.

Statutory and Mandatory Training Compliance and Equality Data

Overall, the statutory and mandatory training compliance rate for HEIW core staff is at 86%. HEIW have exceeded the 85% target compliance for the first time since the creation of the organisation. Compliance in recording equality data is 70% at the end of Q2, compared to 68% at the end of Q1 indicating a continuing positive trend of improvement.

Welsh Language

In Q2, we translated nearly 1.5 million words, taking the total at the mid-year point to 2.5 million words. We expect to exceed 5 million words in 2021/22.

Performance Issues

Midwifery Education

On analysing the recent Student Survey concerns were raised surrounding the midwifery programme in one University. This has been "exception reported" and the University prepared a separate report in which it acknowledged all the issues, plus those raised by HEIW from their stakeholder interviews and engagements. A robust plan to improve the course has been produced.

Trainee Pharmacists (current cohort)

As reported in Q1, the initial recruitment number was 124 of 160 places. Following 10 withdrawals, there are currently 115 trainees enrolled on the programme, including one additional deferral, which joined this cohort. A delayed start has been granted for 4 of these trainees due to their individual circumstances.

The 10 withdrawals since recruitment is, however, less than the previous year (22). These are due to a combination of factors including university exam failures and some impacts of the pandemic, including reluctance to relocate after university to commence training. It is also possible that students may receive an additional offer (of a more personally suitable location closer to home) in England, outside of the Oriel process, which may also lead to withdrawals

Aneurin Bevan UHB Service Reconfiguration

The most significant and complex concern being managed by the Medical Deanery Quality Unit is the impact that the service reconfiguration model within Aneurin Bevan University Health Board is having on education and training with implications for patient safety. Although there are significant concerns, the threshold has not yet been met for Enhanced Monitoring. Following the recent Royal College of Physicians report, the Quality Unit has agreed a strategy with the Health Board that will include targeted visits aimed at reviewing and, if necessary, improving the quality of postgraduate training. In addition, a Postgraduate Medical Education and Training Oversight Group for this area has been established.

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Performance Management

We have continued to embed the Performance Framework across the organisation, establishing the internal Performance Management Network as a forum to support Responsible Owners of Performance Dashboard data and Key Performance Indicators (KPIs), as well as a means for sharing information and evaluating performance management process and practice in the organisation.

The Performance Dashboard Steering Group is overseeing work to develop improvements to the Dashboard, with the priorities for 2021/22 agreed as Strategic Aims 2 (the education to employment pipeline) and 3 (Leadership). Work on Strategic Aim 4 (Quality) will take place in 2022/23. The Performance team has ensured that the Executives and Board are informed of progress on a regular and timely basis.

The Quarter 2 performance report is the only report of the year that includes the published Medical ARCP performance which is annual. In addition, it is the first report of the year where we are able to report recruitment and fill rates for the first annual cohort of Healthcare Professional Education.

SECTION 1: PERFORMANCE AGAINST HEIW ANNUAL PLAN 2021/22

In our 2021/22 Annual Plan we agreed to progress 46 Strategic Objectives across our 6 Strategic Aims. Milestones and deliverables were identified for each Objective for the period to the end of Q2. The 46 overall Objectives included a number of sub-objectives (under Strategic Aim 4) relating to specific areas of work. As such we are monitoring the progress of 59 Objectives in total.

At the end of Q1 we reported that Objective 4.5f which aimed to develop an All-Wales foundation/mandatory learning offer for Learning Disability services would not be progressing due to a change in approach indicated by Welsh Government, and we have therefore reported it as closed.

At the end of Q1, including objective 4.5f 3 strategic objectives were assessed as Red (off track for delivery and unlikely to recover), 23 strategic objectives were Amber (off track but able to recover) and 33 were Green (complete or on track to deliver at the end of the quarter). The following progress status has been reported for Q2 milestones and this is very similar to the progress in Q1:

	Quarter 1		Quarter 2	
Off track for delivery at the end of the Quarter and is unlikely to recover	3	5%	2	4%
Off track for delivery at the end of the Quarter but will be able to recover	23	39%	25	42%
Complete or on track to deliver at the end of the Quarter.	33	56%	31	52%
Closed	0	0%	1	1%

This shows there is good progress with delivery of the Annual Plan.

In Q2 the two remaining Red Objectives are the same as previously reported in in Q1. There are 31 Objectives (52%) that have been rated as Green and 25 Objectives (42%) that have been rated as Amber, most of which are due to a minority of milestones being off-track and which will recover in the remaining 6 months. The off-track milestones have been highlighted in the respective sections and the mitigations described. These will be monitored appropriately to support them to get back on track and progress will be flagged accordingly in future reports

English (United Kingdom) 11/24/2021 11:04:17

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'

0	Off track for delivery at the end of the Quarter and is unlikely to recover
4	Off track for delivery at the end of the Quarter but will be able to recover
4	Complete or on track to deliver at the end of the Quarter.

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

During the Quarter a 'thinkpiece' was completed regarding current nursing workforce strategies and identifying future priorities. Nurse shortages have been identified as central to workforce issues in healthcare systems globally and although interventions to increase the nursing workforce have been implemented, nurses leaving their roles, particularly in the first year after qualification, present a significant barrier to building the nurse workforce.

The culture has also been identified as a contributing factor to our nursing workforce. Changing the culture of an organisation is a significant challenge which is reliant upon engaging with stakeholders to review and appraise the existing culture, beliefs, and ways of working, with identification of new and innovative approaches and models which are not always welcomed.

Recruitment and retention have also been identified as a potential trigger limiting our nursing workforce, with a particular focus on those leaving during training or the first year following qualification. Nursing and Midwifery Council acknowledge the number leaving the profession is increasing.

Engagement has commenced with Executive Directors of Nursing on the workforce plan developments and more will be required over the remainder of the period of this plan alongside taking forward collaborative work with Welsh Government and the Royal College of Nursing.

Milestone Delays

- *Recruit to programme manager*
- *Work with Workforce Analytics to scope current nursing workforce from band 2 to 8 speciality and level of practice.*

Further work is required to understand and scope the work required before a decision on investing in a Programme Manager is approved by the Executive team. This has been reprofiled to Q3 to allow progress to be monitored and reviewed accordingly but will impact on the delivery of this in year. There has been a delay with scope and PID development, this is now progressing at pace and expected to be achieved by Q3. The resource required will have been finalised and analytic support achieved to scope high level current workforce.

English Catherine
11/24/2021 11:54:17

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

The CPD Strategy group has progressed with the development of the CPD Strategy through the development of a Project Initiation Document and Action Plan. Early in Q2 a stakeholder event took place with over 60 attendees to discuss the initial Vision Paper and support the development of the strategy. Discussions supported the identification of what the HEIW offer should be and provided greater insight into the current barriers to accessing CPD and the format of CPD being undertaken.

Milestone Delays

- Completed roll out of Education Delivery System (EDS) across the organisation.
- Communications with users, learners and all stakeholders involved with the EDS complete.

Last Quarter we reported the procurement process for the EDS was in progress with the intention to finalise contracts and award in August. However there has been a delay in the procurement process for the EDS which has impacted on the roll-out across the organisation. Following further Board consultation, it is intended that the award can be made during Q3. A dedicated Project Manager has been recruited to support the implementation and roll out. There has been ongoing communication with teams in HEIW but the delay in the procurement process has prevented us communicated with our stakeholders.

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

A reference group has been established, involving partners across NHS Wales in support of the development of the Health and Wellbeing framework with a Project Initiation Document in development which will be completed in Q3 to allow for alignment with the Social Care Wales Wellbeing framework.

The first stage engagement on the staff governance framework is complete and we are currently developing the draft document. This is also being developed in consultation with our Trade Union partners, before a second and final consultation in early 2022.

HEIW responsibilities in relation to the Occupational Health review have been completed. The recommendations to Executive Team for the work to now be taken forward by service representatives was agreed.

Milestone Delays

- *Completed Project Initiation Document for the development of the Health and Wellbeing Framework.*
- *Started the engagement/consultation of the development of the NHS Wales Health and Wellbeing Framework.*
- *Completed the Project Initiation Document for the development of the Wellbeing in Work Impact Resource (WiWIR).*

English Catherine 11/24/2021 11:04:17

Capacity issues required a review of the scope of the objective and the support required to facilitate its delivery. The work in relation to our Wellbeing in Work Impact Resource and the

PID for the Health and Wellbeing Framework has been delayed and milestones have been reprofiled to Q3.

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

The digital build of Careersville has been completed in the Quarter and was launched formally on the 20th October 2021 with a highly successful event aimed at schools. The take-up by Welsh schools has been very positive, leading to an unusually high 'hit rate' for the Welsh-language version of the platform.

We launched the joint health and social care careers network in July 2021. This is a bilingual network, involving partners from health and social care, and wider partners including education, Department of Work and Pensions and Careers Wales. There have been limited careers events due to Covid restrictions, but the careers team have contributed where appropriate.

There has been limited ability to host events to support the development of the Careers and Widening Access Strategy. Progress has been limited to virtual work with the careers network and individual meetings have been held with widening access partners. A wider stakeholder event is planned for early in the new year subject to Covid restrictions.

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

During the Quarter work to scope our current activity aligned to the Made in Wales approach (i.e., Band 4 nursing programmes allowing direct access to Year 2 of a degree) has been completed and the results are being developed into a visual aid for future use. Furthermore, progress has been made with scoping to underpin the development of the three-year programme due to be agreed during Q3.

We are currently carrying out the scoping exercise which will underpin a 3 year work programme. Particular areas of interest include part time routes to registration with recognised prior learning ability across more professions. Work is also underway to develop pathways for pharmacy assistants to gain the necessary qualifications to train as a pharmacy technician.

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

In support of our intention to establish a Centre of Excellence we have engaged with a number of key partners and have more external partners to engage with to inform the purpose, function, detail and design. Discussions have commenced to review and agree the appropriate alignment of data-related roles/activity with statutory functions.

The team has created a minimum dataset for workforce profiling and modelling. This has been produced to support the Mental Health Strategic Workforce Plan and will be used to support the Nursing Strategic Workforce Plan.

English Committee 11/24/2021 Item 17

Significant work has been undertaken across HEIW in the development of the Education Pipeline work. All areas of HEIW have engaged with the work and new ways of reporting and working have been established.

Close working relationships have continued with Social Care colleagues with regards to understanding their workforce with regards to their mental health workforce.

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

Outstanding training in respective health board settings was delivered by Skills for Health within the extended contract which ended on 30th September 2021. Going forward training will be delivered locally supported by a training package which has been developed in partnership with workforce planners across NHS Wales and is currently in pilot testing and planned for formal launch in Quarter 1 2022.

The two toolkits based on the Six-Step Model, one General and one for Primary Care have together with the workforce planning matrix been made fully accessible, translated and made into on-line versions which will be made more widely available during Quarter 3 via the re-shaped workforce planning internet pages for general and primary care to further build capacity capability.

A project plan has been developed and work commenced with engagement on the scope and shape of a workforce planning digital platform.

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

During the Quarter the Train Work Live (TWL) governance structure was established with a Programme Board, Steering Group and an Operational Group. The TWL website is currently on the HEIW platform in test mode prior to the official transfer of website details. A Temporary TWL site is being hosted on the Welsh Government platform to support Burst 2 of the Pharmacy Campaign which finishes 29th October, and we will support TWL at the Royal College of General Practitioners.

During the Quarter the Medical Campaign 2021 was developed including Specialty adverts and social media advertising. A Specialty Training advert was prepared and social media adverts will also be used.

Milestone Delays

- *Ensure all collateral from TWL is with HEIW from Welsh Government.*
- *Develop Stage 2 TWL campaign which will commence on completion of the current 5 year agreed programme.*
- *Progress GMC sponsorship arrangements for International Medical Graduates.*

The TWL digital collateral transfer has been delayed due to server capacity within HEIW. Each TWL image needs to be of high resolution and digital colleagues are exploring potential solutions to support campaigns during Q3.

Work in relation International Medical Graduates has been delayed. An internal HEIW event is scheduled for Q3 and a Summit is anticipated to take place early in Q4. A Campaign Programme Manager post had to be readvertised which has impacted capacity to delivery on future planning but will be progressed following appointment in Q3.

English Overview
11/24/2021 11:54:17

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

5	Off track for delivery at the end of the Quarter but will be able to recover
9	Complete or on track to deliver at the end of the Quarter.

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

Milestone Delays

- *Engage with key stakeholders in respect of the outline principles to support a multi professional Education, Learning and Development Strategy designed to deliver future roles*

The Medical Deanery activity relating to objectives outlined in the Future Doctor has been mapped and collated and will continue to be progressed over the coming quarters. Further activity within HEIW relating to the future doctor has been identified and engaged on to support the development of principles. This includes the Research Careers Pathways group, CPD strategy group and rural medicine. An update report has been completed.

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

Following the award of contracts in Q1, no challenges to the awards process were made. The implementation stage has commenced, and a range of publicity has been shared on the outcomes of the process. Courses have been marketed and student engagement days have commenced. HEIW has a seat on each University's mobilisation board.

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

Two areas of work (L4 Healthcare Support Worker (HCSW) and Genomics education) are underway with procurement plans in place and a September 2022 contract award date anticipated.
A PIN notice has been issued for HCSW and Genomics education procurement and work has continued to progress the drafting of an Invitation to Tender document.

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

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Milestone Delays

- *Review MDT scoping exercise.*

The Multi-Disciplinary Team scoping exercise has been delayed and is expected to be completed in Q3. This will now go beyond initial intentions to ascertain what moved online and what benefits there have been. This data will be included along with the trainee survey of teaching changes that has provided some evidence of what has and has not been effective and will provide considerations for future educational programmes. This objective will be widened for the next IMTP to evidence the impact of reduced travel on our Carbon Footprint.

	Objective 2.5: *Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP).*

During the Quarter, the Strategic Outline Case for the 5-year IETP Implementation Programme was presented to Welsh Government. Alongside this we continued aligning the Pre-Registration Foundation curriculum to align to the IETP for the 2022/23 intake.

Work has been undertaken to finalise the tender documentation in relation to the Post-Registration Pathway. The tender was published in August 2021 for award in November 2021 with the 1st cohort of a post-registration foundation programme for new registrants in September 2022.

In relation to the development of a roadmap for HEI/MPharm changes, an Experiential Learning project has been instigated as part of the IETP Implementation Programme and initial meetings have been held. It is intended for the roadmap and options to be presented to the IETP Implementation Board in Quarter 3.

It has been decided not to take forward the Post-Registration foundation pilot and therefore the respective milestones have not been progressed. During our scoping with providers it was indicated that they would not be able to provide a cohesive package in time for an August/September start this year so the focus was moved to getting a new programme in for September 2022 and supporting the managed sector by offering an extension to the Diploma programme.

Milestone Delays

- *Negotiations concluded with HEIs to start enhanced funded Clinical Placements in Wales (3-4 year Cardiff MPharm students).*

This is being taken forward in Q3 with proposal to be presented to the Implementation Board in November.

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

Building on work commenced in January 2021, workshops have been delivered on differential attainment, unconscious bias, active bystander training, managing imposter syndrome, being a mentor and mentee, holding crucial conversations and examination preparation and the forward work programme is prepared until July 2022. Since January 2021, 84 workshops have been delivered to over 1500 delegates and a new workshop is available from November 2021 on Civility in the Workplace.

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Furthermore, work is ongoing to consider the development of a mentorship pilot alongside considering allyship and developing networks.

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

During the Quarter, a scoping exercise commenced regarding current Healthcare Support Worker education and identification of core units at levels 2 and 3. The Strategic Review Phase 2 Project Board agreed the recommendation that HEIW takes responsibility for the registration of all learners undertaking post registration WBL qualifications.

We have developed a commissioning plan for Level 4 Nursing Support Worker Education and work has also progressed with Made in Wales colleagues to assess the demand for part time routes to registration and to illustrate current existing routes.

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

During the Quarter we have ensured reporting mechanisms are firmly embedded into the final contracts following the completion of the Strategic Review. A Welsh Induction module has been developed and this is being presented in Quarter 3, with pilot cohorts to test it thereafter.

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

During the Quarter, the scoping of cross-profession requirements for the placement management software quality elements continues as built into the Head of Placement Experience and Improvement project plan.

We have commenced collating the baseline data on the current utilisation of primary care placements by nursing and allied health professional students. Furthermore, the alignment of the Multi-professional Quality Framework elements with commissioned programmes is continuing.

HEIW has produced a comprehensive service evaluation report detailing the pilot Care Home Education Facilitator (CHEF) role implementation in Hywel Dda UHB. After 10 months there are extremely positive impacts and HEIW has extended this funding support until April 2022. A reporting mechanism for periodic review is established and interviews for CHEF roles are scheduled for Quarter 3.

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

Following extensive discussions between the SRO, Executive Lead and Postgraduate Medical Dean we have agreed that a more strategic approach in this area is necessary as a first step to have a maximum impact for all SAS doctors in Wales as opposed to considering additional staffing resource. The principle aim is to begin the process of educational levelling up for all SAS doctors across Wales.

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11/24/2021 11:54:17

Our HEIW Certificate of Eligibility for Specialist Registration (CESR) advice line enables SAS doctors embarking upon the CESR route to make contact with us and be paired with a doctor who has previously achieved CESR in that specialty to offer advice and informal support.

Since its launch in July we have had over twenty doctors reach out take advantage of this opportunity. In addition specialty schools have opened up some of their online educational opportunities to SAS colleagues across Wales and we continue to work with our specialty schools to make these opportunities increasingly accessible to SAS colleagues.

Furthermore, we are currently in the process of setting up an International Medical Graduate//SAS induction and support expert Advisory Group to develop our approach to more effectively supporting these groups of doctors. This group will have representatives from HEIW, IMG & SAS colleagues, GMC and Medical Directors alongside collaborating with the GMC to run a CESR support conference for all SAS doctors in November.

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

The draft simulation strategy has been shared with key stakeholders and feedback is to be considered in Q3. The HEIW Simulation annual event was held at the end of Q1 and an internal evaluation of the meeting has been completed and yielded excellent results.

Feedback showed that at least 80% of delegates who completed the evaluation survey found the sessions either Useful or Extremely Useful. 96% rated the event programme as either Excellent or Good. Delegates reported that the event provided an opportunity to share knowledge and raise awareness of simulation with some noting a renewed enthusiasm for simulation. Feedback indicates that attendees found the sessions inspirational and beneficial for individual and team development.

Furthermore, faculty development plans with a tiered approach to training have been developed.

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

During the Quarter we were able to appoint a dedicated Programme Manager to support us in driving forward our approach to this Objective. Following the appointment, we have been able to define and agree our programme approach, complete a landscape review and establish an appropriate community of practice. In addition, we have agreed our stakeholders and identified the Allied Health Professions as our first phase partner, building on the pilot undertaken with colleagues in HEE. Our first phase project planning is now underway.

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

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HEIW is working in partnership with Health and Care Research Wales and Social Care Wales to produce a report in relation to opportunities to support clinical academics and research staff available in December 2021. The report will include recommendations to inform future planning.

Milestone Delays

- *Develop specific competencies at advanced and consultant level against first pillar i.e., development of self and others.*

Further work is required to establish coherent alignment with HCRW/HEIW's report and the recommendation HEIW will have responsibility for. Following this work, it is expected this strategic objective will be on track to deliver by the end of Q4.

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

Following the identification of options to improve the efficiency of the bursary system an options paper has been shared with Welsh Government and feedback is awaited. In addition, a review of study leave funding arrangements has commenced to aid future discussions including work with the General Practice specialty team to understand the mechanisms of claiming and approval of study leave.

Milestone Delays

- *Work with NWSSP and others to implement a revised approach including the potential implementation of individual flexible study leave accounts for postgraduate medical and dental trainees*

Discussions on the potential approach have not progressed at the close of Quarter 2 and options will be reconsidered in Quarter 3. The approach has been discussed within the Study Leave policy group to enhance the approach for trainees in accessing expenses relating to Study Leave with an initial positive response.

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

4	Off track for delivery at the end of the Quarter but will be able to recover
2	Complete or on track to deliver at the end of the Quarter.

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

During the Quarter our Compassionate Leadership in Practice module has commenced in partnership with Glyndwr University at Masters level. All of the Welsh Clinical Leadership Fellows have been enrolled with positive feedback received to date.

The development of the Compassionate Leadership Principles Framework has also commenced with the launch of the first Spotlight sessions and accompanying Podcasts. A range of resources have been harnessed and digitised to support organisational leadership programmes. However, the development of the Framework resources will be revised and more inclusive to incorporate organisational stakeholder engagement over the remaining 2 Quarters to ensure we are co-designing the materials needed by the service and ensure adoption of the resources across the system.

English (Collective 11/24/2021 (v1.1))

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

Milestone Delays

- *Talent management digital solution implemented.*

The Talent Management digital solution has not been fully embedded within the Gwella Leadership Portal due to additional compliance requirements in relation to Information Governance and cyber security. Although some software has been deployed, the majority of software will be deployed in the November development release. The software will then undergo system and user testing.

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

During the Quarter, we continued to enhance our range of publications on the Gwella resource library.

Milestone Delays

- *Complete TM functional and user testing*
- *Achieve accessibility level AA for Gwella Leadership Portal.*
- *Integrate and deploy Talent Management (TM) software into Gwella*

As indicated in SO 3.2 our talent management functionality has been delayed to Quarter 3. The AA accessibility standard has not as yet been achieved. This was due to delays of up to 3 months by the supplier to compete the testing and finalise the report. The Digital Team are supporting the Leadership Team to get this back on track with the supplier Shaw Trust.

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

Milestone Delays

- *Scope and Develop the HEIW clinical leadership offer.*
- *Market and engage clinical leadership offer across NHS Wales.*
- *Commence clinical leadership module 1.*
- *Scope and Develop the HEIW clinical leadership offer*

The clinical leadership model has been drafted and marketing can commence in Quarter 3 with the programme commencing Q4.

The Welsh Clinical Leadership programme has successfully commenced and the programme will officially move to the Leadership and Succession Team in Quarter 3.

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

English,Catherine 11/24/2021 11:54:17

Originally it was planned to have 13 graduate trainees but due to the calibre of candidates some organisations requested extra graduate trainees increasing the number to 22. However, the number was then reduced to 21 graduates as one organisation subsequently requested a reduction in their additional placements.

During the Quarter our 21 graduates were onboarded and completed their induction process. Orientation has also been completed and work experience schedules have been Completed.

Furthermore, we launched Phase 2 of our internship programme and developed and established our Graduate Management Trainee framework.

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

Milestone Delays

- *Analysis of Executive development needs (determined from Development Centre evaluation).*

During the period, Executive development needs have been determined from initial conversations and evaluations. To further support this, the establishment of the Development Centre will require a procurement and tendering process which will now be undertaken in Quarter 3.

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

1	Off track for delivery at the end of the Quarter and is unlikely to recover
6	Off track for delivery at the end of the Quarter but will be able to recover
11	Complete or on track to deliver at the end of the Quarter.
1	Objective Deferred

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

	Objective 4.1a Care Homes

Work has progressed with TEC Cymru and Health Board leads to identify key areas for training. Links have also been made with National Collaborative Commissioning Unit (NCCU) and opportunities for remote delivery of training identified.

English, Catherine 11/24/2021 11:04:41

The successful candidates for Postgraduate Certificate in Advancing care home practice have enrolled and established a network.

As described earlier, we have produced a comprehensive service evaluation report detailing the pilot Care Home Education Facilitator role implementation in Hywel Dda UHB.

	Objective 4.1b: Infection, Prevention & Control (IP&C)

Activity has progressed in the Quarter through the establishment of an IP&C steering group including representation from Health Boards, Trusts and education providers. A reporting governance structure has also been developed alongside scoping existing service provision and structures across Wales. Two Task and Finish Groups have also been established to consider a workforce model and career path and education requirements.

	Objective 4.1c: Integrated Collaborative Decision Making (ICDM)

Four regional leads have commenced in post and training has started alongside identifying appropriate health board contacts. A review of previous training is being assessed to support future developments and the identification of appropriate indicators.

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

The Workforce Planning Toolkit for Primary Care has been further developed to be fully accessible and has been translated into Welsh and will be made more widely available via the re-shaped workforce planning page for Primary Care. In addition, three pre-recorded training sessions have been developed aligned to the approach to workforce planning in primary care clusters and will be available via the workforce planning pages on the internet to help to build capability. The training is available bilingually and fully accessible with formal launch planned for Q3 2021/22.

Milestone Delays
• *Review of RPB transformation fund proposals to assess workforce implications and models.*

Dialogue with Regional Partnership Boards (RPB) has commenced in some areas but RPB's have not developed workforce plans so this has been difficult to progress further.

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

A review of education for Children and Young People practitioners has been completed and is due to be moved into the pilot stage. The Bangor University level 7 online course has been oversubscribed and options for additional cohorts are being considered.

English, Catherine
11/24/2021 11:54:17

Furthermore, a Level 6 and 7 Children and Adolescent All Wales course has been commissioned via Bangor University.

Milestone Delays

- *All Wales MH workforce data collection from ESR and Social Care Wales data collection for baseline analysis. Undertake data analysis (from gathering exercise in Q4 20-21)*
- *Set up focus groups relation to part 1 assessment.*
- *Gather data on non-mental health coded supporting staff via Health Board Mental Health Service Leads, Chief Pharmacists and national AHP group WAHPC. This is for the purpose of gathering evidence for consideration of future Mental Health workforce solutions to include the wider Health workforce.*
- *Produce an All Wales base level mental health first aid resource.*

Following a data gathering exercise in Q4 2020-21 of all Mental Health workforce data, a baseline data analysis is underway alongside reviewing data gathered and reports being written by wider professions on their roles to support mental health services and influence future workforce solutions. This is an extensive piece of work that will conclude in Q3 and overall, the workforce plan for mental health remains on track to be completed by the end of year, in line with the Ministerial priority.

Changes to the Part 1 Mental Health Assessment are on track for consultation mid-October 2021 (currently being translated) with recommendations to be submitted for scrutiny before the end of November 2021.

To date, no progress has been made on the All-Wales base level mental health first aid resource. Discussions surrounding the appropriateness of this are ongoing.

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

	Objective 4.4a: Imaging

Milestone Delays

- *Work with the Imaging Academy to develop digital resources for CT Colonography for Radiographers and other registrants.*
- *Undertake engagement through the IWEG to capture workforce opportunities, gaps and barriers.*
- *Review clinical placements for Radiographer trainees to maximise training capacity.*

During the Quarter, the development of digital resources has started on the CT Colonography. Work is being taken forward with the Imaging Academy to train Radiographers to become assessors. The resources are being developed by subject experts who are experiencing capacity issues due to current service pressures.

English Cath (Hywel) 11/24/2021 11:19:34 AM

The engagement phase in support of imaging workforce planning commenced in the period and will run to December 2021 following establishment of the governance and engagement structures. We have undertaken a series of workshops, with good attendance and

engagement at the events; Workshop 2 included presentations of good practice from Great Ormond Street Hospital, Manchester University Hospital and Occupational Therapy Assistant Practitioner to stretch thinking. Workshop summaries have been completed and circulated to the Imaging Workforce and Education Group (IWEG).

A review of clinical placements has commenced. HEIW has 3 Radiography Practice Education Facilitators funded in North Wales. The Head of Placement Experience and Improvement has now been appointed and Radiography has been identified as a priority area to review in the project plan.

	Objective 4.4b: Pathology

The development of a pathology career map has progressed during the Quarter. With the two routes to registration and RCPath and Institute of Biomedical Sciences (IBMS) qualifications available in addition to clinical scientist training or equivalence, Pathology is the most complex of the Healthcare Science career pathways. By working with the Made in Wales team and the newly appointed Learning Technologist in Healthcare Science Transformation, a draft map has been created. Wording has been shared with the profession to clarify and summarise and interactive content is also being considered.

The first meeting of the Cellular Pathology Workforce subgroup of PWEG took place on 1st October to establish the governance of this piece of work. We will continue to follow the Imaging work methodology.

Milestone Delays

- *Sign off the Level 3 Healthcare Science qualification (Pathology).*
- *Develop the Healthcare Science equivalence route all levels.*

The Level 3 healthcare science qualification (pathology) is being finalised by the Health Apprenticeship Steering Group and will be followed by review of the Healthcare Science Apprenticeship pathway.

In relation to Pathology equivalence routes, two forms of registration are available in Pathology, Clinical Scientist (CS) and Biomedical Scientist (BMS). For the CS, equivalence pathways are available and HEIW support these with funding and information – a healthcare science programme webinar is planned on equivalence for Nov 2021. Challenges exist where modular or work-based education is not in place and we are working with the Made in Wales team to look at the demand for part time routes to registration, which will also enable equivalence routes to registration in an accessible form. Equivalence has recently been introduced for one scenario of BMS registrants, and we are therefore meeting with institute of Biomedical Sciences regards extending this approach more widely.

	Objective 4.4c: Endoscopy

English (Canterlin)
11/24/2021 11:54:07

The second cohort of Clinical Endoscopists have now all commenced the clinical aspects of their training, however list availability has been less than expected due to the backlog coverage and this is limiting training delivery. This means that predicted 40 new Clinical Endoscopists (March 2019 – March 2023) now will be maximised at 24.

The Endoscopy Training Management Group (ETMG) meetings have been ongoing with agreement for extended action plan dates submitted via the WFT&D sub-group. Work is ongoing to develop associated faculty and networks of specific groups of experts. The Endoscopy Training Plan continues to be implemented and developed in line with the action plan and 10 pathways for education are in scope to support the Endoscopy recovery plan.

The preferred option for the Welsh Institute for Minimal Access Therapy has been agreed with Cardiff University and a business case has been submitted to Welsh Government for consideration.

In the Quarter the National Endoscopy Programme appointed a workforce lead and work is ongoing to agree the accountability and responsibility for future work as part of our IMTP planning.

	Objective 4.4d: Major Trauma

This work is in progress, the Major Trauma Network members have been advised to ensure the education requirements are included in the respective Integrated Medium Term Plans which will be completed later in the year.

We are also examining the feasibility of a system of 'assured learning' (kite mark) to assist in underpinning staff development and rotational opportunities within the network.

	Objective 4.4e: Urgent & Emergency Care

The structure of the Six Goals National Programme recently launched by Welsh Government is still being finalised. However a first meeting of the National Programme Board took place in Q2 and HEIW is leading the Workforce, Training and Development Enabling Sub-Group of the national programme.

A Workforce Enabling Group workshop was held in early Quarter 3 to agree the immediate priorities for the next six months, following engagement with SROs and policy leads. A paper had been previously with an update from the scoping exercise to identify roles and training which already exist to the support the pathway.

A task and finish group has been established to develop accredited education resources to support Urgent Care Practitioner Competency Framework.

We have also been working in collaboration with Welsh Ambulance to develop an accredited induction and education pathway for both clinical and non-clinical staff. Early discussions have also taken place regarding the re-establishing of a Flow Academy in Wales.

Milestone delays

- *Recruit Research Fellows*
- *Identify training already available to support staff development e.g. in relation to First Contact Practitioners.*
- *Establish a working group to review and adapt road map for First Contact Practitioners.*

English Catherine 11/24/2021 11:54:17

Recruitment of Research Fellows has not been progressed due to outside the remit of HEIW in regard to the national programme at the present time, and this deliverable is closed.

Work has been put on hold regarding First Contact Practitioners as developing the Advanced Paramedic Practitioner workforce is a higher priority within the national programme.

	Objective 4.4f: Critical Care

During the quarter work commenced to develop the draft workforce model. The delivery of a pull down menu will not be able to be developed until work is completed to develop the model.

The Workforce Strategy & Planning Team supported the NHS Wales Collaborative to undertake a workshop on 30th September, which enabled the capture of workforce information that will contribute to the development of the workforce model.

Workforce recommendations for Critical Care were included in the Education and Training Plan submitted to Welsh Government in July (these included recommendations for additional medical trainees). HEIW continued to participate in the meetings with HEE who are looking at developing critical care education.

Two Critical Care Transformation Managers will commence employment at the beginning of October and will undertake work in support of the development of the workforce model and education development.

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

	Objective 4.5a: Optometry

During the Quarter, following work undertaken previously, a CPD interprofessional event (with pre-registration students and pharmacy) has been undertaken utilising agreed new standards and framework for quality monitoring.

	Objective 4.5b: Allied Health Professionals (AHP's)

During the Quarter we were delighted to welcome our first Welsh Leadership Fellows. Building on our first engagement event at the end of Quarter 1 which was attended by over 150 delegates, the second has been held in October 2021 with further events planned up to the end of Quarter 4 2023. There are now 340 members in the AHP Leadership networks in Gwella.

English,Catherine
11/24/2021 11:54:17

During the Quarter, a communications and engagement plan was completed and approved, and a subsequent action plan is in development. Furthermore, equality and inclusion, accessibility and welsh language requirements have been embedded onto the relevant pages of the HEIW website. An equality impact assessment will also be completed during Quarter 3 following confirmation of priority projects.

An options appraisal for rehabilitation / workforce capacity and planning has been prepared for decision-making at the end of Quarter 2 and will be progressed following approval. We have also undertaken baseline assessments for consultant and advanced practice following programme stakeholder mapping and engagement with key groups and ESR data.

	Objective 4.5c: Healthcare Scientists (HCS)

During the Quarter a Task and Finish Group to support the development of a Healthcare Science Support Worker paper has begun, this will be reported to the new Healthcare Science Programme Board.

Furthermore, we held our second webinar on Healthcare Science in conjunction with the Welsh Government.

The NHS Wales COVID-19 Innovation and Transformation Study Report was published in July 2021 with significant content regarding Healthcare Science and how healthcare scientists have delivered services differently.

In support of our work to expand on the practical skills for Professional Education and Learning (PSEL), and to support the delivery of dedicated healthcare science leadership programmes a survey was completed by PSEL participants and a further workshop facilitated to begin development of bespoke Healthcare Science leadership programme. The group also committed to being champions for leadership in healthcare science, and have engaged with a network set up on Gwella.

Milestone Delays

• Successful appointment of up to two healthcare scientists into the Welsh Clinical Leadership Training Fellowship.

A paper is in preparation for consideration by the Executive Team regarding the inclusion of healthcare scientists into the Welsh Clinical Leadership Training Fellowship in future cohorts.

	Objective 4.5d: Nurse Staffing Act

Milestone Delays

- *Deliver range of supportive interventions to prepare Health Boards for extension of the 2nd duty of the Act to paediatrics.*
- *Conduct initial (1st phase) testing of draft Welsh Levels of Care for Health visiting.*
- *Analyse the findings of bi-annual audit for adult medical and surgical inpatient areas.*
- *Conduct initial testing of draft Welsh Levels of Care for Mental Health inpatients.*
- *Conduct initial testing of Quality indicators for District Nursing.*

English,Catherine 11/24/2021 11:54:17

There has been a delay in finalising draft interim nurse staffing principles for Health Visiting due to skill mix issues and a letter has been issued by the Chief Nursing Officer. Draft principles are being finalised prior to Health Boards conducting impact assessments. Pilot testing (phase 1) of draft Welsh Levels of Care for Health Visiting has been delayed and is due to be undertaken in Quarter 3.

As a result of the need to reset the remit of mental health workstream pilot testing of draft Welsh Levels of Care for Mental Health inpatients delayed to Quarter 4 alongside the testing of quality indicators for district nursing.

Due to lack of IT support unable to analyse the findings of bi-annual audit for adult medical and surgical inpatient areas during the quarter and alternatives are being considered to allow analysis to be undertaken in upcoming quarters.

	Objective 4.5e: Nursing Standards

All Welsh Approved Education Institutions (AEI's) have been approved by the NMC to run their Return to Practice programmes which have been benchmarked against future nurse proficiencies and non-medical prescribing programmes.
In addition, monthly reporting on the implementation and benchmarking of the NMC Nursing and Midwifery Standards has been provided to key stakeholders as well as regular reporting of Once for Wales developments to the quarterly All Wales Pre-registration Nursing and Midwifery Group.

	Objective 4.5f: Learning Disabilities

The deliverable to develop an All-Wales foundation/mandatory learning offer for Learning Disability services has now been taken forward by Improvement Cymru following a commission from Welsh Government to develop foundation training resources. HEIW will not be progressing this further during 2021/22 and it is closed.

	Objective 4.5g: Maternity Services

During the Quarter, there has continued to be ongoing engagement with the New-born and Infant Physical Examination Programme Cymru (NIPEC) Steering group
In addition, we have worked closely with Welsh Risk Pool to establish a platform and content for foetal monitoring interactive training.

Milestone Delays

- *Identify national priorities for educational service needs and learning opportunities within the maternity workforce.*
- *Review and publish data interpretations*

English Catherine 11/24/2021 10:55:27

To identify national priorities for learning opportunities and educational service needs, links have been made with the Maternity and Neonatal Network working groups to review

opportunities and data and this is scheduled for Quarter 3. Furthermore, a leadership course for aspiring consultant midwives has been put in place and is due to commence in Quarter 3.

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

Milestone Delays

- *Establish steering group with key leads in HEIW and workforce and education.*
- *Develop networks with service and education providers to enable communication channels.*
- *Establish current range of post-registration training pathways available in HEIW and elsewhere in Wales.*
- *Scope need for additional training pathways and resource available/ consider expansion of existing programmes*
- *Identify key areas to prioritise based on service and workforce need.*
- *Develop plans to establish the return on investment of training programmes, particularly advanced practice/ extended skills.*

There is no progress to date on delivery owing to lack of capacity of the SRO due to delayed backfill arrangements in the team.

A meeting is scheduled early in Quarter 3 with cross professional colleague to commence collation of relevant information.

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

4	Off track for delivery at the end of the Quarter but will be able to recover
4	Complete or on track to deliver at the end of the Quarter.

	Objective 5.1: *Finalise and implement the People and Organisational Development (OD) Strategy*

Work to finalise the draft People and OD Strategy has progressed with the aim of final ratification in Quarter 3. However, work that will be encompassed within the strategy is already being planned and undertaken and which includes a key objective of greater engagement with the sessional and other remote workers associated with HEIW.

During the Quarter our learning and development plan was agreed including an aligned training plan and we have also established a reference group including partners from across NHS Wales to embed organisational values in recruitment, career progression and capability. A paper on succession planning has been reviewed by the Executive Team and work will begin on an internal programme.

English Catherine 11/24/2021 11:54:17

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

Engagement and consultation on the HEIW Health and Wellbeing Strategy is embedded into the wellbeing framework, national approach. The HEIW strategy will reflect this framework. Engagement commenced March 2020 through the HEIW wellbeing network members and the staff conference 2020.

A calendar of wellbeing events has been developed and is in place. This includes a communication plan for HEIW's intranet front page articles and information is regularly shared. Regular HEIW staff experience surveys are now in place, this includes, Health Needs Assessments, Working from home surveys and Culture Surveys.

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

Milestone Delays

- *New Language Scheme launched.*
- *Recruit second Apprenticeship cohort.*

During the Quarter our Welsh Language Scheme was approved by the Welsh Language Commissioner and will be launched in Quarter 3.

Recruitment has also commenced for our Second Apprenticeship cohort which will be finalised in upcoming quarters.

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

During the Quarter, HEIW has been awarded Level 2 Disability Confident Employer status and furthermore our Stonewall Diversity Champion membership was renewed alongside maintaining other accreditation pledges.

Additionally, we delivered Trans Health and Deaf Pride Cymru masterclasses as part of virtual pride NHS Wales week and Equality, Diversity and Inclusion masterclasses. Directorate Strategic Equality plan action plans were signed off by the Deputy CEO and will be monitored quarterly. The EDI policy review has been moved to Q4 to allow the new Head of OD and Inclusion to start in post and the Inclusion Team to be appointed.

Milestone Delays

- *Review the equality, diversity and inclusion policies.*

Our review of policies has been pushed forward to Q4 to allow for organisational changes to be finalised and allow for appropriate review.

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

English (Canada) 11/24/2021 11:54:17

There is heightened interest in the decarbonisation agenda as Welsh Government set up the Decarbonisation Board and NHS Wales organisations are determining their plans in line with the NHS Wales Decarbonisation Strategic Delivery Plan, published in March 2021.

Our internal strategy was approved by the Board in July and the stakeholder group is in the process of developing an 18-month action plan as a first step in implementing the strategy.

This increased interest is putting some pressure on the existing structure in HEIW to be able to respond in a timely manner and apply an agreed organisational approach to the system role articulated in the national action plan. A paper on this is due to be presented to the Executive team in November for discussion and agreement. This paper will also consider the wider agenda on Sustainable Healthcare and the opportunities within the organisation's remit to contribute to this exciting agenda.

The stakeholder group has continued to implement its engagement and communications plan and to undertake and share research within the stakeholder group and to the wider organisation.

Additional recycling options have been put in place for staff for bathroom waste packaging and a report and plan has been received for options to develop the grounds of Ty Dysgu to maintain and enhance biodiversity. The stakeholder group is now representative of all directorates in HEIW.

Milestone Delays

- *Recruit and Induct New Starter*
- *Develop and approve organisational targets against the 2019/20 baseline.*

As reported in Q1, support will be managed via new roles in the new Planning and Performance structure, and these are still being recruited.

Due to capacity issues in the contributing teams, there has been no further work on baselining measures and developing and approving organisational targets. A piece of work is being undertaken in Q3, using cost as a proxy measure. Unlike the other NHS organisations, HEIW was not included in the national work by the Carbon Trust to determine organisational carbon emissions which underpinned the NHS Wales decarbonisation plan. Options are being considered in how to progress this in the remainder of the financial year.

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

Gwella has been developed as the platform of choice and now includes areas for potential project sharing and networks for specialities has also been developed.

QI project support for HEIW interns was delivered in Q2 delivered 6 July 2021, and a further 19 HEIW staff trained across 3 workshops. Further training and project support sessions are to be scheduled for 21/22.

Milestone Delays

- Appoint relevant staff to support quality improvement.

The improvement practitioner role is being job matched prior to commencing the recruitment process and should be resolved in Quarter 3.

English, Catherine 11/24/2021 11:54:17

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

A baseline skills audit has been analysed and the scoping of training requirements for HEIW staff has commenced.

Gwella has been identified as a project sharing platform for ERIIC activity. Priority activity included gaining access to ethical opinions and this has been achieved.

The research governance group has been established and a governance framework developed.

Milestone Delays

- *Submission of business case to support evaluation, research and innovation staff and non-staff infrastructure.*
- *Development of tendering specification for procurement of external evaluation expertise*

A preliminary meeting with the finance team took place during Q1 to outline the approach to undertaking external evaluation within this financial year which will facilitate the development of a business case and tendering specification in support of the work which is to be progressed in Q2. Procurement of resources has been delayed due to uncertainty of projects and procurement.

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

Activities to support the delivery of the cyber security work implementation plan are underway. The Cybersecurity Analyst is now in post and will help with the tactical delivery and implementation to support the rollout of HEIW's cyber security programme. A new band 7 cyber security role has been approved by the Executive Team.

Cyber security progress is monitored regularly by a number of special interest groups including the IGIM and Audit and Assurance Committee.

Cyber security risks are reviewed by the Digital Management Team on a quarterly basis to ensure appropriate oversight, review and emerging risk identification. Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security risks are appropriately evaluated, and controls & measures are assessed to ensure they remain appropriate and fit for purpose.

Phishing advice and guidance has been published on the HEIW Intranet. This activity will be combined with the rollout of HEIW's cyber security awareness plan which has been approved by the Executive Team.

English,Catherine 11/24/2021 1:54:27

Milestone Delays

- *Board / Executive Management Cyber Awareness Training.*
- *Topic specific cyber security incident exercise and document outcomes.*
1. *Host a series of topic specific cyber security workshops for HEIW employees (over a period of 3-5 days – open and interactive forum).*

2. *Plan external penetration test.*

The Board / Executive Cyber Security Awareness Training has not been completed to date. Planning is underway to define an awareness programme which captures the requirements set out in the National Cyber Security Centre's (NCSC) Board Toolkit and we hope to complete awareness training in early 2022.

The completion of cyber security incident exercises is subject to the approval of the Cyber Incident Response Guidelines and Plan and the formation of HEIW's local cyber incident response team (CIRT). HEIW's Cyber Incident Response Guidelines have been approved by the Executive Team. Permanent members of the CIRT have been identified and a copy of the Cyber Incident Response Plan has been disseminated to permanent members of the CIRT for review.

This hosting of cyber workshops has not been carried out but will be combined with the rollout of HEIW's cyber security awareness plan which has been approved by the Executive Team.

A penetration test has not been carried out during the quarter but will be undertaken during Quarter 4.

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

1	Off track for delivery at the end of the Quarter and is unlikely to recover
2	Off track for delivery at the end of the Quarter but will be able to recover
1	Complete or on track to deliver at the end of the Quarter.

	Objective 6.1: *Refresh and relaunch the HEIW Communications and Engagement Strategy*

Due to capacity issues, the original milestones to support the delivery of the objective have been revised and agreed with the Executive team to be progressed in Quarter 3 and which align with the additional strategic objective in 6.2. In line with revised milestones to take forward this objective IT is intended for delivery in Q1 2022-23.

Work is underway to review and update the central spreadsheet of all HEIW core communications and engagement activities. This will directly feed into and support the revised communications and engagement strategy.

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

The revised deliverables and milestones in relation to this objective have been approved by the Executive team. As a research project, this revised objective will now incorporate a number of the milestones which were previously part of strategic Objective 6.1, including evaluation.

English Cabinet
11/24/2021 11:55:47

Work is underway with the procurement team to identify and commission a supplier to carry out research into the engagement reach of HEIW. We are in the process of mapping and compiling under-represented groups in order to start reaching out to these groups. When the

new Head of Organisation Development and Inclusion is in post, we will be working on a joint piece of work aligning the Strategic Equality Plan with communications and engagement.

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

Good progress has been made during the Quarter with the Intrepid functionality review via team workshops. Working closely with expert partner RedCortex, the team has finalised the Azure hosting architecture (including prototypes) and governance ahead of starting the migration activity to cloud. This will form the foundation stage of the single platform approach. Discussions have been held on implementations and lessons learnt with other UK nations with plans to arrange formal demonstrations in Quarter 4.

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

Milestone Delays

- *Assessment centre and interview of CDO*
- *Further drafting of job descriptions, job evaluation and recruitment of senior posts of OCDO structure*

Following the initial process to recruit to the Chief Digital Officer (CDO), which did not result in an appointment, discussions are ongoing with Welsh Government Ministers to appoint an interim CDO. The HEIW OCDO project team is currently undertaking a NHS procurement process to appoint a new head hunter.

The recruitment campaign will be launched in January 2022. The HEIW and WG OCDO project teams are continuing with the drafting of the four senior roles in the new structure with input from stakeholders across NHS Wales and Welsh Government. These roles will be ready for advertising in November/December 2021.

Accommodation for the OCDO has been identified within space office space in the DHCW offices in Cardiff. Agreements are currently being drafted and awaiting official confirmation of breakdown of costs for the usage of this office space.

English Catherine
11/24/2021 11:54:17

SECTION 2: ORGANISATIONAL PERFORMANCE

Education and Training Activity: Commissioned Places

While we continue to test existing data across all professions against the proposed education/training pipeline model, the following 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).

Medical

The recruitment data provided this quarter concludes the reporting for the August 2021 intake of junior doctors. Up until the programme start date a small amount of change both in terms of acceptances and resignations occurs and, whilst the global figures have not changed since the Q1 report, at speciality level there has been a small deviation with some specialties gaining and others losing appointees.

Three separate recruitment rounds took place for the August 2021 intake:

- Foundation Recruitment – entry to the 2-year Foundation Programme (not included on dashboard)
- Specialty Recruitment Round 1 – entry to Core/Specialty training usually at ST1 level plus various Sub-Specialty Programmes
- Specialty Recruitment Round 2 – entry to higher Specialty training at ST3/ST4 level

Foundation trainees for August 2021 were recruited to Foundation School from March and allocated to F1 programmes from April 2021. A total of 381 places were advertised (an additional 30 places compared to 2020) and, following a series of recruitment rounds, 398 trainees were allocated to Wales. However, ultimately 31 trainees withdrew between allocation to Foundation School and commencing work. As a result, 367 trainees started in August 2021, leaving 14 unfilled posts - a fill rate of 96.3%. The outstanding vacancies will be returned to the Health Boards for local recruitment to meet service delivery needs.

For Specialty (excluding GP) Training posts commencing in August 2021, the final position for recruitment Rounds 1 and 2 saw us achieving a recruitment rate of 93% (400 of 429 posts advertised), shown on the Dashboard. This is an improvement on the same point last year, when the recruitment rate was 91% (384 of 420 posts advertised).

Of the 400 trainees who accepted a post in Specialty Training, 386 commenced their programme on the specialty rotation date. There were 14 deferrals processed for varying reasons including statutory reasons (i.e., maternity and sickness absence) and COVID related issues preventing individuals taking up training on time as scheduled. These deferrals vary in duration from 6 weeks to 12 months.

English Committee 11/24/2021 11:55:17

In previous years there has been a requirement to host a Round 1 Re-advert to recruit to outstanding vacancies following the completion of Round 1. However, due to a high number of applications and a high number of appointable applicants for all specialties it was agreed

across the UK there was no requirement for Round 1 Re Advert and therefore this was cancelled.

Some specialties (Stroke Medicine, Higher Psychiatry specialties, Genitourinary Medicine and Rehabilitation Medicine) remain challenging to fill and this is reflected across the UK. We are attempting to recruit to these vacancies again through Recruitment Round 3 which takes place over the Autumn with start dates in February 2022.

The 2022 Education and Training Plan recommended an increase in training posts for Child and Adolescent Psychiatry and whilst there are clear workforce requirements for this expansion, it should be noted that the current programme has not been filled (2 vacancies remain) and, given previous historical recruitment trends, the likelihood of filling these vacancies plus expansion posts in 2022 is low.

Primary Care

Reporting on R1 recruitment for posts commencing in August 2021 is now complete. A total of 161 vacancies were advertised with a recruitment rate of 100% at this stage of the process. The annual recruitment rate is subject to change as a result of the Round 2 (R2) recruitment stage, which will be complete in early November for posts to start in February 2022.

As in 2020/21, the assumption in 2021/22 is to recruit to the baseline of 160 GP trainee places, with an option to over-recruit up to a maximum of 200 places if suitable candidates are available. In 2020-21, the final recruitment rate was 125% as all 200 places were recruited against the initial 160 baseline.

The Application window for R2 posts commencing in February 2022 opened on July 27th 2021. We advertised a total of 23 vacancies. Offers are currently being made to successful candidates who have until the 27th of October 2021 to accept their offers.

We continue to build capacity for GP training in each Scheme in Wales, with another 3 modules of the GP Prospective Trainers Course started in September 2021. The number of new trainers and new practices that successfully complete the approval process will be reported in the Q3 report in March 2022.

Dental

The overall recruitment rate for Dental is 98%. In Dental Foundation Training (DFT), 67 posts were available for the 2021/22 cohort and submitted to the National Recruitment Office and all 67 posts were filled at the end of August. The excellent fill rate is due to significant additional work by the Deanery and nationally to expedite the recruitment processes to mitigate the effects of the pandemic on undergraduate education.

In Dental Core Training (DCT), as a result of the national recruitment process that concluded in June 2021, we have the following:

- DCT1 - All posts have been filled with official trainees, giving a recruitment rate of 100% for DCT1 for 2021/22. There are 31 posts including 3 new General Dental Services Core Trainee (GDSCT) posts and 1 former Clinical Fellow post converted to DCT1.
- DCT2 – There are 26 official DCT2 trainees, 6 locally appointed trainees (LATs) and 2 posts are vacant. The recruitment rate is 94%.
- DCT3 – There are 8 official DCT3 trainees, 1 LAT and no vacancies. The recruitment rate is 100%.

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Again, despite the effects of the pandemic on dental services, the fill rates are very good in Core Training.

Changes between Q1 and Q2 are due to late withdrawals of candidates and the subsequent reappointment of postholders/changes to posts following local advertisement and interview.

This year, despite the National Recruitment Office insisting that candidates be specific at preferencing stage, there were a record number of withdrawals across the UK after the allocation of posts. This resulted in more pressure to fill posts via local recruitment. It is unknown why there has been an increase in the number of unfilled posts in the current year but it appears that the COVID pandemic has led to potential trainees wishing to remain close to home and existing support networks.

In Wales, there were 3 trainees that were appointed via national recruitment, but who then withdrew (2 in DCT2 and 1 in DCT3). The 2 remaining unfilled posts in DCT2 will now go through further rounds of local recruitment.

When posts are not filled via national recruitment, there is less chance of the posts being filled with official trainees (i.e., trainees following the DCT curriculum) and more locally appointed trainees occupying posts simply to cover service provision. This is because time is restricted and official trainees need to complete a minimum length of service to comply with curriculum requirements, so, the longer the advertising and appointment processes take, the less time and less chance there is for an official trainee to take the post.

In Dental Specialty Training (DST), where recruitment takes place sporadically throughout the year as vacancies arise, of a total of 24 posts, 22 posts were filled. The 2 vacant posts will be recruited to early in 2022, pending confirmation of funding. The fill rate is 91.6%.

There were no DST trainees in a Period of Grace (PoG) at the end of Q2 (although 3 did move into a PoG at the start of Q3).

The change in post numbers from 25 in Q1 to 24 in Q2 is due to:

- 1 less post in Dental Public Health (DPH), funded by Cardiff University; the trainee completed in August 2021, and there is no funding for a replacement identified yet
- 1 less post in Oral Surgery; the trainee completed in July 2021, and there is no funding for a replacement identified yet
- 1 extra post in Orthodontics; this is a Cardiff University Academic Post-CCST post, which commenced in September 2021

The 2 vacant posts are in Special Care Dentistry (SCD) (1 North and 1 South), and discussions are ongoing to confirm the funding in order to replace the 2 trainees who completed in July and August.

Pharmacy

As in 2020-21, the Pharmacy recruitment rate shown on the Dashboard relates to Trainee Pharmacists (formerly Pre-Registration Foundation Pharmacists) for the 2021/22 cohort only. There is no recruitment activity to report for Pre-Registration Pharmacy Technicians or Diploma posts (see detail below).

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Trainee Pharmacists (exiting cohort: started August 2020 and completing from July 2021)

Of the 132 that joined the programme in August 2020, 119 have completed the programme, 2 have left and 11 remain in post. Of those still in post, one is completing a 12-month programme as a 'late starter', one is on statutory leave, one has deferred to the 2021-22 cohort and there are 8 extensions. Each individual extension is likely to have occurred anyway, but Covid may have slightly increased the duration of some of the extensions.

Trainee pharmacists in Wales had a higher registration assessment pass rate than other UK nations undertaking the GPC assessment:

- 88.3% pass rate Wales (n=113)
- 86.7% pass rate Scotland (n=226)
- 80.8% pass rate England (n=2552)

The Benchmarking section of the dashboard shows the pass rate for registration assessments in the 2020/21 cohort in Wales against the UK average. This was 100% of HEIW multi-sector and 100% of hospital trainee pharmacists that undertook the assessment (a total of 31 trainees). Other trainees were on community-only programmes or Health Board-run multi-sector programmes.

Trainee Pharmacists (current cohort: started August 2021 and completing July 2022)

As reported in Q1, the initial recruitment number was 124 of 160 places, giving a recruitment rate of 78%. Following 10 withdrawals, there are currently 115 trainees enrolled on the programme, including the one additional deferral reported above, which joined this cohort. A delayed start has been granted for 4 of these trainees due to their individual circumstances.

The 10 withdrawals since recruitment is, however, less than the previous year (22). These are due to a combination of factors including university exam failures and some impacts of the pandemic, including reluctance to relocate after university to commence training. It is also possible that students may receive an additional offer (of a more personally suitable location closer to home) in England, outside of the Oriel process, which may also lead to withdrawals.

Pre-Registration Pharmacy Technicians (PRPTs) (2019/21 cohort)

Of the 42 trainees recruited, 35 have now completed the programme and are eligible to register with GPhC. There were 7 leavers, including one terminated for dishonesty.

The NHS procurement process to secure a course provider concludes in October. Employers in Wales are prepared to commence recruitment locally as soon as the successful course provider is confirmed, and the course entry requirements become known. The current focus for all stakeholders is the 1st February course enrolment date.

Diploma Pharmacists 2019-2021 ('exiting/completing' cohort: started September 2019 and completing from August 2021)

Of the 39 pharmacists that started the programme there were 2 leavers and 32 have completed the programme. Of the 5 remaining 'in-programme', 2 Interruption of Studies were arranged, and 3 individuals were required to re-sit assignments which, due to COVID, were not completed in time for consideration by the Board of Examiners. These may result in completion awards this academic year.

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Diploma pharmacists 2020-22 (Current 2nd years)

Of the 39 enrolled, all remain on the programme following one person returning from an interruption of studies.

Diploma pharmacists 2021-23 (Current 1st years)

All 40 commissions have been appointed to and the pharmacists have enrolled in learning with Cardiff University.

Health Professional Education

The all-Wales pre-registration healthcare professional education procurement exercise was concluded in July which was the most complex education commissioning procurement process we have undertaken, worth in excess of £10bn over the next 10 years. The Education and Training Plan 2022-23 was approved by the Board for submission to Welsh Government.

Fill rates have been collated from all universities relating to the September 2021 recruitment round. At the end of Q2, the Health Professional fill rate across all programmes for Wales is 99.4%. This is the highest overall fill rate that September intakes have achieved in the last 10 years. This may be a positive effect of the pandemic on interest in NHS careers.

Whilst this is excellent performance, against increasing targets, it must be caveated as the 2021/22 annual fill rates will not be finalised until both nursing cohorts (September 2021 and January to March 2022) are recruited. Historically, it has been more difficult to recruit in the January to March period, with the 2020/21 academic year unusually highly affected due to the December Covid lockdown affecting students' decisions to commence training in early 2021.

However, from recent contract business meetings with universities, they have already recruited to at least 70% of places for the January to March 2022 intakes and are confident of recruiting to all or most places. The Education, Commissioning and Quality Team are monitoring this position closely with the Universities and some “re-allocation of places” may be needed to ensure that overall fill rates are maximised.

Of the largest 21 pre-registration health professional programmes, 15 have achieved a 100% fill rate. However, these include adult and child nursing that could be subsequently affected by the January to March 2022 intakes.

Another 3 programmes - Mental Health Nursing, Physician Associates (PA) and Healthcare Sciences (HCS) - are above 97.5%. On the dashboard, the Healthcare Scientists fill rate covers four categories including Healthcare Science itself and, as a group, these programmes show 100% fill rate, while Healthcare Science is at 98.6%. Whilst the PA and HCS figures are final, Mental Health Nursing may be affected by the January to March intakes.

Dietetics, where 58 out of 60 students were recruited, has achieved a fill rate of 96.7%. Sixty is the highest number of Dietician students commissioned and 58 is the highest number ever recruited in Wales. A second Dietetics course in Wales is starting in 2022, in North Wales. This should assist with filling all places as more students from North Wales are provided a better opportunity to access this profession.

Operating Department Practice (ODP) education, where 46 of the 49 commissions were recruited, has achieved a fill rate of 93.7%. This is the highest number of ODP students recruited onto the programme since it moved from a diploma to a degree programme 6 years ago. This programme will be diversified in 2022 with 3 providers instead of the sole current provider. Again, as with Dietetics, this should afford more opportunities to widen participation in this course and to support the recovery of planned care services.

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The Learning Disability (LD) Nursing field has historically struggled, not just in Wales but UK wide, to attract sufficient numbers to fill commissioned places. Currently, 36 of 51 places have been filled, providing a fill rate of just 71%. However, there is a January to March intake (26 places) so this could alter. Universities are working hard to improve uptake in this field of

nursing. If commissioning levels reach 80% in this field it will be the highest in Wales for 10 years.

Continuing Professional Development (CPD) Course Activity

Dental

Term one study days resumed in September for the new cohort of the Dental training schemes (Dental Foundation, Dental Core and the Dental Therapy) with a blended format of face-to-face and online training.

The Dental team continues to deliver CPD courses online (29) with some essential clinical skills training for the profession taking place face to face (18). Face-to-face training included delivery on four-handed dentistry and rubber dam, which provides dental teams with the essential skills necessary to reduce infection control risk in treating patients and supports a more efficient way of operating in delivery of care to patients. In total 47 CPD courses were delivered between July and September, training 1,073 dental professionals.

The section set up the All-Wales Dental Nurse Study Club in July. Dental Nurses make up most registrants in Wales and are an integral part of the dental workforce. They are key to delivering the ambitions set out in the Oral & Dental Services Response to A Healthier Wales. This study club will provide a forum for Dental Nurses to share their experiences and good practice, as well as learning with and from each other on subjects that support their development and lifelong learning.

Dental Quality Improvement (QI) Educators continue to deliver Quality Improvement Study Clubs for the 7 Health Boards within Wales, with 4 taking place during this period. Completion of QI projects and audits by the profession continue, with 174 dental professionals registering.

The section continues to identify education to help teams develop and encourage a more collaborative approach to patients being able to manage and improve their own oral health, as well as prepare dental teams for general dental service contract reform. For example, online workshops on ACORN (Assessment of Clinical Oral Risks & Needs), eDEN (electronic dashboard for dental providers in Wales), shared decision making, solution focused questioning techniques and patient behaviour change in oral health settings have all been provided to the profession.

Revalidation Support Unit (RSU)

During Q2 the RSU continued to provide CPD for GPs and primary care health providers virtually, expanding and enhancing online CPD provision.

Five webinars were delivered in Q2, bringing the total number of events delivered this year to 14. Feedback on content and delivery is consistently positive. Key topics in Q2 include Respiratory Life After COVID, Advance Care Planning and Safeguarding.

We have added a further 2 videos to our open access service (CPD On Demand) to enable viewers to watch a recorded learning event from our virtual delivery programme at their convenience. A total of 19 recordings are available and were viewed 411 times in Q2.

Four new modules are under development to be added to our library of 40 free online modules on the GP CPD website.

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The activity above is reflected in the number of page hits to the GP CPD website as detailed in the performance dashboard (7905 July, 6791 August and 8193 September).

RSU delivers the 3D (Discovering, Developing and Delivering in Healthcare) 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 activity this quarter includes:

- Appointment and induction of our new 3D Programme Director, Dr Laura Mackenzie, who replaces Dr Stephen Hailey (co-creator of the programme)
- Completion of the recruitment process for the 2021/22 cohort - 54 applications were received and 20 accepted onto the multi-professional programme (5 GPs, 11 Secondary Care Doctors, 2 Pharmacists and 2 Dentists)
- The first module of 2021/22 was held via Gwella on 22 September.

Pharmacy

The focus in Q2 has been on general housekeeping, website and event process reviews alongside planning the programme for early 2022.

Significant time has been taken up with the provision of webinar transcripts, checking for accuracy and Welsh translation to be compliant with Welsh language standards and website accessibility. Discussions are underway regarding Welsh language requirements for the delivery of CPD, with the Welsh language team developing a proposal for an appropriate infrastructure and associated funding.

Two webinars were delivered:

- *Acne and Rosacea: an overview of the management within primary care and community pharmacy* (50 registrants)
- *Red Whale Mental Health – taking care of YOURSELF and your PATIENTS* (96 registrants) - this was initially provided in April 2021 but has been revisited with an interactive event in September. The aim is to maximise key outcomes from the previous webinars whether currently attended or not. Initial feedback is positive and demonstrates the benefits of the partnership approach HEIW has with Red Whale to maximise access and use of existing resources.

Our eLearning resources continue to be available for learners to access as necessary and our ongoing QA process continues including all recorded webinar events.

For COVID-19 resources, the medicines administration module for support staff workforce in social care settings has now been completed by 1685 individuals.

The CPD+ programmes “Introduction to Healthcare Leadership” and “Introduction to Healthcare Education” continue to be delivered virtually. Cohorts are now enrolled, and delivery has commenced for Autumn 2021.

The Practice Based Small Group Learning (PBSGL) opportunity for existing groups set up and funded via the Pharmacy budget will continue until March 2022, after which time all groups will revert to the process in place and budget that sits with the Primary Care Workforce team within the Nursing Directorate. Out of the 65 members that were active members in early 2020, 49 continue to be active, i.e., 75%, which is a good achievement in the current climate. There

English Translation
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will be further marketing to promote this opportunity and CPD provision will go out as soon as available to provide a consistent message from HEIW.

Professional Support Unit (PSU)

PSU online webinars continue to be popular. In Q2 we delivered a total of 23 webinars to 900 attendees (9 webinars with associated CPD points were delivered to 115 attendees). New dates from September 2021 to July 2022 have been circulated to faculty and trainees and advertised by the HEIW Communications Team.

Quality and Outcomes

Quality Management

Medicine

A blended approach to Targeted Visits has been introduced in Q2 with some being undertaken online via Microsoft Teams and others being arranged on site. Where site visits are undertaken, arrangements have been made to enable those who cannot be physically present to join online. The Quality Unit will monitor progress with the pandemic during the winter months to continually review the viability of this arrangement.

Visit activity during Q2 was low with just two visits being undertaken (Care of the Elderly, University Hospital Llandough and Emergency Medicine, Wrexham Maelor), both of which had good evidence of progress being made. Reduced visit activity is normal for the time of year as quality management activity is focussed on scrutiny of the GMC National Training Surveys. This process has been completed with all results being reviewed and revised risk reports generated and disseminated to all Local Education Providers and training programmes across Wales. In addition, a revised schedule of areas requiring review through a visit has been developed.

The number of areas under Enhanced Monitoring status remains at five. A summary of the areas in Enhanced Monitoring with the GMC is provided in Table 1 and progress is continuing to be monitored. The Quality Unit's recent request to de-escalate Obstetrics and Gynaecology at the Princess of Wales Hospital has been approved by the GMC and the Health Board has been notified of this outcome. As indicated in the Q1 report, a further visit to Ophthalmology at the Royal Glamorgan Hospital in June highlighted concerns over progress with implications for patient safety. As such, the GMC has agreed with the Quality Unit's recommendation to place this department into Enhanced Monitoring. Ongoing collaboration with the Health Board will continue and a further visit to review progress is being arranged.

Following publication of the GMC National Training Survey results, early contact was made with those areas for which the results indicated that there may be concerns over progress. These areas included Medicine at Wrexham Maelor Hospital and Trauma and Orthopaedics at Morriston Hospital. Given that the COVID pandemic has had a particular impact on medicine and surgery across Wales there is the potential that these results are a reflection the status of these areas as they emerged from the second wave of the pandemic. Feedback from Wrexham Maelor suggests that there is still a good level of oversight locally with improvement activity ongoing. The picture for Trauma and Orthopaedics at Morriston Hospital is less clear and as such further contact has been made with a request for a specific update through the risk process. Targeted Visits to all areas in Enhanced Monitoring are being arranged.

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Table 1: Enhanced Monitoring Areas

LEP	Site	Specialty
Betsi Cadwaladr UHB	Wrexham Maelor Hospital	Medicine
Cwm Taf Morgannwg UHB	Prince Charles & Royal Glamorgan Hospitals	Obstetrics & Gynaecology
	Royal Glamorgan Hospital	Ophthalmology
Swansea Bay UHB	Morriston Hospital	Emergency Medicine
		Trauma & Orthopaedics

The most significant and complex concern being managed by the Quality Unit is the impact that the service reconfiguration model within Aneurin Bevan University Health Board is having on education and training with implications for patient safety. The Quality Unit has engaged with the Health Board around the concerns raised through HEIW Open as well as other sources such as free text comments reported through the GMC National Training Surveys. Although there are significant concerns the threshold has not yet been met for Enhanced Monitoring as we have active engagement with the Health Board and are in the early stages of developing plans.

Following the recent RCP report, the Quality Unit has agreed a strategy with the Health Board that will include targeted visits aimed at reviewing and, if necessary, improving the quality of postgraduate training. In addition, a Postgraduate Medical Education and Training Oversight Group has been established. A specific Terms of Reference for this group has been developed with a key focus on direct collaboration with the Medical Director around the concerns and Health Board strategies to address them. In addition to the Oversight Group, specific visits are being undertaken in Q3 to all four acute sites with a focus on medicine and surgery. A review of Paediatrics at The Grange University Hospital will also be arranged.

Health Professional Education

In addition to the student, practice assessor and placement education facilitator interviews conducted by the ECQ team, the Higher Education Funding Council for Wales (HEFCW) has recently supplied a summary of the latest National Student Survey (NSS) scores for each commissioned course within each University. This information is currently being collated into a database and performance dashboard which will be complete by the Q3 report.

The raw data has been analysed and concerns have been fed back to each University. Each University has submitted an action plan, identifying areas of under-performance and actions to mitigate the issues. These were due by the end of October and will be reported in the Q3 performance report.

Similar action plans have been received from Universities relating to the issues and comments raised by students, practice educators and practice education facilitators. Again, the deadline for return of these plans was the end of October and these will be analysed in detail and reported in the Q3 performance report.

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On analysing the data there was particular concern surrounding the midwifery programme in one University. Therefore, this has been “exception reported” and a separate report has been prepared pertaining to this course. The University has acknowledged all the issues, plus those

raised by HEIW from their stakeholder interviews and engagements and they have developed a robust plan to improve the course. A range of mitigating actions have been put in place to monitor and report on this specific issue, including focused, midwifery-specific student engagement interviews, and focused meetings with Health Boards, practice assessors and Practice Education Facilitators to discuss specific issues and areas of concern.

The Head of Pre-Registration Education will lead on this work supported by both the Head of Placement Experience and Improvement and the Head of Nursing and Midwifery Transformation. The Head of Pre-Registration is also the nominated member of the ECQ Team sitting on the University's Implementation Board. Therefore, this will form an important part of ensuring the new contract addresses these issues and is fit for purpose. Regular updates will be provided to the Nursing and Health Professional Senior Leadership Team and once progress has been monitored and the targeted engagement has taken place a full report will be submitted to the HEIW Executive Team.

The next round of quality meetings is scheduled for December 2021 and January 2022.

GMC Training Survey Results

The GMC National Training Surveys were undertaken between 20th April and 25th May 2021 with a shorter completion window than usual. However, despite this, HEIW's response rates were still strong with an 85.39% response rate for the trainee survey and a 51.7% response rate for the trainer survey, both significantly higher than the UK average response rates.

Table 2: National Training Surveys UK Response Rates

	UK	Wales	England	Scotland	Northern Ireland
Trainee Response Rate	76%	85%	76%	69%	87%
Trainer Response Rate	32%	52%	32%	20%	43%

From the GMC National Training Survey 2021 Results (key themes report), July 2021

Whilst the survey included some specific questions to understand the impact of the COVID-19 pandemic, there was a return to the more routine question areas, the results of which are more helpful for quality management purposes. These results have been published on the GMC's online reporting tool with a key themes report for Wales being produced by the Quality Unit. Details of some of the key messages within this report are provided below.

- Overall, the survey results are broadly in line with the rest of the UK. Trainees in Wales continue to report high levels of satisfaction with good levels of clinical supervision.
- The results for medicine and surgery report the greatest number of adverse results which will require greater exploration. This is likely to be in part due to the impact of the COVID-19 pandemic in these areas.
- In recent years, Obstetrics and Gynaecology and Emergency Medicine have been a focus of activity for the Quality Unit. However, the 2021 results indicate that there are

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signs of improvement in these areas with some parts of Wales receiving particularly high scores in 2021.

- Whilst the UK score for induction is in line with the rest of the UK, the results suggest that there is scope for improvement in this area with a particular focus upon induction quality and departmental induction given the link with patient safety.
- The majority of trainees report that their training is providing them with sufficient experience to support their continued progression.
- A significant majority of trainers report that they enjoy their training role and that their roles were clearly defined.
- Generally, trainers reported that they feel supported in their training role. However, this is an area for which ongoing work will be required to sustain or improve the feedback.
- Wellbeing has been a particular theme in both the trainee and trainer survey with reported increases in burnout levels of up to 8% in some areas. This UK trend has been replicated within Wales which indicates that responding to the pandemic has had a significant impact upon trainee and trainer wellbeing. The trainee results suggest that the most significant impact has been on foundation trainees. From a trainer perspective, the 2019 survey results reported that trainers within General Practice, Emergency Medicine and Intensive Care Medicine had the highest levels of burnout reported. This has been replicated in 2021, apart from Intensive Care Medicine whose reported level of burnout has decreased from high to moderate. However, it is important to note that decrease in burnout levels for Intensive Care Medicine may be a reflection of the way the specialty has been supported from other areas during the pandemic.

Annual Review of Competence Progression (ARCP)

The ARCP data for Medicine is presented for the period 5th August 2020 to 3rd August 2021, in line with the annual GMC validation process.

Dental ARCP data is now presented separately on the performance dashboard as Dental does not follow similar validation protocols to Medical and this allows for quarterly reporting.

Medical

For the period 5th August 2020 to 3rd August 2021, an additional 394 (13%) ARCPs were held compared to the same period last year (206 in Secondary Care, 132 in GP and 56 in Foundation). A total of 2434 (73%) completed their programmes (the same proportion as last year). Overall, there have been fewer COVID-related outcomes awarded this year compared to last year – a reduction of 19% (275 compared to 328) – but there were a small number awarded in Foundation (6) compared to zero last year. Where development is required for reasons not directly related to COVID (Outcomes 3 and 4), numbers have increased this year compared to last year, but as a proportion of the total this remains broadly in line with last year.

The impact of COVID on postgraduate medical training is ongoing and cumulative. Numerous mitigations have been introduced to enable progression including revised progression decision aids and COVID specific ARCP outcomes to identify those most affected. Postgraduate medical trainees provide service whilst training towards independent practice. They have therefore been a key component to supporting the response to the pandemic and may have been redeployed to provide COVID specific care but away from their 'parent' specialty training post.

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COVID-related outcomes:

- Approximately 10% of all trainees have been awarded an outcome 10.1 - this means they can progress to next stage of training but they have missed certain competencies because of COVID which will still need to be acquired. This is a slight reduction compared to last year but it does create an additional burden on those trainees and their trainers and further disruption is likely to require extensions to their training.
- Approximately 2% of trainees were awarded outcome 10.2 which means that they have already hit the point where they require extension to training because of COVID related disruption. This represents an increase compared to last year and illustrates the cumulative impact on requirement for extensions to training.

Currently there is no redeployment of trainees within Wales but access to the necessary training opportunities remains limited for some specialties because of sickness rates, reduced services and difficulties in fully incorporating training into service recovery. Surgical and craft specialties remain the greatest concern in the context of this cumulative risk.

Trauma and orthopaedics is emerging as a significant risk as all elective orthopaedic surgery was suspended for several months and in some areas continues to be well below usual activity levels. Whilst the service explores ways to increase throughput the focus is often on maximising consultant time and less thought is given to training because the latter can be a constraint on throughput as operations/procedures take longer.

A further mapping exercise is currently being undertaken for all surgical specialties to understand the latest position in regards to trainee progression and predict impact for 1-2 years ahead. There is a risk in specialties like orthopaedics that there will be a slowing down of the trainee CCT output which will impact on capacity to recruit.

The recent GMC national trainee and trainer survey identified that;

- Self-reported burnout is a significant issue (25-30%) in trainers and trainees. Foundation and emergency medicine trainees reported highest levels.
- Staff sickness and absence is having a major impact on recovery of training as well as service provision.
- Trainers are reporting challenges supporting training and frustration at increasing requests for placements of students.

The national agreed approaches to curriculum derogations and recruitment processes are still in place to mitigate the impact of Covid on trainee progression. Local approaches focus on working closely with training faculty, providers and trainees to identify risk at specialty and individual trainee level enabling catch up where required. There is also a lot of focus on embedding new ways of working.

In addition, revised redeployment guidance has been issued to protect those trainees most severely affected up to this point. This now applies to generic NHS/winter pressures and not just COVID-related issues.

The ARCP data for Medicine is presented for the period 5th August 2020 to 3rd August 2021, in line with the annual GMC validation process. The period August 2021 to August 2022 will be presented in the 2022/23 Q2 report in November 2022.

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Dental ARCP data is now presented separately on the performance dashboard as Dental does not follow similar validation protocols to Medical and this allows for quarterly reporting.

Dental

In Dental Foundation Training (DFT), FRCPs (full Review of Competency Progression) took place in July 2021 for the 2020/21 cohort of trainees. There were 63 Outcome 6s (whole cohort).

In Dental Core Training (DCT), FRCPs took place in July 2021 for the 2020/21 cohort of trainees. There were 62 Outcome 1s and one Outcome 2.

COVID outcomes were not available for DFT and DCT FRCPs, with the decision made at the Dental Foundation Training Associate Dean Group (DFTAG) and at the Dental Core Training Associate Dean Group (DCTAG). This was a UK-wide decision (Wales, England and NI but not Scotland). At that time, it was felt that COVID restrictions had eased sufficiently to enable trainees to gain the necessary clinical skills and competencies to be able to gain satisfactory completion.

In Dental Specialty Training (DST):

- 1 FRCP was held in July for Special Care Dentistry held in July (Outcome 6)
- 8 FRCPs were held in September for Orthodontics (3 x Outcome 6s, 1 x Outcome 4, 4 x Outcome 1)
- 2 IRCPs (Interim Review of Competency Progression) were held in September for Restorative Dentistry (2 x Outcome 1).

Covid outcomes were available for DST, but there were none awarded in the period.

Dental training was severely impacted during the pandemic with cessation of most routine dental activity for a period of several months. The formal ARCP outcomes for Dentistry were reported in the Q1 Board report.

Whilst dental services have resumed with appropriate safeguards the volume of activity remains significantly impacted with ongoing concerns about how this is affecting dental trainees. There are also significant numbers of cancelled appointments and theatre lists and this is likely to increase over winter months.

Building on the previously reported ARCP outcomes, the Deanery team is mapping progression at individual trainee level to understand the potential impact and competency requirements to enable tailored approach where feasible.

Professional Support Unit (PSU)

At the end of Q2, the PSU were supporting 369 trainees (1% increase on Q1) with 26% receiving additional psychological support.

In 2020, the PSU saw fewer new cases due to trainees focusing on pandemic service provision. In Q2 this year, figures are slightly higher than pre-COVID, with an increase in additional support due to complexity, burnout and moral injury.

In Q2 we have had 99 new cases with 52% being via self-referral. This is an increase of 27% in new cases compared to Q1 (78). In Q1, 45% were via self-referral.

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We are continuing to see a high demand for support related to COVID-19 pandemic issues: of the 369 cases, 57% (210) of the referrals were due to health reasons (including COVID).

While this matches the position in Q1, it remains a marked increase on the historical rate of 29% of referrals being due to health.

The contract for the temporary Case Manager and Administration Support Officer has been extended until 31 March 2022. This additional post has had a positive impact on waiting times, with the PSU currently able to offer appointments within 10 working days (in line with our KPIs). This is a major improvement for non-urgent referrals from waiting times of 6-8 weeks in Q4 last year.

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

- In support of the Differential Attainment (DA) Board, to contribute and lead on streams within the DA agenda.
- Instigated the production of a 'Welcome to Wales' e-book (a helpful guide for those new to Wales) and working collaboratively with the Train-Work-Live Team.
- 31 members are currently receiving Wales Asylum Seeking and Refugee Group (WARD) support and are working through the path to GMC registration; 2 existing members commenced their first NHS placements as doctors in the Supernumerary F1 level posts (SBUHB and ABUHB).

Trainee Progression Governance (TPG)

In Q2 there were 4 reviews. Two of these were to appeal an Outcome 2 and these cannot go to Independent Hearing. The remaining 2 reviews were to appeal an Outcome 4, and both of these have gone to Independent Hearing. The first of these will take place in October 2021, and the second is with the Postgraduate Dean and the date is to be confirmed.

There were 35 adverse outcomes reported in Q2. The number of reviews and Independent Hearings has not come as a surprise as Q2 represents a peak in the numbers of ARCPs being conducted. The number of appeals seen in Q2 in 2021 is less than 2020, which was 5 and has decreased to 4. This is a positive as there are less trainees disagreeing with their ARCP outcomes. Any link to additional training provided to educational supervisors via the recently developed e-module on report writing will be explored.

Medical Appraisal and Revalidation

There continues to be substantial uptake in appraisal as reflected in the dashboard data, which provides a summary of the number of appraisals completed on both MARS and the Primary Care instance of MARS, for the period 1 April – 30 September 2021 (2839). 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 that year.

Virtual appraisal continues to be an acceptable option until the end of 2021 with 93% of appraisals in primary care taking place virtually in Q2, compared to 43% of appraisals in all other sectors. The RSU will be undertaking an evaluation in Q3 and Q4 to explore the experience and quality of virtual appraisal.

English Catherine 11/24/2021 11:54:12

Additional key activity in Q2 includes:

- Launch of our 'Introduction to Coaching Skills in Appraisal' module in July
- Completion of the 2020/21 Revalidation Progress Report process, where Designated Bodies submit an annual self-assessment against agreed quality standards
- New guidance for Appraisees and Appraisers on discussing low volume of work at appraisal produced
- Wales Revalidation Appraisal Group meeting held 16 Sept with a focus on the return to appraisal

MARS is part of a suite of online resources that also includes the **Orbit360™** system, a multi-source feedback system linked to MARS and launched last year to support doctors in Wales with gathering patient and colleague feedback. As at end Q2, 3030 users have now registered with the system, an increase of 1001 users from April 2021.

Corporate Performance

HEIW Performance Metrics

Workforce Movement

The HEIW headcount increased to 505 by the end of Q2, an increase of 28 (5.8%) within the quarter. Primarily this reflects the recruitment of 21 Graduate Management Trainees who have subsequently been seconded to placements in NHS organisations throughout NHS Wales and including HEIW. In addition, there have been new posts in areas including Digital, Simulation and Clinical Skills Support, and Programme Management support to the AHP Transformation team. All 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 at the end of Q2 was 10.5%, which represents a very slight increase from the Q1 figure of 8.56%. There is no set target for turnover and the current rates remain at a healthy level balancing the support of business continuity and organisational memory whilst also bringing in new thinking and new ideas. There are no obvious hot spots where turnover is a major concern.

Sickness

HEIW's rolling 12-month sickness rate was 2.2%. This is marginally higher than the Q1 figure when it stood at 1.9%. This is not a significant increase and sickness levels continue to remain substantially below the NHS Wales target of 4.1%.

The ratio between short- and long-term sickness remains relatively constant at around 26%:74% respectively. This means that most days lost due to sickness are related to long-term episodes for a small number of staff. The largest number of days are for reasons of anxiety and stress but again these relate to a very small number of cases and can be reasons which are home or work related. All long-term cases are known and are being sensitively managed with support from the People Team.

English Catherine 11/24/2021 11:54:17

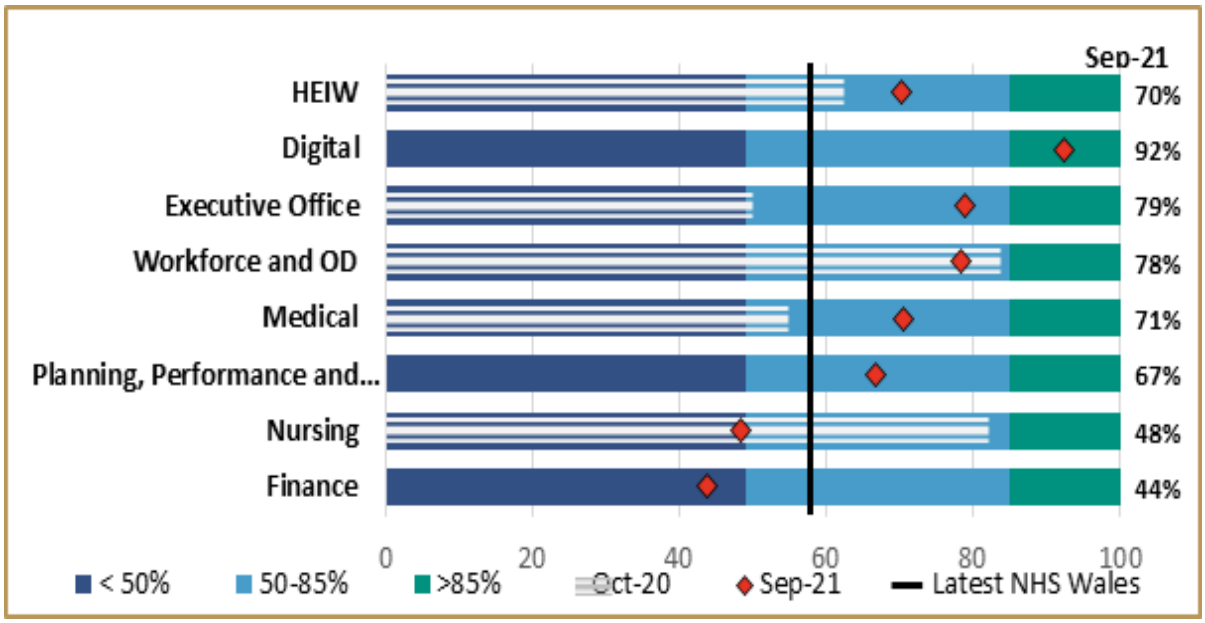
Personal Appraisal Development Review (PADR)

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. The target rate for PADR/Appraisal is 85% as recorded on the ESR system. This 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 or less) remains unchanged from Q1 at 70%. Further detail of HEIW compliance rates is shown in the table below. The compliance rates for the Nursing Directorate have dipped from 75% at the end of Q2 and a deep dive has identified a large gap between completed PADRs and PADRs recorded on ESR. A number of actions have been put into place to address this issue and rectify the current recorded compliance figures.

It is not possible to provide a comparison against October 2020 for Digital, Finance or Planning, Performance and Corporate Services (PPCS). The Digital and PPCS directorates did not exist as separate directorates previously and data for Corporate Services has moved between Finance and PPCS on two occasions since October 2018.

PADR Completion Rates by Directorate at 30 September 2021



Statutory & Mandatory Compliance

The NHS Wales delivery Framework 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.

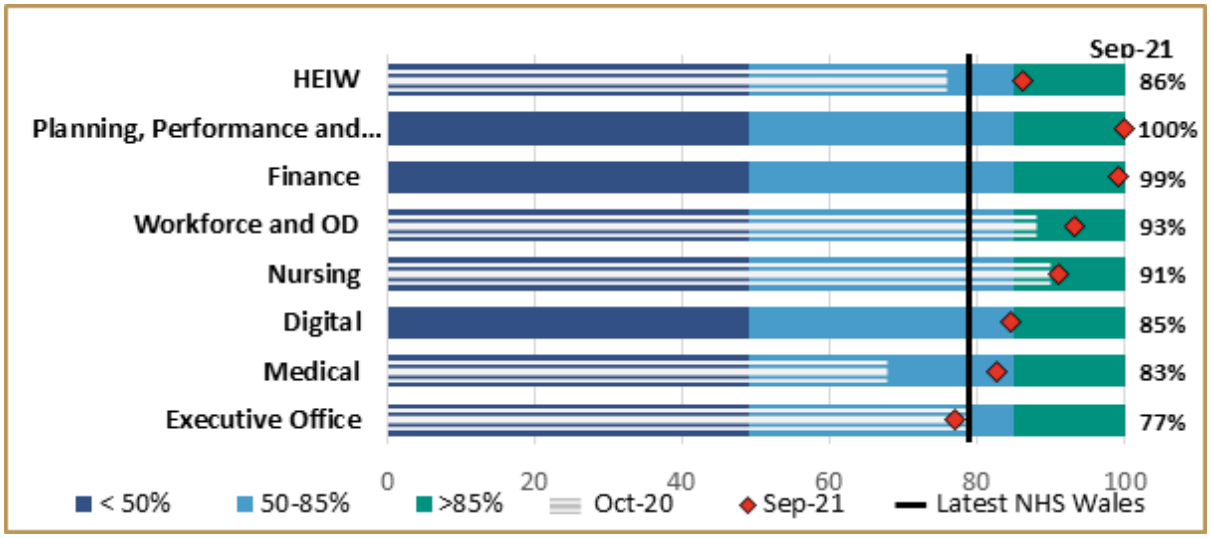
The HEIW compliance rate for core staff at the end of Q2 was 86%. This represents a further increase on the Q1 figure and has now exceeded the target rate of 85%. Whilst it remains the responsibility of individual staff and managers to ensure that they achieve compliance in

English (Canada)
11/24/2021 12:54:17

statutory/mandatory training requirements, the People Team and the wider Workforce and OD teams will continue to support and encourage staff in this process.

As with the PADR data and for the same reasons, it is not possible to provide a comparison for the Digital, Finance and Planning, Performance and Corporate Services directorates.

Statutory & Mandatory Training Rates by Directorate at 30 September 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. For information, currently recorded compliance figures are included within the dashboard. However, it is noted that as part of the implementation of the People and OD Strategy the engagement of sessional and other remote workers will be a key strategic element, part of which will encompass pragmatic and effective ways of addressing PADR and Statutory and Mandatory Training compliance.

Equality Data

Compliance in recording equality data is 70% at the end of Q2, compared to 68% at the end of Q1 indicating a continuing positive trend of improvement.

Welsh Language

Compliance in recording Welsh language data has improved slightly in Q2, with the rate increasing to 35%, compared to 34% in Q1.

In Q2, we translated nearly 1.5 million words, taking the total at the mid-year point to 2.5 million words. We expect to exceed 5 million words in 2021/22.

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Learning and Development and Staff Events

During Q2, a Learning and Development plan was compiled and approved by the Executive Team. An approach to Project Management has been approved where we are currently working with providers to develop Project Managers using the Prince II Agile methodology.
All internal training events are being reviewed and a monthly calendar of events, including a revised induction, has been published on the Learning and Development webpage. All training events will be held on a hybrid basis to assist colleagues who prefer classroom-based training delivery.

The next virtual staff event will take place on Monday 15th November with a focus on our collaboration across the NHS in Wales. This will be followed by a Christmas themed staff event in December. It is anticipated that we will be able to host more staff events in person during 2022/23 including a potential Staff Awards event.

Online communication/engagement

Social media engagement continues to increase showing that we continue to attract new followers. Our Welsh Facebook page has slowly shown an increase in the number of interactions on our posts and several posts on our Welsh twitter have had higher than average engagement.

Following the launch of the new HEIW website in April we are starting to undertake user testing on several areas to help us to continue to improve the site. Website data shows increased page views against the same period last year.

The team have also been busy raising awareness of HEIW successes, which contribute directly to our brand and establishing us as experts and influencers. Successes include press releases, web pages and social media on:

- Pre-Registration Pharmacists top UK rates this year in the GPhC registration 2021 assessment
- Healthcare students and trainees encouraged to get COVID-19 and flu jabs
- Second duty of the Nurse Staffing Levels (Wales) Act 2016 extended to paediatric impatient wards

The team have also supported dental, medical and pharmacy training events and webinars and reviews of apprenticeship frameworks on Perioperative Support, Maternity and Paediatric Support and Medicines Administration.

Finance

Due to a number of processing delays in NWSSP the Public Sector Payment Policy (PSPP) performance during quarter 2 is lower than in Q1, although the target was still achieved with a cumulative position of 96.6% to the end of September.

HEIW is reporting an underspend of £394k against profiled budgets as at 30th September 2021. The underspend position in Pay budgets is due to a number of vacancies within the establishment. 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 Commissioning budgets is as a result an emerging overspend within GP training as a result

English (United Kingdom) 11/24/2021 11:04:17

of numbers in training and protected salaries offset by known under recruitment of trainees to programmes in Pharmacy, Dental Foundation training and the Medical training grades.

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. The cumulative agency costs to the end of September 2021 are 2.2% of total pay costs.

Freedom of Information (FOI) Requests

HEIW received 3 FOI requests in Q2 of 2021/22 and 1 request for an Internal Review.
HEIW has closed 11 FOI requests during 2021/22 and answered 10 (91%) of these requests on time (within 20 working days). One FOI received during August was delayed due to the volume of data requested. The Internal Review received during September remains live and within time.

Health and Safety

There were two health and safety accidents, or incidents reported/recorded in Q2. Both were recorded in Datix and investigated to completion.

The COVID risk assessment was reviewed; the current operating model will remain until at least January 2022 in line with the latest government guidelines to work from home where possible and to enable ongoing social distancing in buildings.

Some additional accessibility works have been undertaken in Ty Dysgu:

- The pathway adjacent to the disabled car parking bays has been widened for wheelchair/walker access. This has resulted in the loss of one disabled parking bay, which has been repurposed into a cycle bay. This will be monitored when staff return to the office and an additional disabled parking bay may need to be installed.
- The side of the door opening on the disabled toilet doors has been swapped so that they do not open onto the stairs, which heightened the perception of falling downstairs.

These works were in response to feedback from staff, demonstrating HEIW's commitment to inclusivity and equality.

English Catherine
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Health Education and Improvement Wales Performance Dashboard (2021/22)

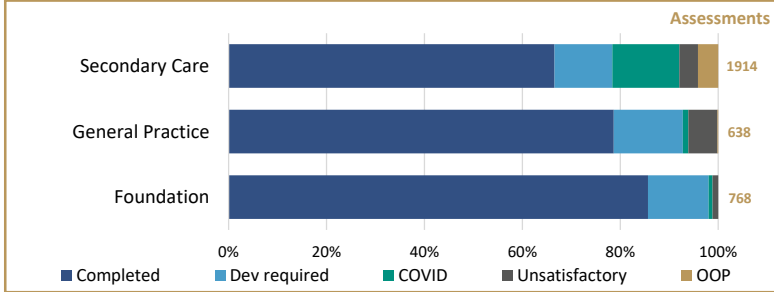
GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

HEIW Strategic Objectives as at Sep-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'	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
RED	0	0	0	1	0	1
AMBER	4	5	4	6	4	2
GREEN	4	9	2	11	4	1
HEIW Deferred Objectives as at Sep-21	0	0	0	1	0	0

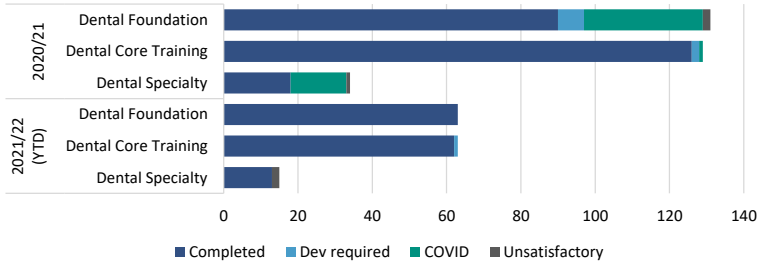
GLOSSARY

Departmental Information

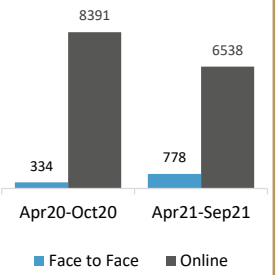
Annual Review Of Competency Progression (Medical): (05/08/2020 and 03/08/2021)



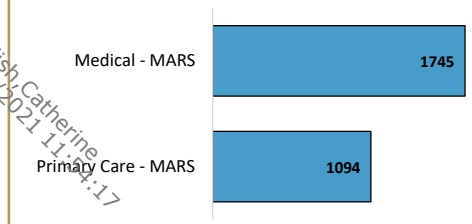
Annual Review Of Competency Progression (Dental): (Apr-Sep 2021/22)



CPD: Actual Attendees : Apr-Jun



№ of Medical Appraisals Completed Apr21-Sep21



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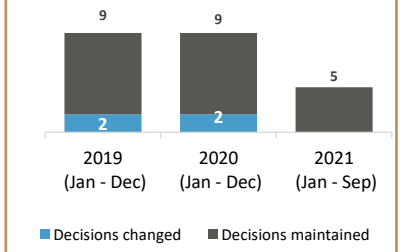
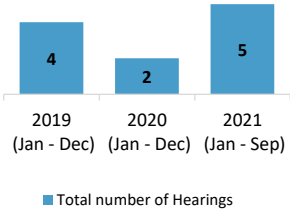
Trainee Progression Governance: № of Appeals



Total number of Hearings



Professional Support Unit (Sep-21)

Active Cases: 369

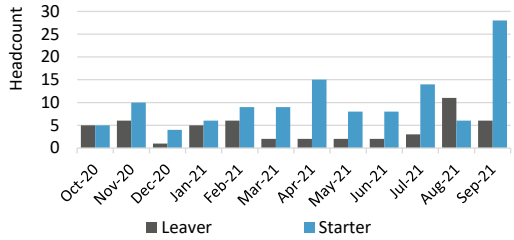
Referrals to Hammet Street: 96

Staff in Post (Sep-21)

Headcount: 505

Oct-20	Change
435	▲70

Monthly Staff Change between Oct-20 to Sep-21



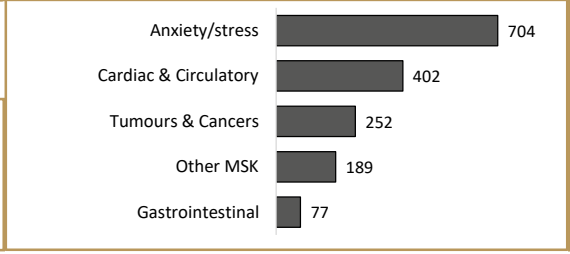
12 Month Rolling Turnover

12 Month Rolling: 10.5%

№ of Post Advertised

Posts:	20
FTE:	19.8

Top 5 Sickness Reason by FTE Days Lost (Oct20-Sep21)



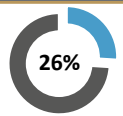
12 month Sickness

Sickness

Sickness: 2.2%

NHS Wales Target: 4.1%

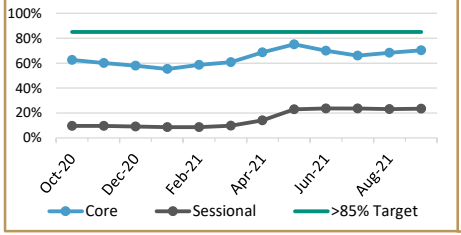
Short Term sickness



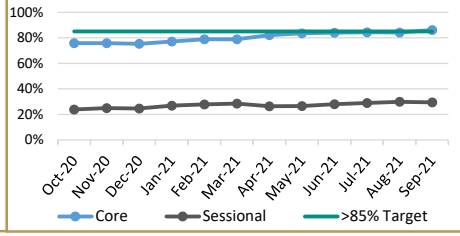
FTE Days Lost

Short term :	596.13
Long term:	1696.9

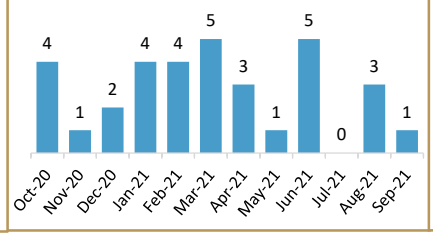
PADR Appraisal: Oct20-Sep21



Statutory & Mandatory: Oct20-Sep21



№ completed FOI requests Oct20-Sep21



Information Governance

Oct-20: 60.5%

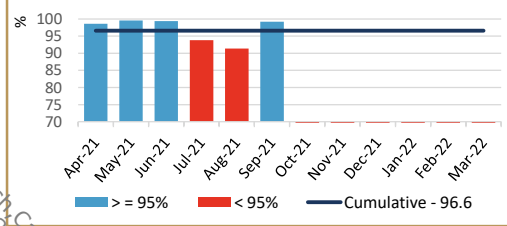
Welsh Language

Oct-20: 32.6%

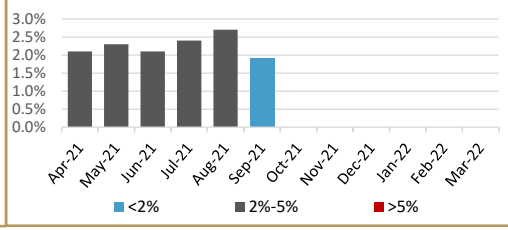
Equality Data

Oct-20: 63.1%

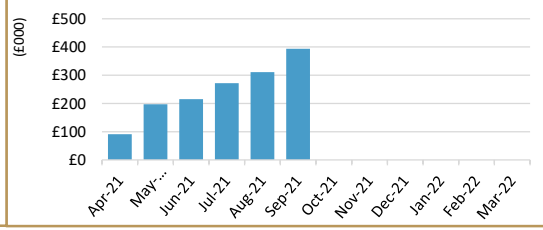
Finance PSPP (Non-NHS Invoices)



Agency as percentage of Total Pay



Financial Position: Cumulative Underspend (Sep-21)



Health and Safety

Mandatory Training

Fire Safety	60%
Health & Safety	72%

№ of Incidents	2

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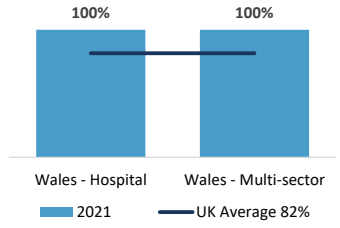
Recruitment to Commissioned Places (Recruitment Rate) - Sep-21				Fill to Commissioned Places (Fill Rate) - Sep-21			
Medical	Primary Care	Dental	Trainee Pharmacists	Nursing & Midwifery	AHPs	Healthcare Scientists	Physician Associates
93%	100%	98%	78%	99%	99%	100%	98%
Last Year's 95%	Last Year's 125%	Last Year's 97%	Last Year's 100%	Last Year's 97%	Last Year's 100%	Last Year's 100%	Last Year's 97%

Benchmarking Information

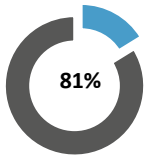
GMC National Trainee Survey - Overall Satisfaction Scores (2021)

Pre-registration trainee pharmacists - Pass rate (2021)



Staff Survey 2020

Engagement Index



NHS Wales = 75%

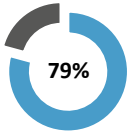
Response Rates

HEIW 53%

NHS Wales 20%

Health Needs Assessment Score 2021

Engagement Index



Response Rate

29%

English,Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**4.2**
Report Title	**Report of the Director of Finance**		
Report Author	Rhiannon Beckett, Deputy Director Financial Management, Costing and Contracting		
Report Sponsor	Eifion Williams, Director of Finance		
Presented by	Eifion Williams, Director of Finance		
Freedom of Information	Open		
Purpose of the Report	To provide the HEIW Board with a report on the financial position for October 2021 (Month 7).		
Key Issues	HEIW has a statutory duty to break even at year-end. This report should assist the Board, Executives and Budget Holders in understanding the financial position reported for Month 7 of the 2021-22 financial year and any actions needed to be taken in order to be in balance at year-end.		

Specific Action Required *(please ✓ one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	✓			

Recommendations	The Board is asked to **note**: • the underspent financial position reported for HEIW at month 7 and actions being progressed to be in balance at year-end, • the summarised explanation of key variations by Directorate, • the Capital allocation and spend to date; and • the Balance Sheet position.

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REPORT OF THE DIRECTOR OF FINANCE

1. INTRODUCTION

The report sets out the financial position as at the end of October 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 7 is £838,852 underspent, and this position was reported to WG in accordance with the requirements of the monitoring return submission.

2. BACKGROUND

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

3. PROPOSAL

The Board is asked to note the financial position reported by HEIW for Month 7 and consider the summarised explanations of the key variations described for each Directorate, also the actions being progressed in order to be in balance at year-end.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

5.1 Revenue Financial Position as at Month 7

HEIW is reporting an underspend of £838,852 against profiled budgets as at 31st October 2021. The underspend position in Pay budgets is due to vacant posts within the establishment, it should be noted that some re-alignment of budgets to balance the financial plan was undertaken at the commencement of the year. The financial plan includes anticipated allocations from WG, as set out in the Resource Plan, which following re-assessment of in year requirement total £2.576m, correspondence has been received in month from WG confirming that additional allocation of £1.502m has been agreed and the allocation will be actioned in month eight.

English Committee
11/24/2021 12:54:17

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

The month 7 financial position was reported to Welsh Government on day 5, and through the monitoring return submitted on day 9, in accordance with the required WHC reporting timetable. The Monitoring Return that was submitted to WG is included as Appendix 2.

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

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

As at 31st October 2021

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
INCOME:					
Welsh Government	(146,679,178)	(146,679,178)	0	0	0
Other Income	(315,949)	(256,991)	58,958	38,251	20,708
Total Income	(146,995,127)	(146,936,169)	58,958	38,251	20,708
Expenditure					
Board & Executive	1,313,294	1,314,864	1,570	2,953	(1,384)
Finance	621,848	592,802	(29,046)	(22,621)	(6,425)
Planning, Performance and Corporate Services	1,144,178	1,089,708	(54,470)	(55,802)	1,332
Digital and IT	3,097,066	3,093,886	(3,180)	(11,926)	8,746
Medical & Pharmacy	72,016,614	71,645,956	(370,658)	(364,724)	(5,933)
Nursing	66,688,039	66,351,686	(336,353)	3,958	(340,310)
Human Resources and Organisation Development	2,114,088	2,008,414	(105,674)	16,086	(121,760)
Sub-Total Expenditure	**146,995,127**	**146,097,317**	(897,810)	(432,077)	(465,733)
Total			(838,852)	(393,827)	(445,026)

English,Catherine
11/24/2021 11:54:17

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		(23,695)	25,264		1,570
Chief Executive Reserve			0		0
Finance		(23,650)	(5,396)		(29,046)
Planning, Performance and Corporate Services		(12,227)	(42,243)		(54,470)
Digital and IT		9,809	(12,990)		(3,180)
Medical & Pharmacy	58,958	(21,353)	(264,987)	(84,318)	(311,699)
Nursing	0	(172,154)	(8,610)	(155,588)	(336,353)
Human Resources and Organisation Development		(130,833)	25,159		(105,674)
Total	**58,958**	**(374,103)**	**(283,802)**	**(239,906)**	**(838,852)**

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

As at month 7 following the quarterly process of deep dive exercises a forecast underspend has been identified of £3.1m.

It is expected that HEIW will manage to ensure that an overall balanced financial position is achieved at year-end by progressing the following actions:

Additional commitments made internally for non-recurrent expenditure before the 31st March, those currently agreed are estimated at £412k. Further opportunities for non-recurrent investment in support of HEIW's objectives will be explored and maximised.

It is also proposed to offer contracting Universities the opportunity to access a supplementary fund of up to £1.5m in total. This should be utilised to enable students taught in Wales access to modern facilities that prepare them for a career in Wales on graduation. It will be important to ensure that the key themes within the contracts are embedded within education programmes, and the focus of any bid by University should incorporate one or more of the following,

- The current and future digital skills required from the health and care workforce and incorporate within education programmes. The Topol review (2019) makes numerous recommendations for the preparation of the future healthcare workforce - "Within five years, ensure that the education and training for future employees equips them to achieve their full potential as staff in the technology enhanced NHS."
- Future healthcare professionals to understand the possibilities of digital healthcare technologies and the ethical and patient safety considerations.
- Ensure students gain an appropriate level of digital literacy at the outset of their study for their prospective career pathway
- Investment in VR to enhance student skills and learning opportunities
- Expand simulated learning facilities
- Increasing and strengthening placements in Primary, Social and Community care

English,Catherine 11/24/2021 11:54:1

- Supporting students from disadvantaged backgrounds
- Widening access to education

There will be a focus on inter-professional learning but also how this can be achieved to support and prepare students for practice in a multi-disciplinary team environment.

An evaluation panel will be established comprising staff from the Education Commissioning Team, the Digital and Finance Directorate and the HEIW Simulation Team.

The allocation of funding to universities will follow a rigorous process against a set of agreed criteria. A transparent and equitable criterion has been implemented. These robust funding stipulations are prescriptive in nature in order to satisfy any external scrutiny and auditing process.

The process is divided into 2 measurement protocols,

1. **Core criteria** – all must be achieved. These fundamental imperatives that must be adhered to without fail.

No	Core Criteria – All must be achieved
1.	Funding will only be supplied non-recurrently
2.	The commissioner will not agree to any recurrent costs as part of the proposal. Any recurrent costs incurred pertaining to a non-recurrent funding award must be borne by the University
3.	State whether proposal is divisible – i.e. elements of the proposal can be awarded as well as full funding
4.	The proposal must be submitted on the HEIW template supplied and signed by the Head of School
5.	Funding must be utilised in the financial year in which it was awarded
6.	Detailed cost schedules must be provided with the proposal

2. **Student benefit criteria** – Objectives where there is a clear and defined measurable benefit to the student at least one must be comprehensively attained during the course of delivery.

No	Student benefits Criteria – 1 or more must be achieved
1.	Priority will be given to proposals that benefit more than one student group – references to multi-disciplinary education delivery must be included

English,Catherine
11/24/2021 11:54:17

2.	Priority will be given to proposals that cross-cut with Primary Care and develops links / relationships / placement opportunities with Primary and Social Care
3.	Priority will be given to proposals that widen access, and provide flexible delivery approaches
4.	Benefit to the student must be measurable. Where appropriate value must be demonstrated across: o Student pathways o Shared learning o Collaboration with Service o Financial efficiencies o Business efficiencies o Student experience o Links with Primary Care

In addition,

- Universities will be made explicitly aware that any recurrent costs as a direct result of a successful non-recurrent grant bid will not be funded by HEIW.
- HEIW will require confirmation from the University Finance Director that all funding received will be fully spent by 31st March 2022.

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

5.2 Commissioning Funding

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

5.3 Capital Expenditure

HEIW has a capital allocation of £100k for 2021/22. £15k of equipment was received and paid for during July 2021. As a result of the growth of HEIW there is a requirement to procure additional IT assets. A proposal that will utilise most of the remaining allocation is currently being prepared for consideration by the Executive Team.

English,Catherine
11/24/2021 11:54:17

5.4 Balance Sheet

The balance sheet as at 31st October 2021 is shown below:

	2021/22 Opening Balance £000s	31st Oct 2021 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	2,179	1,892	(287)
Current Assets:			
Trade and other receivables	1,293	389	(904)
Cash & bank	6,148	2,545	(3,603)
Total Assets	**9,620**	**4,826**	**(4,794)**
Liabilities:			
Trade and other payables	(7,337)	(13,885)	(6,548)
Provisions	(7)	(7)	0
Total Liabilities	**(7,344)**	**(13,892)**	**(6,548)**
	2,276	**(9,066)**	**(11,342)**
Financed by:			
General Fund	2,276	(9,066)	(11,342)
Total Funding	**2,276**	**(9,066)**	**(11,342)**

- The movement on non-current assets reflects depreciation charged and assets purchased in 2020/21.
- Trade and Other Receivables stand at £0.4m as at 31st October 2021.
- Trade and other payables total £13.9m as at 31st October. The main balances include:
    - £0.8m of invoices on the accounts payable system awaiting payment in line with the 30 day payment policy.
    - £5.0m in respect of other NHS Wales organisations, of which £4.5m are estimated accruals.
    - £6.4m payable to non-NHS creditors, of which £6.1m are estimated accruals.
    - £0.5m relates to technical accounting accruals such as the annual leave provision and rent equalisation account.
    - £0.6m of HMRC and pension creditors due in the month following the payroll period.
    -

During October, the Oracle financial system across NHS Wales was upgraded. Additional funding was drawn down during the month to bring forward the payment date of any approved invoices on the system in case of issues or delays with the

English (Canada) 11/24/2021 11:04:17

upgrade. The value of unpaid invoices on the system was less than anticipated, and therefore the bank balance at the end of the month was £2.5m.

5.5 Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires organisations to pay 95% of all non-NHS invoices within 30 days (by number). For the period April to October 2021 HEIW cumulatively paid 96.91% of non-NHS invoices and 87.67% of NHS invoices within 30 days.

Non-NHS Invoices

	By Number			By Value		
Month	**Number Passed**	**Number Failed**	**% Passed**	**Value Passed £**	**Value Failed £**	**% Passed**
April	291	4	98.64	6,952,151	3,096	99.96
May	522	2	99.62	8,785,299	2,641	99.97
June	327	2	99.39	8,202,880	4,515	99.94
Q1 Total	**1,140**	**8**	**99.30**	**23,940,330**	**10,252**	**99.96**
July	315	21	93.75	7,323,833	18,430	99.75
August	524	49	91.45	10,092,777	54,610	99.46
September	353	3	99.16	8,420,732	2,467	99.97
Q2 Total	**1,192**	**73**	**94.23**	**25,837,342**	**75,507**	**99.71**
October	330	4	98.80	7,991,536	2,377	99.97
Cumulative to Month 7	**2,662**	**85**	**96.91**	**57,769,208**	**88,136**	**99.85**

NHS Invoices

	By Number			By Value		
Month	**Number Passed**	**Number Failed**	**% Passed**	**Value Passed £**	**Value Failed £**	**% Passed**
April	236	0	100.00	7,197,535	0	100.00
May	90	6	93.75	9,214,895	70,109	99.24
June	79	3	96.34	5,948,534	46,929	99.22
Q1 Total	**405**	**9**	**97.83**	**22,360,964**	**117,038**	**99.48**
July	139	16	89.68	9,607,464	145,577	98.51
August	104	42	71.23	6,821,269	176,619	97.48
September	120	36	76.92	9,416,152	154,822	98.38
Q2 Total	**363**	**94**	**79.43**	**25,844,885**	**477,018**	**98.19**
October	142	25	85.03	6,486,499	197,828	97.04
Cumulative to Month 7	**910**	**128**	**87.67**	**54,692,348**	**791,884**	**98.57**

English,Catherine
11/24/2021 11:54:17

6. RECOMMENDATION

The Board is asked to **note**:

- the underspent financial position reported for HEIW at month 7 and actions being progressed to be in balance at year-end,
- the summarised explanation of key variations by Directorate,
- the Capital allocation and spend to date, and the
- the Balance Sheet position.

English Catherine
11/24/2021 11:54:17

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 October 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 October 2021.
Appendices	Appendix 1 - Further detail Appendix 2 - Monitoring Return

English,Catherine
11/24/2021 11:54:17

APPENDIX 1

REPORT OF THE DIRECTOR OF FINANCE

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

1. Board and Executives

    - An underspend of £23,695 as a result of vacancies in the Welsh Translation Team and vacant IM and receptionist posts. These are offset in part by agency cover in the PA team.

    - An overspend on Non-Pay of £25,264 is due to an increase in demand and cost in respect of translation services offset by lower than budgeted travel, catering, room hire and training expenses due to the Covid-19 pandemic and lockdown.

2. Finance.

    - The pay budgets show an underspend of £23,650 due to vacancies at band 3 and 5, the band 5 vacancy is currently covered by an agency member of staff, and recharge of support costs for the OCDO.

    - There is a favourable variance of £5,369 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 7 by £12,227 as a result of 2 wte vacant posts, offset by agency spend as posts are filled by agency workers.

    - There is an underspend of £42,243 against non-pay budgets as a result of savings in utilities costs and other variable costs associated with Ty Dysgu because of the home working model.

4. Digital and IT

    - There is an overspend against the pay budgets set of £9,809 as a result spend on agency staff to support the team due to 5 vacancies long term sickness. Appointments have been made to four posts with start dates agreed.

    - There is an underspend against non-pay budgets of £12,990 due to VAT savings on Intrepid licences and reduced travel because of the COVID-19 pandemic offset in part by an increase in Microsoft EA licence numbers above plan.

English,Catherine
11/24/2021 11:54:17

5. Medical and Pharmacy

- There is an adverse variance of £58,958 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 £21,353 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 reduction in pay underspend in comparison to previous months is due to the transfer of responsibility for budgets and spend in respect of the clinical leadership fellows to the Workforce Directorate.

- Non-pay budgets are underspent by £264,987 as a result of reduced training and travel expenses amounting to £155,325, catering and room hire by £24,501 and other costs including printing and stationery and licences due to a reduction in activity due to the pandemic. There is also a £34,953 underspend as a result of lower than budgeted recharges from Health Boards for TPD payments and faculty leads, £28,014 as a VAT reclaim on library services, and £20,095 underspend due to a SAS tutor vacancy in ABUHB.

- Commissioning budgets are underspent by £84,318 year to date. The underspend is predominantly due to under-recruitment to training grade posts amounting to £286,338 and £637,510 of underspend in Pharmacy budgets. There is also an underspend in the GP Induction and Returners budget amounting to £20,182. These underspends are offset by an overspend in the GP training programme budget, which amounts to £937,466 because of additional numbers in the programme, extensions granted to training and the costs of protected salaries and higher increments.

6. Nursing

- An underspend of £172,154 has been reported against Pay budgets at month 7 because of a delay in appointing to the Head of Placement post, and the Professional standards role and a further 9 wte posts that are vacant or have been vacant during the year.

- Non-Pay budgets are mainly provided for Commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses.

- It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 21/22. An underspend position is reported at month 7 of £155,588 and is related to the following factors:

    - DSA costs and student travel costs remain high due in part to extensions agreed as a result of delays in placement activity due to COVID 19.
    - In respect of student bursary extensions have been agreed for some HEIs to meet requirements for additional time to complete

English,Catherine
11/24/2021 11:54:17

courses but numbers taking the bursary have decreased creating an underspend.

- The spend on contracts with HEIs has been updated for the latest information for the new academic year and any variation from the planning assumptions in respect of attrition is reflected in the position. This is creating an underspend as at month 7 due to the year 2 and 3 returning students, the full impact of the new academic year and recruitment will not be known until the end of the 10 week cooling off period.

- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and an underspend of £8,610 is reported in month 7 predominantly due to reduced travel costs and a credit note in respect of 20/21 expenditure.

7. Human Resources and Organisation Development

- There are 13 wte vacancies within the core budgets of the Directorate contributing to the £130,833 underspend in month 7. There has also been a transfer of responsibility, budgets and spend for clinical leadership fellows into the Directorate in month. Due to vacancies within the fellows programme this has increased the pay underspend significantly. The vacancies are at various stages in the recruitment process, and one will remain vacant until the secondments to establish the OCDO team ends.

- A Non-Pay overspend variance of £25,159 as a result of organisational development and leadership expenditure whereby it is our assumption that these costs will be funded by additional allocation from WG. The overspend is offset in part by limited travel and the inability to hold in person staff conferences due to the pandemic.

English,Catherine
11/24/2021 11:54:17

HEIW **Period : Oct 21**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-31,045	0	-31,045	-31,045
3	Planned Expenditure For Covid-19 (Negative Value)	0	0		
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)	-24	-24		
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)	24	24		
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**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**0**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-18,110	-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	18,110	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	-24	0	0	0	0	0	-24	-24
25													0	0
26	0	0	0	0	0	0	24	0	0	0	0	0	24	24
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	91	106	18	57	39	83	445	-99	-210	-91	-106	-333	839	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**91**	**106**	**18**	**57**	**39**	**83**	**445**	**-99**	**-210**	**-91**	**-106**	**-333**	**839**	**0**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	**91**	**106**	**18**	**57**	**39**	**83**	**445**	**-99**	**-210**	**-91**	**-106**	**-333**	**839**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

English,Catherine
11/24/2021 11:54:17

HEIW **Period : Oct 21**

Table A1 - Underlying Position

This table needs completing monthly from Month: 1

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

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

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11/24/2021 11:54:17

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Period : **Oct 21**

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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	

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

Table B - Monthly Positions **Period :** Oct 21

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	A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Revenue Resource Limit	Actual/F'cast	19,965	20,087	18,779	20,066	21,115	23,124	23,543	22,110	24,480	23,360	22,940	35,068	146,679	274,637
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	55	48	20	20	45	33	36	43	43	43	43	70	257	499
7	**Income Total**		**20,020**	**20,135**	**18,799**	**20,086**	**21,160**	**23,157**	**23,579**	**22,153**	**24,523**	**23,403**	**22,983**	**35,138**	**146,936**	**275,136**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,693	1,695	1,695	1,701	1,792	11,250	19,826
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	899	854	975	1,038	783	1,015	1,194	1,219	1,598	1,132	1,179	4,852	6,758	16,738
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	17,496	17,642	16,203	17,387	18,711	20,194	20,154	19,297	21,397	20,624	20,165	28,782	127,787	238,052
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	45	302	520
23	AME Donated Depreciation\Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast													0	0
26	**Cost - Total**	Actual/F'cast	**19,929**	**20,029**	**18,781**	**20,029**	**21,121**	**23,074**	**23,134**	**22,252**	**24,733**	**23,494**	**23,089**	**35,471**	**146,097**	**275,136**
27	**Net surplus/ (deficit)**	Actual/F'cast	**91**	**106**	**18**	**57**	**39**	**83**	**445**	**(99)**	**(210)**	**(91)**	**(106)**	**(333)**	**839**	**0**

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 . Actual YTD surplus/ (deficit)	839	
29. Actual YTD surplus/ (deficit) last month	394	
30. Current month actual surplus/ (deficit)	445	
		Trend
31. Average monthly surplus/ (deficit) YTD	120	▲
32. YTD /remaining months	168	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	3,064
34. Year to Date Trend Scenario	1,438

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11/24/2021 11:54:17

C. DEL/AME Depreciation & Impairments

			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		
	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	45	302	520
36	Strategic Depreciation	Actual/F'cast													0	0
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	**Total**		**43**	**43**	**43**	**44**	**43**	**43**	**43**	**43**	**43**	**43**	**44**	**45**	**302**	**520**
	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast													0	0
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	**Total**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

D. Accountancy Gains

			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		
45	Accountancy Gains	Actual/F'cast	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		
			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		
	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!	

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Period : Oct 21

YTD Months to be completed from Month: 1

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Forecast Months to be completed from Month: 1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	898	917	925	937	943	1,128	1,064	1,077	1,079	1,079	1,085	1,176	**6,812**	**12,308**
2	Medical & Dental	440	437	442	449	452	473	453	445	445	445	445	445	**3,146**	**5,371**
3	Nursing & Midwifery Registered	21	21	30	28	32	36	36	28	28	28	28	28	**204**	**344**
4	Prof Scientific & Technical	110	93	141	124	132	164	170	120	120	120	120	117	**934**	**1,531**
5	Additional Clinical Services	9	10	10	10	11	14	13	11	11	11	11	12	**77**	**133**
6	Allied Health Professionals	12	12	12	12	14	8	7	12	12	12	12	14	**77**	**139**
7	Healthcare Scientists													**0**	**0**
8	Estates & Ancillary													**0**	**0**
9	Students													**0**	**0**
10	**TOTAL PAY EXPENDITURE**	**1,490**	**1,490**	**1,560**	**1,560**	**1,584**	**1,823**	**1,743**	**1,693**	**1,695**	**1,695**	**1,701**	**1,792**	**11,250**	**19,826**

Analysis of Pay Expenditure

11	**LHB Provided Services - Pay**	1,491	1,490	1,560	1,560	1,584	1,822	1,743	1,693	1,695	1,695	1,701	1,792	**11,250**	**19,826**
12	**Other Services (incl. Primary Care) - Pay**													**0**	**0**
13	**Total - Pay**	**1,491**	**1,490**	**1,560**	**1,560**	**1,584**	**1,822**	**1,743**	**1,693**	**1,695**	**1,695**	**1,701**	**1,792**	**11,250**	**19,826**
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	32	35	33	37	42	34	40	45	45	45	45	45	**253**	**478**
2	Medical & Dental													**0**	**0**
3	Nursing & Midwifery Registered													**0**	**0**
4	Prof Scientific & Technical													**0**	**0**
5	Additional Clinical Services													**0**	**0**
6	Allied Health Professionals													**0**	**0**
7	Healthcare Scientists													**0**	**0**
8	Estates & Ancillary													**0**	**0**
9	Students													**0**	**0**
10	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**32**	**35**	**33**	**37**	**42**	**34**	**40**	**45**	**45**	**45**	**45**	**45**	**253**	**478**
11	**Agency/Locum (premium) % of pay**	**2.1%**	**2.3%**	**2.1%**	**2.4%**	**2.7%**	**1.9%**	**2.3%**	**2.7%**	**2.7%**	**2.7%**	**2.6%**	**2.5%**	**2.2%**	**2.4%**

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

REF	REASON	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Vacancy	32	35	33	37	42	34	40	45	45	45	45	45	**253**	**478**
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	WLA													**0**	**0**
12	Exclusion (Suspension)													**0**	**0**
13	COVID-19													**0**	**0**
14	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**32**	**35**	**33**	**37**	**42**	**34**	**40**	**45**	**45**	**45**	**45**	**45**	**253**	**478**
		0	0	0	0	0	0	0	0	0	0	0	0		

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Period : Oct 21

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Table B3 - COVID-19 Analysis

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

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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													0	0	
60	Medical & Dental													0	0	
61	Nursing & Midwifery Registered													0	0	
62	Prof Scientific & Technical													0	0	
63	Additional Clinical Services													0	0	
64	Allied Health Professionals													0	0	
65	Healthcare Scientists													0	0	
66	Estates & Ancillary													0	0	
67	Students													0	0	
68	**Sub total Mass COVID-19 Vaccination Provider Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
69	Primary Care Contractor (excluding drugs)													0	0	
70	Primary Care - Drugs													0	0	
71	Secondary Care - Drugs													0	0	
72	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**													0	0	
73	Healthcare Services Provided by Other NHS Bodies													0	0	
74	Non Healthcare Services Provided by Other NHS Bodies													0	0	
75	Continuing Care and Funded Nursing Care													0	0	
76	Other Private & Voluntary Sector													0	0	
77	Joint Financing and Other (includes Local Authority)													0	0	
78	Other (only use with WG agreement & state SoCNE/I line ref)													0	0	
79														0	0	
80														0	0	
81														0	0	
82	**Sub total Mass COVID-19 Vaccination Non Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
83	**TOTAL MASS COVID-19 VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
84	**PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)**													0	0	
85	**MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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													0	0	
88	Medical & Dental													0	0	
89	Nursing & Midwifery Registered													0	0	
90	Prof Scientific & Technical													0	0	
91	Additional Clinical Services													0	0	
92	Allied Health Professionals													0	0	
93	Healthcare Scientists													0	0	
94	Estates & Ancillary													0	0	
95	Students													0	0	
96	**Sub total Extended Flu Vaccination Provider Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
97	Primary Care Contractor (excluding drugs)													0	0	
98	Primary Care - Drugs													0	0	
99	Secondary Care - Drugs													0	0	
100	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**													0	0	
101	Healthcare Services Provided by Other NHS Bodies													0	0	
102	Non Healthcare Services Provided by Other NHS Bodies													0	0	
103	Continuing Care and Funded Nursing Care													0	0	
104	Other Private & Voluntary Sector													0	0	
105	Joint Financing and Other (includes Local Authority)													0	0	
106	Other (only use with WG agreement & state SoCNE/I line ref)													0	0	
107														0	0	
108														0	0	
109														0	0	
110	**Sub total Extended Flu Vaccination Non Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
111	**TOTAL EXTENDED FLU VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
112	**PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)**													0	0	
113	**MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

English,Catherine
11/24/2021 11:54:17

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													**0**	**0**
116	Medical & Dental													**0**	**0**
117	Nursing & Midwifery Registered													**0**	**0**
118	Prof Scientific & Technical													**0**	**0**
119	Additional Clinical Services													**0**	**0**
120	Allied Health Professionals													**0**	**0**
121	Healthcare Scientists													**0**	**0**
122	Estates & Ancillary													**0**	**0**
123	Students													**0**	**0**
124	**Sub total Field Hospital / Surge Provider Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
125	Primary Care Contractor (excluding drugs)													**0**	**0**
126	Primary Care - Drugs													**0**	**0**
127	Secondary Care - Drugs													**0**	**0**
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**													**0**	**0**
129	Provider - Non Pay (Decommissioning Costs)													**0**	**0**
130	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
131	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
132	Continuing Care and Funded Nursing Care													**0**	**0**
133	Other Private & Voluntary Sector													**0**	**0**
134	Joint Financing and Other (includes Local Authority)													**0**	**0**
135	Joint Financing and Other - (Compensation for Consequential Losses)													**0**	**0**
136	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
137														**0**	**0**
138														**0**	**0**
139														**0**	**0**
140	**Sub total Field Hospital / Surge Non Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
141	**TOTAL FIELD HOSPITAL / SURGE EXPENDITURE**	**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**

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**
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**
169	**TOTAL CLEANING STANDARDS EXPENDITURE**	**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**

English,Catherine
11/24/2021 11:54:17

A7	**Other (Additional costs due to C19)** ***enter as positive value - actual/forecast***															
172	**Provider Pay (Establishment, Temp & Agency)**															
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	Recovery of unused COVID bonus allocation							(24)						(24)	(24)
184														0	0
185														0	0
186	**Sub total Other C-19 Provider Pay**	0	0	0	0	0	0	(24)	0	0	0	0	0	(24)	(24)
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
207	**TOTAL OTHER C-19 EXPENDITURE**	0	0	0	0	0	0	(24)	0	0	0	0	0	(24)	(24)
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	24	0	0	0	0	0	24	24
210	**TOTAL ADDITIONAL EXPENDITURE DUE TO COVID**	0	0	0	0	0	0	(24)	0	0	0	0	0	(24)	(24)
211	**PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)**	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	24	0	0	0	0	0	24	24

English,Catherine
11/24/2021 11:54:17

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
	Enter as Positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
213	**Non Delivery of Savings (due to C19) - Actual/Forecast**														
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
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
218	***Expenditure Reductions (due to C19) - Actual/Forecast***														
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

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
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
229	***Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast***														
230														0	0
231														0	0
232														0	0
233														0	0
234														0	0
235														0	0
236														0	0
237														0	0
238														0	0
239	**TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
240	**ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19**	0	0	0	0	0	0	(24)	0	0	0	0	0	(24)	(24)

E - Additional Welsh Government Funding for C19

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

English,Catherine
11/2/2021 11:54:17

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Period : Oct 21

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

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

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

English,Catherine
11/24/2021 11:54:17

HEIW **Period : Oct 21**

Table C1- Savings Schemes Pay Analysis

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

English,Catherine
11/24/2021 11:54:17

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

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

English,Catherine
11/24/2021 11:54:17

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Oct 21

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	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 : Oct 21

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University		20	**20**		13,012	**13,012**
2	Aneurin Bevan University		0	**0**		9,981	**9,981**
3	Betsi Cadwaladr University		0	**0**		14,849	**14,849**
4	Cardiff & Vale University		0	**0**		20,436	**20,436**
5	Cwm Taf Morgannwg University		0	**0**		11,621	**11,621**
6	Hywel Dda University		0	**0**		7,245	**7,245**
7	Powys			**0**		448	**448**
8	Public Health Wales		98	**98**		1,326	**1,326**
9	Velindre		11	**11**		42,297	**42,297**
10	NWSSP			**0**			**0**
11	DHCW		12	**12**		3,585	**3,585**
12	Wales Ambulance Services			**0**		658	**658**
13	WHSSC			**0**			**0**
14	EASC			**0**			**0**
15	HEIW			**0**			**0**
16	NHS Wales Executive			**0**			**0**
17	**Total**	**0**	**141**	**141**	**0**	**125,458**	**125,458**

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Period : Oct 21

Table E - Resource Limits 1. BASE ALLOCATION		STATUS OF ISSUED RESOURCE LIMIT ITEMS HCHS £'000	 Pharmacy £'000	 Dental £'000	 GMS £'000	Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
1	**LATEST ALLOCATION LETTER/SCHEDULE REF:**	**13**									
2	**Total Confirmed Funding**	272,225				**272,225**		270,638	100	100	

2. ANTICIPATED ALLOCATIONS

3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall					**0**					
4	DEL Non Cash Depreciation - Strategic					**0**					
5	DEL Non Cash Depreciation - Accelerated					**0**					
6	DEL Non Cash Depreciation - Impairment					**0**					
7	AME Non Cash Depreciation - Donated Assets					**0**					
8	AME Non Cash Depreciation - Impairment					**0**					
9	AME Non Cash Depreciation - Impairment Reversals					**0**					
10	Removal of Donated Assets / Government Grant Receipts					**0**					
11	Total COVID-19 (see below analysis)	0	0	0	0	**0**					See below analysis
12	Leadership & Succession - Clinical Executive Leadership programme	60				**60**	**NR**	60			Month 1 - Richard Dudley
13	Leadership & Succession - Digital Leadership portal NHS Wales	60				**60**	**NR**	60			Month 1 - Richard Dudley
14	Leadership & Succession - NHS Wales Graduate Leadership programme	413				**413**	**NR**	413			Month 1 - Richard Dudley
15	Leadership & Succession - Annual Leadership Conference	10				**10**	**NR**	10			Month 1 - Richard Dudley
16	Lesdership & Succession - A range of Leadership Alumni Events	30				**30**	**NR**	30			Month 1 - Richard Dudley
17	Leadership & Succession - Increase in Establishment	176				**176**	**NR**	176			Month 1 - Richard Dudley
18	Leadership & Succession - Succession Planning	136				**136**	**NR**	136			Month 1 - Richard Dudley
19	WG Business Case - Made in Wales	168				**168**	**NR**	168			Month 1 - Richard Dudley
20	WG Business Case - RCN Cadet Scheme	60				**60**	**NR**	60			Month 1 - Richard Dudley
21	WG Business Case - GP Small Group Learning (PBSGL) Option 4	30				**30**	**NR**	30			Month 1 - Richard Dudley
22	WG Business Case - Behavioural Science Training	134				**134**	**NR**	134			Month 1 - Richard Dudley
23	WG Business Case - NEP Training Vision - Governance	38				**38**	**NR**	38			Month 1 - Richard Dudley
24						**0**					
25	Pay Changes - Additional Infrastructure Costs	617				**617**	**NR**	617			Month 1 - Richard Dudley
26						**0**					
27						**0**					
28						**0**					
29	Clinical Excellence award for Tom Lawson (Bronze)	21				**21**	**NR**	21			Month 1 - Richard Dudley
30	1 x Band 8a - IP & C Post	58				**58**	**NR**	58			Month 1 - Richard Dudley
31	Online support for Critical Care Posts (2 x Bd 7)	105				**105**	**NR**	105			Month 1 - Richard Dudley
32						**0**					
33						**0**					
34	MH Project Co-ordinator and Project Support Officer	36				**36**	**R**	36			Month 3 - Richard Dudley
35	DEVELOPING CLUSTER-BASED OPTOMETRY SERVICES - Grant	78				**78**	**NR**	78			Month 4 - Richard Dudley
36	AHP	145				**145**	**NR**	145			Month 4 - Richard Dudley
37						**0**					
38						**0**					
39	Clinical Excellence award for WG Lewis (Gold)	4				**4**	**NR**	4			Month 4 - Richard Dudley
40	Chief Nurse	33				**33**	**R**	17			Month 6 - Richard Dudley
41						**0**					
42						**0**					
43						**0**					
44						**0**					
45						**0**					
46						**0**					
47						**0**					
48						**0**					
49						**0**					
50						**0**					
51						**0**					
52						**0**					
53						**0**					
54						**0**					
55						**0**					
56	**Total Anticipated Funding**	**2,412**	**0**	**0**	**0**	**2,412**		**2,396**	**0**	**0**	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57	Confirmed Resources Per 1. above	272,225	0	0	0	272,225		270,638	100	100	
58	Anticipated Resources Per 2. above	2,412	0	0	0	2,412		2,396	0	0	
59	**Total Resources**	**274,637**	**0**	**0**	**0**	**274,637**		**273,034**	**100**	**100**	

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

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Period : **Oct 21**

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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	
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24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	**Total Income**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

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11/24/2021 11:54:17

HEIW **Period :** **Oct 21**

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	Table F - Statement of Financial Position For Monthly Period	Opening Balance Beginning of Apr 21	Closing Balance End of Oct 21	Forecast Closing Balance End of Mar 22
	Non-Current Assets	**£'000**	**£'000**	**£'000**
1	Property, plant and equipment	2,179	1,892	1,759
2	Intangible assets			
3	Trade and other receivables			
4	Other financial assets			
5	**Non-Current Assets sub total**	**2,179**	**1,892**	**1,759**
	Current Assets			
6	Inventories			
7	Trade and other receivables	1,765	389	1,765
8	Other financial assets			
9	Cash and cash equivalents	6,148	2,545	5,600
10	Non-current assets classified as held for sale			
11	**Current Assets sub total**	**7,913**	**2,934**	**7,365**
12	**TOTAL ASSETS**	**10,092**	**4,826**	**9,124**
	Current Liabilities			
13	Trade and other payables	7,661	13,737	7,112
14	Borrowings (Trust Only)			
15	Other financial liabilities			
16	Provisions	7	7	0
17	**Current Liabilities sub total**	**7,668**	**13,744**	**7,112**
18	**NET ASSETS LESS CURRENT LIABILITIES**	**2,424**	**(8,918)**	**2,012**
	Non-Current Liabilities			
19	Trade and other payables	148	148	125
20	Borrowings (Trust Only)			
21	Other financial liabilities			
22	Provisions			
23	**Non-Current Liabilities sub total**	**148**	**148**	**125**
24	**TOTAL ASSETS EMPLOYED**	**2,276**	**(9,066)**	**1,887**
	FINANCED BY: Taxpayers' Equity			
25	General Fund	2,276	(9,066)	1,887
26	Revaluation Reserve			
27	PDC (Trust only)			
28	Retained earnings (Trust Only)			
29	Other reserve			
30	**Total Taxpayers' Equity**	**2,276**	**(9,066)**	**1,887**

	EXPLANATION OF ALL PROVISIONS	Opening Balance Beginning of Apr 21	Closing Balance End of Oct 21	Closing Balance End of Mar 22	
31	Legal Case - Estimated costs of holiday pay due on overtime	7	7	0	0.00
32					0.00
33					0.00
34					0.00
35					0.00
36					0.00
37					0.00
38					0.00
39					0.00
40	**Total Provisions**	**7**	**7**	**0**	0.00

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

	ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44	Capital	0	0	0
45	Revenue	7,809	13,885	7,237

	ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46	Capital	0	0	0
47	Revenue	6,148	2,545	5,600

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Period : **Oct 21**

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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	12,000	22,500	20,500	15,500	20,000	22,000	22,015	24,500	20,000	25,000	24,500	44,519	273,034
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)													0
4	WG Capital Funding - Cash Limit - LHB & SHA only					15						40	45	100
5	Income from other Welsh NHS Organisations	22	11	259	29	1	7	55						384
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets													0
10	Other - (Specify in narrative)	62	40	27	1,100	22	34	254	36	43	43	43	43	1,747
11	**TOTAL RECEIPTS**	**12,084**	**22,551**	**20,786**	**16,629**	**20,038**	**22,041**	**22,324**	**24,536**	**20,043**	**25,043**	**24,583**	**44,607**	**275,265**
	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	1,499	1,650	1,578	1,587	1,596	1,429	1,743	1,630	1,630	1,631	1,631	2,061	19,665
18	Non Pay Expenditure	14,202	18,180	17,024	19,870	20,029	21,570	18,083	23,429	20,310	22,919	22,519	37,913	256,048
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment				15						40	25	20	100
22	Other items (Specify in narrative)													0
23	**TOTAL PAYMENTS**	**15,701**	**19,830**	**18,602**	**21,472**	**21,625**	**22,999**	**19,826**	**25,059**	**21,940**	**24,590**	**24,175**	**39,994**	**275,813**
24	Net cash inflow/outflow	(3,617)	2,721	2,184	(4,843)	(1,587)	(958)	2,498	(523)	(1,897)	453	408	4,613	
25	Balance b/f	6,148	2,531	5,252	7,436	2,593	1,006	48	2,546	2,023	126	579	987	
26	Balance c/f	2,531	5,252	7,436	2,593	1,006	48	2,546	2,023	126	579	987	5,600	

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11/24/2021 11:54:17

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Period : Oct 21

This table needs completing on a quarterly basis

Table H - PSPP

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE

	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	ACTUAL Q1 Actual %	ACTUAL Q1 Variance %	ACTUAL Q2 Actual %	ACTUAL Q2 Variance %	ACTUAL Q3 Actual %	ACTUAL Q3 Variance %	ACTUAL Q4 Actual %	ACTUAL Q4 Variance %	YEAR TO DATE Actual %	YEAR TO DATE Variance %	FORECAST YEAR END Forecast %	FORECAST YEAR END Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	**95.0%**	99.5%	4.5%	98.2%	3.2%		-95.0%		-95.0%	98.8%	3.8%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	**95.0%**	97.8%	2.8%	79.4%	-15.6%		-95.0%		-95.0%	88.2%	-6.8%	94.0%	-1.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	**95.0%**	100.0%	5.0%	99.7%	4.7%		-95.0%		-95.0%	99.8%	4.8%	96.0%	1.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	**95.0%**	99.3%	4.3%	94.2%	-0.8%		-95.0%		-95.0%	96.6%	1.6%	96.0%	1.0%

10 DAY COMPLIANCE

	PROMPT PAYMENT OF INVOICE PERFORMANCE	ACTUAL Q1 Actual %	ACTUAL Q1	ACTUAL Q2 Actual %	ACTUAL Q2	ACTUAL Q3 Actual %	ACTUAL Q3	ACTUAL Q4 Actual %	ACTUAL Q4	YEAR TO DATE Actual %	YEAR TO DATE	FORECAST YEAR END Actual %	FORECAST YEAR END
5	% of NHS Invoices Paid Within 10 Days - By Value	68.6%		40.6%						53.5%		60.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	36.0%		14.0%						24.5%		32.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	70.8%		66.4%						68.5%		70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	25.4%		25.4%						25.4%		32.0%	

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11/24/2021 11:54:17

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Period : Oct 21

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

£'000	100
Approved CRL / CEL issued at :	22/6/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure (accrued, to include capitalised finance leases)						
	All Wales Capital Programme:						
	Schemes:						
1				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Discretionary:						
43	I.T.	15	15	0	15	15	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other	0	0	0	85	85	0
48	**Sub Total**	**15**	**15**	**0**	**100**	**100**	**0**

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22/11/2021 11:54:17

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

English,Catherine
11/24/2021 11:54:17

HEIW

Period : Oct 21

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

This Table is currently showing 0 error

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000	In Year Forecast Max. £'000	Capital Expenditure Monthly Profile April £'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	Total £'000	Risk Level
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	
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27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Discretionary:																		
35	I.T.	Jay Beavan	15	15				15									15	15	Low
36	Equipment	TBC															0	0	
37	Statutory Compliance	TBC															0	0	
38	Estates	TBC															0	0	
39	Other	TBC	85	85									20	20	25	20	0	85	Low
40	Sub Total		100	100	0	0	0	15	0	0	0	0	20	20	25	20	15	100	
	Other Schemes:																		
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
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56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		100	100	0	0	0	15	0	0	0	0	20	20	25	20	15	100	

English,Catherine
11/24/2021 11:54:17

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Period : Oct 21

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

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

B: Future Years Disposal of Assets

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

Elisabeth Catherine
12/4/2021 11:54:17

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Period : Oct 21

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

Table L: EXTERNAL FINANCING LIMIT

REF	*NET FINANCIAL CHANGE*	Full Year Per WG £'000 A	Full Year Per Trust £'000 B	Planning Variance £'000 C	Actual to date £'000 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**

7.00
0.00

English Parliament
1/12/2021 14:54:17

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Table M - Debtors Schedule

Period:	**Oct 21**
11 weeks before end of Oct 21 =	15 August 2021
17 weeks before end of Oct 21 =	04 July 2021

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments

Invoices paid since the end of the month		
Total outstanding as per MR submission date	0.00	0.00

English,Catherine
11/24/2021 11:54:17

HEIW **Period :** **Oct 21**

Table N - General Medical Services **This Table is currently showing 0 errors**
Table to be completed from Q2 / Month: **6**

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		**WG Allocation**	**Current Plan**	**Forecast Outturn**	**Variance**	**Year to Date**
	LINE NO.	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Global Sum	1					
MPIG Correction Factor/Practice support payment	2					
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 ***Section A (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 ***A (ii)***	**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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11/24/2021 11:54:17

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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11/24/2021 11:54:17

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 *Section C*	LINE NO.	£000's	£000's	£000's	£000's	£000's
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 £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
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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11/24/2021 11:54:17

HEIW **Period :** **Oct 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 <u>not included in a GDS contract and / or PDS agreement.</u> This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	**LINE NO.**		**£000's**	**£000's**	**£000's**	**£000's**	
Emergency Dental Services (inc Out of Hours)	14						
Additional Access	15						
Sedation services including GA	16						
Continuing professional development	17						
Occupational Health / Hepatitis B	18						
Gwen Am Byth - Oral Health in care homes	19						
Refund of patient charges	20						
Design to Smile	21						0.00
Other Community Dental Services	22						0.00
Dental Foundation Training/Vocational Training	23						0.00
DBS/CRB checks	24						0.00
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 ventillation 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**	

English, Catherine 11/2/2021 11:04:17

Meeting Date	**25 November 2021**	**Agenda Item**	**4.3**
Report Title	**Structured Assessment Phase 2**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Audit Wales		
Presented by	Audit Wales		
Freedom of Information	Open		
Purpose of the Report	This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at HEIW. Audit Wales' structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. The 2021 structured assessment phase one report considered HEIW's operational planning arrangements and how these are helping to lay the foundations for effective recovery.		
Key Issues	• Overall, Audit Wales found that HEIW is well-governed with clear, effective arrangements to manage its finances. • HEIW continues to have good arrangements to conduct Board and Committee business effectively and has good systems of assurance. • HEIW manages its financial resources well and has good arrangements to monitor and report its financial activity. The organisation met its financial duties at the end of 2020-21 and has a clear financial plan for 2021-22.		
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	
Recommendations	The Board is asked to **note** the Audit Wales Structured Assessment Phase 2 Report for assurance.		

English,Catherine
11/24/2021 11:54:17

STRUCTURED ASSESSMENT PHASE 2

1. INTRODUCTION

This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at HEIW.

2. BACKGROUND

Audit Wales' structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004.

The 2021 structured assessment phase one report considered HEIW's operational planning arrangements and how these are helping to lay the foundations for effective recovery.

3. PROPOSAL

That the Board note the report for assurance.

4. GOVERNANCE AND RISK ISSUES

Phase two of Audit Wales' 2021 structured assessment considered how HEIW's corporate governance and financial management arrangements have adapted over the last 12 months.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider.

6. RECOMMENDATION

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

English Catherine
11/24/2021 11:54:17

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 transform healthcare education and training to improve opportunity, access and population health.	**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 national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader

Quality, Safety and Patient Experience
n/a
Financial Implications
There are no financial implications associated with this report.
Legal Implications (including equality and diversity assessment)
There are no legal implications associated with this report.
Staffing Implications
There are no staffing implications associated with this report.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
None

Report History	
Appendices	Appendix 1 – Structured Assessment Phase 2 Report Appendix 2 – Clearance Comments Log

English,Catherine
11/24/2021 11:54:17

Archwilio Cymru
Audit Wales

Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Health Education and Improvement Wales

Audit year: 2021

Date issued: October 2021

Document reference: 2659A2021-22

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This document has been prepared for the internal use of Health Education and Improvement Wales as part of work performed in accordance with statutory functions.

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English,Catherine
11/24/2021 11:54:17

Contents

Summary report

About this report 4

Key messages 4

Detailed report

Governance arrangements 6

Managing financial resources 11

English,Catherine
11/24/2021 11:54:17

Summary report

About this report

1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Health Education and Improvement Wales (HEIW). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. Our 2021 structured assessment phase one report considered HEIW's operational planning arrangements and how these are helping to lay the foundations for effective recovery.

2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our 2020 structured assessment report considered HEIW's revised governance arrangements and was published in October 2020.

3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.

4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the Board's scrutiny of the development and delivery of HEIW's 2021-22 Annual Plan.

5 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

Key messages

6 Overall, we found that **HEIW is well governed with clear, effective arrangements to manage its finances**.

7 HEIW continues to have good arrangements to conduct Board and committee business effectively and is proactively managing current and future independent member vacancies. HEIW has good systems of assurance. Arrangements to

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manage risk and audit recommendations are strong. And the organisation is taking steps to improve its quality management processes relating to training and education. The 2021-22 Annual Plan received appropriate Board approvals and reflected Welsh Government feedback, and the organisation continues to balance supporting NHS-wide recovery whilst delivering education and training.

8 HEIW manages its financial resources well and has good arrangements to monitor and report its financial activity. The organisation met its financial duties at the end of 2020-21 and has a clear financial plan for 2021-22. HEIW continues to have strong and transparent systems of financial control to monitor financial activity and prevent and respond to fraud. Financial monitoring and reporting is clear and timely, but there is opportunity to analyse and report on cost benefits, outcomes, and impact of spend.

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Detailed report

Governance arrangements

9 Our structured assessment work considered HEIW's governance arrangements while continuing to respond to the challenges presented by the pandemic.

10 We found that **HEIW continues to have effective Board and committee arrangements and good systems of assurance and is improving its training and education quality management arrangements.**

Conducting business effectively

11 We found that **HEIW has effective Board and committee arrangements and is proactively managing current and future independent member vacancies**.

12 The COVID-19 pandemic continues to place restrictions on public meetings, but as reported in our 2020 Structured Assessment, HEIW has maintained public access to Board business. Board and committee meetings continue to be held virtually, with Board meetings live streamed. Positively, in July 2021, HEIW also started to live stream Board committee meetings. Members of the public can join the live webcast or recordings are available on HEIW's YouTube channel after the meeting. HEIW reported that virtual working has increased levels of public engagement, for example 70 people registered to dial into this year's Annual General Meeting, and all attendees were encouraged to ask questions.

13 Our observations of Board and committee meetings found that meetings are well managed by chairs who are now more experienced at chairing virtual meetings. Members and attendees are now familiar with virtual meeting etiquette which ensures meetings run smoothy. Meeting agendas are appropriate, balanced and allow good time for discussion. HEIW has an experienced Board, and all members continue to engage and fully participate in meetings. There is a healthy relationship between executive and independent members, with the latter providing healthy challenge, whilst also offering encouragement. Meetings are well supported by the corporate governance team, two IT officers and a Welsh language officer. HEIW's register of interest for the Board is up to date and published on its website.

14 HEIW continues to have clear standards for managing Board and committee papers, such as publishing papers in advance of meetings and preparing minutes soon after meetings take place. These standards are complied with most of the time. Meeting papers are circulated seven days in advance, which independent members generally felt left enough time to review the papers. However, some independent members felt the papers could be more concise, this is something HEIW is working to improve. Last year, HEIW started to publish short meeting summaries and unconfirmed minutes within 14 days of the meeting. Overall, these arrangements have continued, however, since Board meetings are live streamed and recording made available, the Board meeting summaries are no longer necessary, so HEIW has stopped producing them. HEIW continues to produce high quality meeting papers, with good coverage of strategic, governance,

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performance, and assurance matters. To improve standards further, in March 2021 the Board secretary ran a corporate governance training course for the Senior Leadership Team and delivered a session on writing papers for the Board and committees.

15 The Board remains committed to learning and improvement. The Board and its committees continue to conduct effectiveness reviews, this year most took place in quarter four. Each Board and committee member completed an individual effectiveness survey, and the results informed improvement plans. Generally, independent members felt their learning and development is well supported. For example, they have an annual appraisal, bi-monthly Board development sessions, which they have a say in shaping, ad-hoc training such as recent training on whistleblowing procedures and can request training. But some members felt that the programme of regular training needs further development to also include personal development in areas where individual independent members are required to provide specialist expertise.

16 HEIW has a relatively stable independent member cohort, however it has been holding a vacancy since March 2021. Recruitment was delayed because of the Senedd elections but has now restarted. In the interim, duties have been spilt amongst existing members. HEIW will recruit two independent members as the Vice Chair will retire at the end of January 2022. From next year, HEIW will need to replace one independent member per year as individuals' terms come to an end. HEIW should ensure it is well prepared by ensuing it has a comprehensive induction and training programme in place for independent members.

17 HEIW has a full complement executive team, having made three executive level appointments over the last 18 months: the Director of Nursing and Health Professional Education, Director of Planning, Performance and Corporate Services and the Director of Digital Development[1]. Of the three new appointments, two are secondments meaning that of the eight executive directors, four are secondees. In addition, the Director of Finance is due to leave at the end of December 2021. In May 2021, Audit and Assurance Committee members raised concerns about the number of seconded senior members of staff and reference is also made in the annual governance statement. Unless managed well this could be destabilising for the Executive Team. HEIW explained that whilst it is taking steps to reduce the number of secondees, it sees secondments as beneficial to the organisation by bringing in external perspectives, and beneficial to the secondee by offering a development opportunity. Actions are in hand to replace the temporary Director of Finance role with a permanent appointment.

18 Last year, in response to the pandemic, HEIW made very few changes to its governance arrangements, largely maintaining business as usual, so has not had to reinstate any processes and procedures. The Crisis Management Team was

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[1] The Director of Planning, Performance and Corporate Services and the Director of Digital Development are members of the Executive Team but are not Board members.

established in March 2020 to focus on HEIW's operational response. Over the course of the year, the team was stood down or met less frequently to reflect need. At the time of writing this report, the team had just been reinstated as COVID-19 case numbers were rising.

19 During 2021, HEIW has been planning for a significant addition to its remit. From April 2022, HEIW will be hosting the Office of the Chief Digital Officer for Health and Care[2]. Under these arrangements, HEIW will provide core corporate governance services to the Chief Digital Officer and their office of behalf of Welsh Government. These services include corporate governance, workforce and organisational development, financial management support, procurement, information technology and Welsh language services. In June 2021, HEIW established a project team to oversee the set-up of the Office of the Chief Digital Officer, this includes recruiting a Chief Digital Officer and about 30 staff. A programme project board has also been set up with Welsh Government. To ensure independent members feel informed about this development, the Board received an update at its July 2021 meeting and members have also received separate informal briefings. Until the hosting arrangement goes live, it is difficult to say what impact it will have on HEIW's resources. This is something HEIW will need to keep under review.

Planning for recovery[3]

20 We found that **the Annual Plan received appropriate Board approvals and reflected Welsh Government feedback. The organisation continues to balance supporting NHS-wide recovery whilst delivering education and training.**

21 The Board discussed the draft 2021-22 Annual Plan at its March 2021 meeting and approved it for submission to Welsh Government for feedback. Welsh Government's feedback on the draft was largely positive. It noted that the plan was ambitious, there was a strong focus on reducing inequalities and there was alignment between strategic objectives and the workforce strategy. Welsh Government also highlighted some areas that could be strengthened, such as reflecting HEIW's ongoing national role in workforce recovery and planning and engagement with stakeholders to ensure alignment with, and across, the health system. The final Annual Plan, including additions to address Welsh Government

[2] A new entity within NHS Wales, with a 'whole system' remit to support digital transformation across health and care in Wales.

[3] NHS bodies are required to submit a three-year Integrated Medium-Term Plan (IMTP) to the Welsh Government on an annual basis. The IMTP process for 2020-23 was paused by the Welsh Government in March 2020, to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021. Our 2021 structured assessment phase one report considered HEIW's operational planning arrangements.

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feedback was approved by the Board in June 2021 and submitted to Welsh Government within the required timeframe. As with HEIW's 2020-21 quarterly plans, the Annual Plan set out the organisation's aims for supporting wider NHS Wales COVID-19 recovery along-side ensuring the delivery of training and education.

22 Our phase one Structured Assessment found that HEIW has effective arrangements to oversee delivery of its operational plans, which reflected its recently approved Performance Framework. The Performance Framework outlines a quarterly cycle of Board reporting. As expected, in September 2021, the Board received the quarter one integrated performance report which includes an update on progress against milestones outlined in the Annual Plan. As at quarter one, HEIW had made good progress against most of the 59 milestones; 33 were complete or on track (green), 23 were off track but recoverable within the quarter (amber) and 3 were off track and not recoverable within the quarter (red).

Systems of assurance

23 We found that **HEIW has good arrangements to manage risk and audit recommendations and is improving quality management processes to provide assurance on the quality of its training and education.**

Managing risk

24 We found that **HEIW has continued to improve its risk management arrangements and maintained oversight of strategic and operational risks**.

25 HEIW's Board Assurance Framework (BAF) documents the organisation's strategic risks and control mechanisms. It reflects the six strategic aims set out in its 2021-22 Annual Plan and 2020-23 integrated medium-term plan (IMTP). It identifies seven strategic risks which reflect the challenge posed by the on-going pandemic as well as non-COVID risks. The BAF is reviewed annually by the Board and Audit and Assurance Committee. The Board reviews and approves its risk appetite annually, the last time being in January 2021. No significant changes were made.

26 In 2019, we found that whilst HEIW had developed its BAF, it needed to better map assurance and controls to support the BAF. It is pleasing to see that in July 2021 the Audit and Assurance Committee received the BAF Strategic Risks Control Framework. The document clearly identifies and maps the controls and key sources of assurance against HEIW's strategic risks. At the Audit and Assurance Committee it was suggested that identified gaps in assurance should be considered by the committee whilst the gaps in assurance are closed. The document forms part of the BAF so will be reviewed regularly by the Audit and Assurance Committee.

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27 Last year we found that the Audit and Assurance Committee scrutinises the corporate risk register at its in-committee sessions. For transparency, we recommended that unless risks are of a sensitive nature, the corporate risk register

should be considered at the public Audit and Assurance Committee session, this is now a regular occurrence. We consider this recommendation closed. The corporate risk register is reviewed at each Audit and Assurance Committee and annually by the Board. The document has a clear format, detailing the risk reference, date added, risk appetite for each risk, mitigating actions, inherent and residual risk, RAG status and progress. Changes to risk scores are detailed in the cover paper. It is encouraging to note that in April 2021 internal audit issued a 'substantial assurance' report on its follow-up review of risk management, an improvement on its previous 'reasonable assurance' rating.

Quality and safety assurance

28 We found that **HEIW understands the importance of strong quality governance and is taking the necessary steps to enhance and improve systems and processes.**

29 Whilst HEIW does not deliver patient facing services, it recognises the importance of delivering good quality training for the safety of its students and NHS patients. Last year we found that HEIW maintained oversight of the quality and safety of its training throughout the pandemic. This year, HEIW is working to improve its quality assurance processes for training and education. It recognised processes for training in areas such as medicine are mature and well established, but less so for the training of other health professionals. As such HEIW is in the process of developing a quality framework which will span all professions. The advantage of this approach is that it will standardise quality management processes, ensure consistent terminology and allow information to be shared more effectively. This is a positive development, though early days. The Education Commissioning and Quality (ECQ) Committee received initial proposals in September 2021.

30 ECQ Committee continues to provide quality assurance to the Board. Last year we questioned whether quarterly meetings were adequate both for regular business and at times of crisis when quality and safety issues are critical. Since then, the ECQ Committee has established two sub-groups: the Internal Multi-Professional Education Group (IMPEG) and the External Education Group (EEG). To date the sub-groups have met twice each. Initial feedback suggests that the IMPEG is working well but the EEG might be more effective as a stakeholder review group. This proposal is due to be discussed by the Board in November 2021.

31 HEIW intended to produce an Annual Quality Statement (AQS) for 2020-21, but Welsh Government advised the organisation not to produce a separate statement. Instead, in 2020-21 the quality statement was incorporated in the Annual Governance Report. This is likely to be the case for 2021-22 as well.

32 In January 2021, the Board approved HEIW's complaints policy, which is tailored from the standard all-Wales complaints policy to reflect HEIW's role as an education and training provider. Welsh Government is keen for the all-Wales putting things right and duty of candour policies to apply to HEIW. Both are geared towards patient facing services, so any guidance will need to be adapted to bear

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relevance to HEIW's remit. HEIW is currently liaising with Welsh Government to understand its expectations.

Tracking progress against audit and review recommendations

33 We found that **HEIW continues to have robust arrangements for tracking the progress of audit recommendations.**

34 HEIW continues to have robust arrangements for tracking audit recommendations. The audit recommendations tracker is reviewed at each Audit and Assurance Committee and provides a progress update against internal and external audit recommendations. The tracker uses a RAG system to highlight which recommendations are overdue, not due yet and complete. The Committee agrees whether it is content that the action taken against green (complete) recommendations is sufficient so that they can be taken off the register. A cover sheet accompanying the tracker gives an overview position.

35 The organisation has one outstanding Structured Assessment recommendation from 2019. This relates to developing and reporting IT key performance indicators (KPIs) for scrutiny and challenge. Progress reported to the October 2021 Audit and Assurance Committee stated that monthly performance meetings are scheduled to review performance and develop KPIs. At the same meeting, it was confirmed that HEIW's Digital Strategy will be a deliverable for 2022-23, meaning our recommendation related to developing and approving a digital and IT strategy is complete.

Managing financial resources

36 Our work considered HEIW's financial performance, financial controls and arrangements for monitoring and reporting financial performance.

37 We found that **HEIW manages its financial resources well and has good arrangements to monitor and report its financial activity**.

Achieving key financial objectives

38 We found that **HEIW achieved its financial duty for 2020-21 and has a clear financial plan for 2021-22.**

39 HEIW met its first financial duty to ensure that it did not exceed the aggregate of funding allotted to it for the financial year. It achieved an underspend of £95,000 against its revenue resource limit of £234.8 million and an underspend of £21,000 against its capital resource limit of £105,000.

40 HEIW's first IMTP (2020-23) was deemed approvable by Welsh Government, but in Spring 2020 the IMTP process was paused because of the pandemic. A temporary quarterly planning arrangement was put in place for all NHS bodies for 2020-21, with their 2019-20 planning duty running on into 2020-21. HEIW was

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therefore not subject to a second financial duty for 2020-21 there being no extant administrative duty in place.

41 Like other health bodies, COVID-19 is having an impact on HEIW's expenditure and service delivery. At the end of month 5, the organisation reported a £311,545 underspend against its profiled budget. This is mainly due to lockdown restrictions reducing face to face training and the holding of some vacancies. However, HEIW is forecasting a break-even position at year-end 2021-22. HEIW is not required to deliver a cost improvement plan.

42 Encouragingly, HEIW's Annual Plan clearly sets out its financial approach and includes a five-year financial plan, running from 2021-22 to 2025-26. As required by Welsh Government, the Annual Plan is accompanied by the relevant minimum data sets.

Financial controls

43 We found that **HEIW continues to have strong and transparent systems of financial control to monitor financial activity and prevent and respond to fraud.**

44 HEIW has robust financial systems and controls, which have not changed significantly since last year. The organisation has reviewed and amended its standing orders (SO) and standing financial instructions (SFI) to reflect the model SO and SFIs issued by Welsh Government, both documents were approved by the Audit and Assurance Committee in July 2021. The Committee also reviewed and approved proposed changes to the delegated financial limits.

45 The organisation is transparent about counter-fraud and procurement compliance, with the Audit and Assurance Committee receiving updates at most meetings. In May 2021, the Board received the procurement compliance annual report, covering April 2020 to March 2021. The compliance report details what type of action was taken, for example single quotation actions, single tender action or contract extension, and the reason it was taken. The explanations provided are clear and provide enough detail to understand the rationale.

46 In January 2021, HEIW received a reasonable assurance internal audit report on financial systems. The review covered the asset register, cash management, general ledger, income and debtors and manual payments. The review made seven recommendations, with only one high priority relating to ensuring that HEIW keeps an inventory list for all its assets, and each has a named asset manager.

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11/24/2021 11:54:17

Monitoring and reporting

47 We found that **HEIW's financial monitoring and reporting continues to be clear and regular, but there is an opportunity to include analysis on cost benefits, outcomes, and impact of spend.**

48 The Board continues to receive timely monthly financial reports, either through Board meetings or circulated separately in months between Board meetings. The monthly financial report gives a clear overview of the latest financial position, covering the revenue financial position, commissioning funding, capital expenditure, balance sheet and performance against the public sector payment policy. A more detailed supporting report provides analysis of variation by directorate. In addition to the finance report, the Board receives a copy of the monthly monitoring report as submitted to Welsh Government, which aligns with the finance report. Independent members were very complementary about the financial information they receive but felt that reporting could be further matured by including analysis on cost benefits, outcomes, and impact of spend.

49 In June 2021, the Audit and Assurance Committee received the annual Audit of Accounts Report which found no significant issues.

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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Meeting Date	**25 November 2021**	**Agenda Item**	**4.4**
Report Title	**HEIW Strategic Equality Plan (SEP) One Year On**		
Report Author	Helen Thomas, Assistant Director of Leadership and Succession		
Report Sponsor	Julie Rogers, Deputy Chief Executive & Director of W&OD		
Presented by	Julie Rogers, Deputy Chief Executive & Director of W&OD		
Freedom of Information	Open		
Purpose of the Report	To provide a progress update on the implementation of HEIW's strategic equality plan.		
Key Issues	• Our first Strategic Equality Plan (SEP) was published in October 2020, setting out five strategic objectives for the period 2020-24, and 14 actions to be delivered in year 1 • All HEIW Directorates were supported to develop individual action plans, which have been embedded in work programmes and our annual plan 2021-22. • Whilst we have made positive progress with the implementation of the SEP, several factors including Covid-19 meant that it took us longer than anticipated to get governance and reporting in place. Directorate plans were not in place until summer this year. • The move of responsibility for the SEP and associated portfolio to the Leadership Team, as well as the creation of a new Head of OD and Inclusion, will help ensure that progress is recovered within the overall timeframe of the SEP. • Discussions will start in January on defining the year 2 deliverables		

Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
	✓			

Recommendations	The Board is asked to **note** the progress made after the first year of implementation of our strategic equality plan.

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11/24/2021 11:54:17

HEIW STRATEGIC EQUALITY PLAN (SEP) 1 YEAR ON

1. BACKGROUND & INTRODUCTION

On the 1 October 2020, HEIW published its first Strategic Equality Plan (SEP) containing five strategic objectives that the organisation would measure itself against over the next four years. During the period October to June 2021, teams across the organisation developed their directorate action plans, with implementation of year 1 actions programmed into our annual plan for 2021-22 (strategic objective 5.4).

Our Strategic Equality objectives and action plan 2020-24 created a roadmap to strengthen our approach in advancing equality, eliminating discrimination and fostering good relations between those who share a protected characteristic and those who do not. Our objectives were developed collaboratively in partnership with other public sector organisations and comprise:

- **Objective 1** Increase workforce diversity and inclusion
- **Objective 2** Addressing pay gaps
- **Objective 3** Engage with the community
- **Objective 4** Ensure equality is embedded into the way that we procure and commission services and goods
- **Objective 5** Ensure service delivery reflects individual need

These objectives informed the development of the HEIW SEP.

The Executive Team will be aware that the governance arrangements for the Equality, Diversity and Inclusion portfolio have been overhauled this past year following a review of the governance of all standing groups in HEIW. The new arrangements bring clarity to responsibilities and provide a means by which the Executive leads can be assured of progress against the range of EDI activity. One of the key functions of the new EDI Steering Group co-chaired by the Medical Director and the Deputy CEO and Workforce Director, with a small membership including individuals nominated as Directorate representatives, will be to oversee the delivery of the SEP. The Group will be supported by an EDI network with wide-ranging membership from across HEIW, including as observers our Board Chair and Board Champion for EDI.

2. IMPLEMENTATION PROGRESS

Following the publication of the HEIW strategic plan last year, significant effort was put into raising awareness of the plan, supporting the development of directorate action plans and ensuring that governance arrangements were fit for purpose. Key achievements since the SEP was published include:

- ✓ The HEIW Gender pay gap report published October 2021
- ✓ Investment secured and capacity to deliver strengthened with the appointment of a new Head of OD & Inclusion (will commence in post on 1st December 2021)
- ✓ Governance arrangements reviewed and changes: new overarching HEIW EDI steering group established, with the EDI network refocused to include open invites for all directorates and wider representation

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11/24/2021 11:54:17

- ✓ Updated TOR for the HEIW Inclusion Champions Network, which includes peer support and responsibility for developing the HEIW Inclusion Calendar of events
- ✓ HEIW Inclusion and equality impact assessment (EQI) pages established on SharePoint
- ✓ HEIW gained Level 2 status Disability Confident Employer 28th September 21
- ✓ Careersville launched October 21 to explore and promote different health careers
- ✓ The Compassionate Leadership Principles for health and social care in Wales launched, with a range of interactive resources, toolkits, webinars, podcasts and case studies
- ✓ EDI masterclasses provided to HEIW staff and included as part of the aspiring executive leadership programme 'Leading with Compassion'
- ✓ HEIW in partnership with the Arts Council of Wales and Y Lab (Cardiff University & Nesta) successfully completed the Harp Seed Black Voices project
- ✓ HEIW website tested for accessibility, enhancements undertaken, and accessibility statement updated to reflect this status. Training on development on creation of accessible resources has also been offered for staff authoring content.

Further detail can be found in Appendix 1. An overview of progress against strategic objective 5.4 is at appendix 2.

4. NEXT STEPS

The equality, diversity and inclusion portfolio has been incorporated into the Leadership & Succession Team. Monitoring, tracking and reporting against directorate strategic equality plans will be undertaken through the EDI steering group, tracked through the L&S programme plan and provided to the Planning Team quarterly in line with the IMTP strategic objective quarterly reporting cycle.

Discussions on year 2 deliverables will commence with individual Directorates in January.

5. GOVERNANCE AND RISK ISSUES

No governance implications to note.

6. FINANCIAL IMPLICATIONS

There are no financial implications to note.

7. RECOMMENDATIONS

The Board is asked to **note** the progress made after the first year of implementation of our strategic equality plan

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11/24/2021 11:54:17

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
Through our guiding principles and behaviours, we are committed to delivering improvements against our five key strategic equality objectives.
Financial Implications
N/A
Legal Implications (including equality and diversity assessment)
HEIW have a duty under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 to review its Equality Objectives every four years and publish a Strategic Equality Plan.
Staffing Implications
N/A
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
N/A

Report History	N/A
Appendices	Appendix 1 - HEIW Strategic Equality Plan Highlight Achievements Appendix 2 - Progress Against HEIW's Strategic Objective 5.4

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11/24/2021 11:54:17

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11/24/2021 11:54:17

APPENDIX 1 HEIW STRATEGIC EQUALITY PLAN HIGHLIGHT ACHIEVEMENTS

The following key achievements for Year 1 of our strategic action plan are highlighted below against each of the actions. The full HEIW Year 1 SEP Action Plan is provided in Appendix 1 and outlines the progress made by each of the HEIW Directorates against their specific actions.

1. **Promote a culture of inclusivity and compassion, reflective of our values and behaviours**

- ✓ An overarching HEIW EDI steering group has been established, and the EDI network refocused to include open invites for all directorates to attend with a change to the terms of reference to improve compliance with governance requirements and clearly identify executive accountabilities
- ✓ The Inclusion Champions network is established and will focus on the 'Inclusion Calendar' and activity to support
- ✓ The Compassionate Leadership Principles for Health and Social Care in Wales was launched and comprised a range of interactive resources, toolkits, webinars, podcasts and case studies

2. **Embed Compassionate Leadership Principles and Behaviours into everything we do**

- ✓ An 'introduction to compassionate leadership' programme was developed and attended by over a third of HEIW employees
- ✓ Compassionate leadership methodology and principles embedded into HEIW QI, leadership, clinical frameworks and undergraduate education
- ✓ HEIW supported the publication of 'Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care' by Professor Michael West

3. **Create opportunities to implement programmes of work that directly address Differential Attainment across our staff, students and trainees**

- ✓ Made in Wales' Framework established
- ✓ Development and launch of 'Careersville', an interactive digital resource to attract and develop our NHS Wales workforce

4. **Create clear and timely mechanisms for service users to share their experiences and positively influence change**

- ✓ 21 networks and communities of practice established on Gwella to engage, consult, review and share experiences
- ✓ Forums, consultations and pulse surveys undertaken to amplify voice and engagement

English,Catherine
11/24/2021 11:54:17

- ✓ Evaluation of workshops, webinars etc. undertaken to take action and improve based on service user feedback

5. **Take an intersectional approach to understanding equality, diversity and inclusivity impacts when planning our work and services**

- ✓ Equality Impact Assessment training and coaching provided
- ✓ Priority on the collection of Equality, Diversity and Inclusion data to improve services is being embedded throughout a range of systems, including Gwella

6. **Ensure our digital learning platforms, materials and communication methods are developed with equality, diversity and accessibility at the forefront of planning, delivery and governance**

- ✓ Accessibility standards being progressed for Gwella and part of tender for Y Ty Dysgu and Verto the new HEIW planning system
- ✓ Accessibility statements present on Gwella, which has been developed as a bilingual system to meet welsh language standards

7. **Build on the wellbeing opportunities for staff that supports their physical, emotional and digital wellbeing**

- ✓ Mental Health Workforce Plan developed and implemented
- ✓ Tailored support provided by PSU to enable progression in training that include coaching, programme support, webinars workshops and signposting for new trainees
- ✓ Development and signposting to a wide range of wellbeing resources
- ✓ Use of pulse surveys to inform policy and operating models such as home working

8. **Clear evidence and measure of direct input and impact on service users including patients, staff, (medical and non-medical) students, trainees and SAS doctors**

- ✓ Service user feedback used in annual quality contract meetings
- ✓ Service user feedback is being used as annual quality contract meetings PSU working closely with Wales charity displaced people in action (DPIA) and health boards to identify suitable for WARD members

9. **Develop mechanisms for delivering and deliver 1st whole organisation annual learning programme celebrating diversity and the opportunities challenges offers us to grow in our journey for full inclusion**

English,Catherine
11/24/2021 11:54:17

- ✓ Unconscious bias and cultural competence built into work-based learning qualifications

- ✓ Research undertaken into unconscious bias approaches to explore how to create lasting systematic change

10. **Develop, deliver and evaluate learning and development programmes which raise awareness of equality, inclusion, well-being and Welsh Language within our workforce and for our Board.**
    - ✓ A series of inclusion, diversity and inclusion interventions built into the aspiring executive master class series and executive development programme
    - ✓ A range of webinars are available on the Gwella Leadership Portal
    - ✓ Board Development session undertaken October 21 with interaction presentation and Q&A with Abu Bakr

11. **We will promote wider participation and access to education, training and careers for individuals from underrepresented groups to help break through the pay and progression barriers and address inequalities in the wider system**
    - ✓ Promotion of work-based learning, apprenticeships and the 'made in Wales' Framework
    - ✓ Target communications and engagement to ensure under representative individuals are reached
    - ✓ Development of 'access' programmes and career pathways

12. **Create opportunities for leadership and graduate schemes to be co-produced to foster confidence of inclusivity rather than tokenism**
    - ✓ Review undertaken of the Graduate Management recruitment process to learn lessons and inform processes going forward
    - ✓ Improved collection of dental trainee data
    - ✓ Establishment of a national talent management programme to develop a process that is transparent and inclusive to commence early 2022

13. **As an exemplar employer, review our local recruitment & selection processes, procedures and practices to attract individuals from diverse backgrounds, cultures and identities.**
    - ✓ EDI training built into all HEIW recruitment training
    - ✓ Audits undertaken by the People & OD to monitor compliance

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14. **Deliver on accreditation pledges: Stonewall; time to change; Disability Confident**

- ✓ HEIW gained Level 2 status Disability Confident Employer September 21
- ✓ Diversity champion Stonewall membership for HEIW was renewed September 21

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APPENDIX 2: PROGRESS AGAINST HEIW STRATEGIC OBJECTIVE 5.4

QTR 1

Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector	**77%**
Implement the directorate strategic equality action plans and measures.	**100%**
Launch our first Welsh Public Body Equality Partnership Strategic Equality Plan	**100%**
Develop Public Body Equality Partnership strategic equality action plans	**60%**
Review the equality, diversity and inclusion policies	**0%**
Review Equality Impact Assessments and internal processes to ensure they reflect the socio-economic duty	**100%**
Continue to deliver accreditation pledges Disability Confident, Stonewall Diversity Champion, Dying to Work, Anti-Violence Collaboration	**100%**

QTR 2

Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector	**100%**
HEIW achieves Disability Confident Employer (Level 2) status	**100%**
Review directorate strategic equality action plans	**100%**

QTR 3

Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector	**0%**
Commence new accreditations which provide in-depth scrutiny of equality, diversity and inclusion within organisations i.e. Great Places to Work; Workplace Inclusion Audit	**0%**
Commence year 2 directorate strategic equality action planning.	**0%**

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QTR 4

Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector		**0%**
	Revised Diversity, Equality and Inclusion Policy published.	**0%**
	Implement the directorate strategic equality action plans and measures.	**0%**
	Review Public Body Equality Partnership strategic equality action plans.	**0%**

TOTAL OVERALL PROGRESS FOR FINANCIAL YEAR 2021/22

Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector	
	44%

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Meeting Date	**25 November 2021**	**Agenda Item**	**4.5**
Report Title	**Annual Review of the Board Assurance Framework**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Company Secretary		
Presented by	Dafydd Bebb, Company Secretary		
Freedom of Information	Open		
Purpose of the Report	To seek Board approval for the Board Assurance Framework (BAF) – attached at appendix 1.		
Key Issues	The report highlights that : • the BAF has been operational since September 2019 and will continue to be developed; • the BAF has been amended to incorporate the Strategic Risks Control Framework, which was considered at the July meeting of the Audit and Assurance Committee.		

Specific Action Required *(please one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
				✓

Recommendations	The Board is asked to • **approve** the updated Board Assurance Framework which includes HEIW's Strategic Risks Control Framework - attached at Appendix 1.

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ANNUAL REVIEW OF THE BOARD ASSURANCE FRAMEWORK

1. INTRODUCTION

The purpose of this report is to provide the Board with an annual update in respect of the Board Assurance Framework (BAF) and to seek Board approval of the updated version of the same which includes HEIW's Strategic Risks Control Framework.

2. BACKGROUND

The BAF outlines how the Board identifies and understands the principal risks to achieving its strategic objectives and receive assurance that suitable controls are in place to manage these risks. The BAF also enables an assessment of the risk(s) to achieving the objectives based on the strength of controls and assurances in place.

HEIW's BAF has been operational since September 2019, when it was approved by the Board.

3. PROPOSAL

In January, the Board approved the organisation's Risk Appetite and Risk Tolerance and in July approved the Strategic Risk Control Framework. The Strategic Risk Control Framework identifies and maps the controls and key sources of assurance against HEIW's strategic risks. HEIW's Strategic Objectives are also incorporated within the BAF. The updated BAF, which incorporates the Strategic Risk Control Framework, is attached at Appendix 1.

The Corporate Risk Register is focused on the key objectives of HEIW and identifies the principal risks and key controls. Given this, the Corporate Risk Register (CRR) is the vehicle for providing regular assurance on the BAF. Over the past year, the CRR has been reviewed by the Executive Team and Senior Leadership Team once a month. The AAC has reviewed the CRR on a quarterly basis, while the Board has reviewed the register every six months.

HEIW's annual BAF schedule is as follows, and it is proposed that this approach is adopted over the next year:

Action	Executive Lead	Date
Population of the CRR – live document	Board Secretary	Ongoing
Review of BAF by the Board and Audit and Assurance Committee	Board Secretary	Once a year
Review of the Strategic Risk Control Framework	Board Secretary	Once a year
CRR included on the Board agenda for noting	Board Secretary	Every Open Board

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Review of the CRRr by the Board	Board Secretary	Twice a year
Review of the CRR by the Audit and Assurance Committee	Board Secretary	Quarterly

4. GOVERNANCE AND RISK ISSUES

It is essential that there is an effective and efficient framework in place to give sufficient, continuous and reliable organisational stewardship and the management of the major risks to organisational success and delivery of improved, cost-effective public services.

5. FINANCIAL IMPLICATIONS

No direct financial implications arising from this report. The BAF is a core element of HEIW's corporate governance structure.

6. RECOMMENDATION

The Board is asked to:

- **Approve** the updated Board Assurance Framework which includes HEIW's Strategic Risks Control Framework - attached at Appendix 1

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 financial implications.			
Legal Implications (including equality and diversity assessment)			

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Ensuring the Board has an effective and evolving BAF that supports the Board in delivering the current one year plan, is an essential component of the Board's Governance arrangements going forward.	
Staffing Implications	
There are no staffing implications.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
No impact identified.	
Report History	The BAF is reviewed by the Board on an annual basis.
Appendices	Appendix 1 – Updated Board Assurance Framework.

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BOARD ASSURANCE FRAMEWORK
2021-22

Introduction

All NHS organisations in Wales are required to demonstrate good governance and ensure they are operating robust systems and processes to support this. Boards need to be confident that the systems and processes are operating in a way that is effective and is driving the delivery of objectives by focusing on minimising risk. They need to prove that they have identified their objectives and managed the principal risks to achieving them. The Board Assurance Framework will allow the Board to satisfy this requirement.

It is the responsibility of the Board to:

- Determine and clearly articulate its objectives;
- Identify the principal risks that threaten the achievement of these objectives;
- Agree the key strategic and operational plans that will deliver those objectives and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance measurements;
- Ensure that plans are in place to take corrective action where they are not assured that objectives will be fully delivered; and
- Engage with and listen to staff.

These requirements form the basis of the Assurance Framework.

The Assurance Cycle

The Board will undertake an annual self-assessment of its performance through completing a self-assessment questionnaire and a Board maturity matrix. The process identifies areas where the Board requires additional focus and informs the development of the forward work programme for the Board Development Sessions.

The assurance system is designed to ensure that the Board can make an annual assessment. The outcome of this self-assessment is also a fundamental component of the Annual Governance Statement (AGS) which is published each year as part of the annual report and accounts.

Each of the steps on the assurance cycle can be explained as follows:

Priorities for action

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The first step in developing a Board Assurance Framework is for the Board to identify the organisation's aims and objectives against which the Board requires assurance. It is necessary for Boards to focus on those that are crucial to the achievement of its overall vision and ambitions.

The strategic aims of HEIW are:

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

These strategic aims are incorporated within HEIW's Plan 2021-22.

Risks

Risks which may stop the organisation from achieving its aims need to be identified and set out. Risks are defined as those that threaten the achievement of the organisation's priorities. It is essential that the Board identifies and oversees the main risks rather than reacting to the consequences of risk exposure. The identification of main risks should be repeated at all levels within the organisation. The Board should ensure it assesses risks as part of the decision-making process.

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The organisation has a Strategic Risks Control Framework, which identifies and maps the controls and key sources of assurance against HEIW's Strategic Risks. This is detailed in Appendix 1 below.

The organisation also has a Corporate Risk Register which details the top high level risks for the organisation on an operational basis.

Controls

Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board's strategic objectives. As part of the assurance process, the Board, through its Committees where appropriate, will need to assess whether current controls are adequate to provide assurance compared with the level of risk; controls must be proportionate to the risks identified.

There is not necessarily a 1:1 relationship between risks and controls. Often there may need to be multiple controls in place to mitigate against a particular risk. Some controls will also manage more than one risk. There is not always a neat framework for this, and even if controls are in place, consideration needs to be given as to how effective they are.

Examples of key controls are:

- Schemes of delegation
- Policies and procedures
- Performance data
- Financial Management information

Assurance

Assurance provides Board members with the evidence that HEIW is operating effectively, achieving desired outcomes, delivering on its strategic vision, meeting its strategic objectives through effective risk management in a manner which upholds the Citizen Centred Principles and is in accordance with all statutory requirements.

The organisation uses several methods to obtain assurance through internal and external sources.

Internal assurance methods include:

- the Performance Report;
- internal audit reports;
- counter-fraud reports;
- serious incident reports; and
- the Annual Governance Statement.

A key vehicle for receiving external assurance will be through the work undertaken by the Audit Wales, which will be used to inform the annual governance and accountability review. A fuller, more comprehensive list of areas where assurance will be obtained is included in Figure 1

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A further source for receiving external assurance is ensuring that external reports are reviewed to ensure that lessons are learnt and embedded within HEIW's policies and procedures.

Reporting

A framework is in place for reporting key information to the Board and Committees. There is a plan of business to be reported to the Board and Committees, and the Corporate Risk Register allows the Board to identify what risks need to be reported upon.

HEIW's Performance Report will provide the Board and Executive Team with a high-level summary of performance, particularly in relation to the organisation's priorities for action.

HEIW is also required to produce public disclosure statements as part of the assurance system. The Board Assurance system, as described in this paper, will culminate in the production of the Annual Governance Statement.

These public disclosure documents, together with the Financial Statements and Remuneration Report and other specific disclosures required by the Companies Act, would form the "Chapters" to the Annual Report.

Role of Board Committees

The Board may and, where directed by Welsh Ministers must appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions.

Audit and Assurance Committee

The Board's Audit and Assurance Committee advises and assures the Board and Accountable Officer on whether effective arrangements are in place to support them in their decision making and in discharging their accountabilities for securing the achievement of HEIW's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Education Commissioning and Quality Committee

The Board's Education Commissioning and Quality Committee advises and assures the Board in respect of the Commissioning of Education and the Quality of Education.

Remuneration and Terms of Service Committee

The Board's Remuneration and Terms of Service Committee is responsible for providing advice and assurance to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government. It also provides assurance to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

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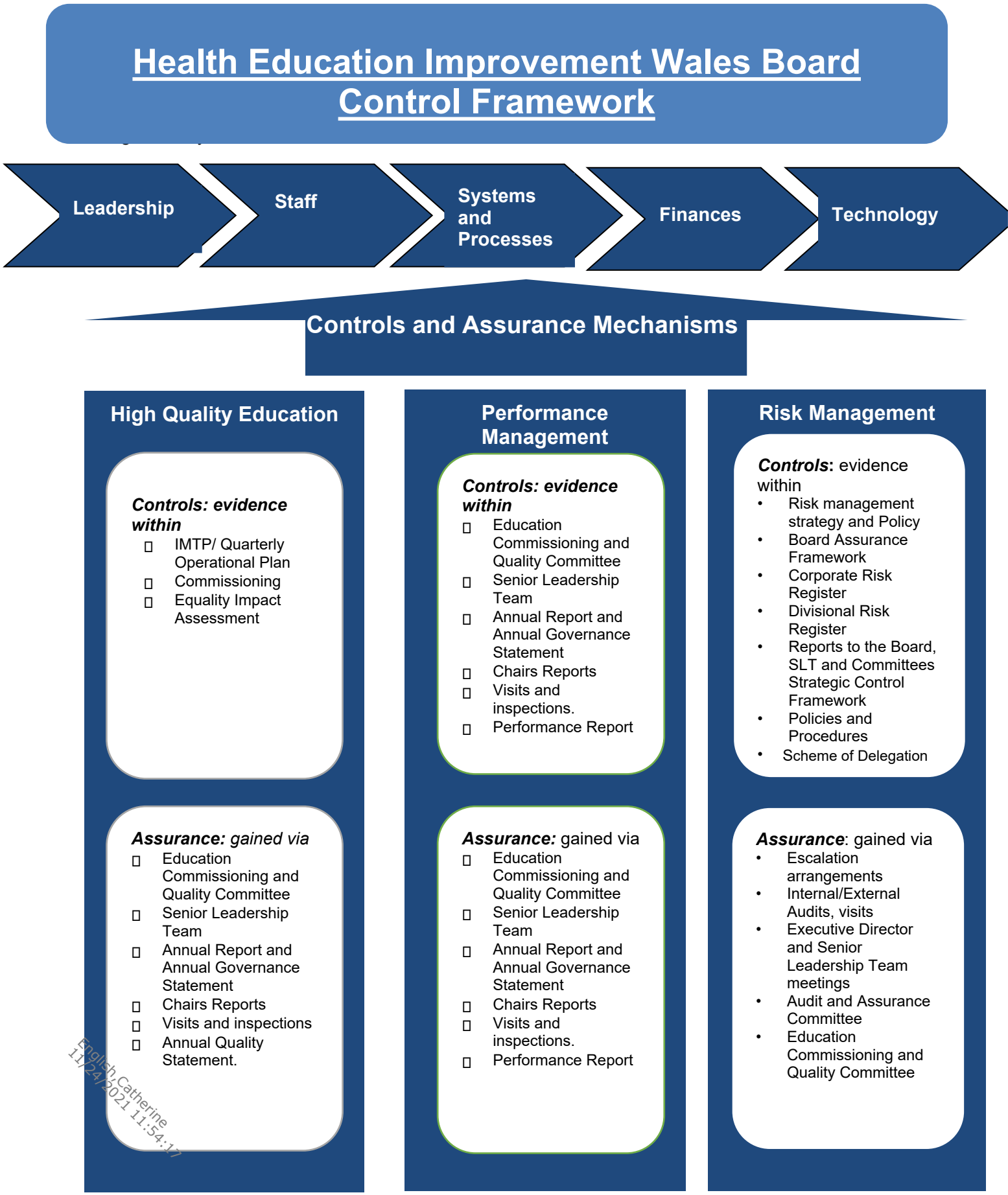
Figure 1 1: Methods of internal and external assurance



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Levels of Assurance

First Line Operational

- Organisational structures – evidence of delegation of responsibility through line Management arrangements
- Compliance with appraisal process
- Compliance with Policies and Procedures
- Incident reporting and thematic reviews
- Compliance with Risk Management processes and systems
- Performance Reports, Complaints and Trainee Experience Reports, Finance Reports

Second Line

Risk and Compliance Reports to Assurance and Oversight Committees

- Audit and Assurance Committee
- Education Commissioning and Quality Committee
- Remuneration Committee
- Health and Safety Groups etc

Findings and/or reports from inspections, Annual Reporting, Performance report through to Committees

Third Line Independent

- Internal Audit Plan
- Audit Wales
- External Audits (e.g. Annual Accounts and Annual Report)
- HIW Inspections
- Regulators
- Reviews and Reports by Royal Colleges
- External visits and accreditations
- Independent Reviews

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Appendix 2

HEIW Strategic Risks Control Framework 2021/22

Strategic Risk1

Strategic Risk 1: Workforce skills and expertise given the specialist nature of organisation. There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals.				
Executive Lead: Julie Rogers		**Assuring Committee:** Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure management of the appropriate risk.	**Form of Assurance -** these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	**Gaps in Control** - areas where controls mechanisms highlight issues of concern.	**Gaps in Assurance**- areas where scrutiny mechanisms do not provide adequate assurance.	**Agreed Action Plan** - Actions to correct shortcomings in control and assurance.
Each line manager needs to identify specific skills needed for the role when recruiting, replacing, or modifying. Ensure that training is in place where required. English Catherine 11/24/2021 11:54:17	HEIW is a relatively small organisation within NHS Wales, recruitment is monitored through NHS Wales Shared Services Partnership (NWSSP) returns and also by the People & Organisational Development Team. Issues are escalated to the Executive Team where appropriate; quarterly recruitment reports are also provided to the Executive Team. Regular monitoring and reporting of workforce Key Performance Indicators including sickness and turnover.	There is no systematic reporting of training other than in relation to statutory and mandatory targets. Wider training overview is to be added to quarterly reporting.	This is subject to a manager's knowledge and expertise.	The HEIW People & Organisational Development Strategy will include analysis of roles and the shape of workforce as well as actions around recruitment, retention, and succession planning, and workforce development.

Strategic Risk 2: Capacity to deliver a growing range of functions and responsibilities. The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.				
Executive Lead: Julie Rogers		**Assuring Committee:** Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure management of the appropriate risk.	**Form of Assurance -** these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	**Gaps in Control** - areas where controls mechanisms highlight issues of concern.	**Gaps in Assurance**- areas where scrutiny mechanisms do not provide adequate assurance.	**Agreed Action Plan** - Actions to correct shortcomings in control and assurance.
The Organisation's capacity review is undertaken alongside the development of the Annual Plan/Integrated Medium Term Plans. The corporate infrastructure is revisited when new projects or programmes are introduced/being considered. Ensuring that staff have access to appropriate training to meet the growing needs of the organisation.	The Executive Team receiving and considering the capacity review outcomes. Regular updates to the Senior Leadership Team and the Executive Team on rightsizing projects.	Training to be added to regular workforce reporting.	Challenge of influencing staff to embrace new technology and ways of working – and avoid a culture where the expectation is that the solution will always be additionality/more staff.	Rightsizing review and paper signed off by Executive Team. Group established and will deliver agreed actions. HEIW digital literacy will be a strand of the People & Organisational Development Strategy.

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Strategic Risk 3: Cultural change required to deliver an integrated, multi professional approach. There is a risk that HEIW could fail to develop a positive organisational culture which enables, encourages and develops staff engagement in embracing the multi professional approach. This could be caused by an over reliance on existing ways of working or a lack of time and attention focused on Organisational Development and a failure to embed Compassionate Leadership principles.				
Executive Lead: Alex Howells		**Assuring Committee:** Audit and Assurance Committee		
Key Controls – these are the mechanisms in place to ensure management of the appropriate risk.	**Form of Assurance -** these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	**Gaps in Control** - areas where controls mechanisms highlight issues of concern.	**Gaps in Assurance**- areas where scrutiny mechanisms do not provide adequate assurance.	**Agreed Action Plan** - Actions to correct shortcomings in control and assurance.
Establishment of cross cutting priorities as part of the Annual Plan that take multi professional rather than uni professional approaches in many areas e.g. leadership, simulation, primary care, mental health, clinical pathways group and require matrix working across professional areas and organisational boundaries.	Performance management reports on key objectives within the Annual Plan and across the range of activities under the remit of HEIW across all professions.	Some gaps in performance management resulting from some teams still not understanding requirement for them to report on their activities as part of HEIW.		Ongoing development of performance management framework across HEIW. Development programme for the Senior Leadership Team.
Mid and end of year review process with individual Directorates and teams.	Mid and end of year review meetings and notes.	Mid and end of year reviews identify that in some areas there has been less of a multi professional focus, and the pandemic has resulted in a reversion to the previous organisational silos.		Revise template used for mid-year reviews to focus more on this issue.
Implementation of the People and Organisational Development Strategy and roll out of Compassionate Leadership modules.	Internal audit reports and staff surveys.	People and Organisational Development Strategy not yet finalised.		Finalise People and Organisational Development Strategy.

Public Board 12/12/23 Paper 17

All staff meetings and conferences to bring whole workforce together across organisational boundaries to share developments and good practice	Staff surveys.	Questions on multi professional working could be strengthened.		Review questions for staff questionnaire.

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Strategic Risk 4: Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans. Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care.				
Executive Lead: Nicola Johnson		**Assuring Committee:** Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	**Form of Assurance -** these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	**Gaps in Control** - areas where controls mechanisms highlight issues of concern.	**Gaps in Assurance**- areas where scrutiny mechanisms do not provide adequate assurance.	**Agreed Action Plan** - Actions to correct shortcomings in control and assurance.
Communication and Engagement Strategy.	Through reports outlining steps taken to communicate and support system leadership.	Can't guarantee that stakeholders will engage with HEIW as system leader.	Need of a stakeholder survey to measure levels of engagement.	Stakeholder survey (*) to measure impact of HEIW as System Leader.
Annual Plan/ Integrated Medium Term Plan (IMTP).	The annual rolling process to develop the plan includes an annual engagement phase with key stakeholders across health, social care, government, regulators, trades unions and others. The aim is to maximise stakeholder engagement with the Annual Plan/IMTP through involving them in the process of developing the document.	As above.	oes the NHS Wales Planning Framework require NHS organisations to engage sufficiently with HEIW on workforce matters.	Ensure that the need to engage with HEIW is reiterated in the NHS Wales Planning Framework.
Executive membership of NHS Peer Network Groups, 'hosting' of Team Wales and membership of other national programme boards.	Active influencing through Team Wales and Peer Network Groups and membership of national programmes.	Need to measure the impact.	Need of a stakeholder survey to measure levels of engagement.	Stakeholder survey (*) to measure impact of HEIW as System Leader. *same Stakeholder survey as referenced for strategic risk 5.

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Strategic Risk 5: Effective engagement with our partners to ensure the delivery of shared objectives and aims. The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not engaging with partners effectively or a failure to achieve buy in from our partners.				
Executive Lead: Alex Howells		**Assuring Committee:** Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	**Form of Assurance-** these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	**Gaps in Control** - areas where controls mechanisms highlight issues of concern.	**Gaps in Assurance**- areas where scrutiny mechanisms do not provide adequate assurance.	**Agreed Action Plan** - Actions to correct shortcomings in control and assurance.
Communication and Engagement Strategy.	Through reports outlining progress on implementing the strategy and communication activities such as stakeholder bulletins. Internal audit report.	No issues highlighted in internal audit.	Lack of a Stakeholder survey.	Stakeholder survey to measure impact of HEIW as System Leader. Update on comms and engagement strategy implementation.

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Strategic Risk 6: Volatility of HEIW's financial position including the reliance on commissioning plans, student choices and associated budgets. This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID, leading to a reduction in our flexibility to respond to developments.				
Executive Lead: Eifion Williams		**Assuring Committee:** Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	**Form of Assurance-** these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	**Gaps in Control** - areas where controls mechanisms highlight issues of concern.	**Gaps in Assurance**- areas where scrutiny mechanisms do not provide adequate assurance.	**Agreed Action Plan** - Actions to correct shortcomings in control and assurance.
Through contracts and through ensuring that the estimation process in respect of finances is cautious and conservative and takes into account the particular difficulties in forecasting the number of self funders.	Ensure the contracts are executed and are in place. Approval of the Financial Plan and the underlying assumptions are understood. Regular reporting of monitoring provisions through the Financial Board Report.	It is not possible for HEIW to control actual recruitment figures as this is undertaken by the education providers. It is also for students to determine individually whether they wish to take up the bursary.	Timing of the information is skewed towards the second half of the year. This is because students primarily choose place in August. They then have three months to decide whether to choose to self-fund or fund through the bursary. Given this the information is not available until at least December.	Regular dialogue and meetings between HEIW and the Education Providers. Regular dialogue and meetings between Welsh Government and Welsh Government Finance.

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Strategic Risk 7

Strategic Risk 7: Workforce intelligence and Data. The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and under capacity within the workforce.				
Executive Lead: Julie Rogers		**Assuring Committee:** Audit and Assurance Committee		
Key Controls - these are the mechanisms in place to ensure the management of the appropriate risk.	**Form of Assurance -** these are the mechanisms to provide evidence that the organisation is operationally effective in relation to the specific risk.	**Gaps in Control** - areas where controls mechanisms highlight issues of concern.	**Gaps in Assurance** - areas where scrutiny mechanisms do not provide adequate assurance.	**Agreed Action Plan** - Actions to correct shortcomings in control and assurance.
Annual Plan objective. Ensure vision for new Centre of Excellence is articulated and shared. Ensure benefits are described. Through securing sign up from NHS partners.	Evidence of working in partnership with Health Boards and Trusts as well as NHS Wales Shared Services Partnership and other Special Health Authorities to take them with us. Regular updates on project development.	We do not have control over the data that we receive from Health Boards and Trusts via the Electronic Staff Survey (ESR).	Depends on the willingness of other NHS organisations to share their data as well as the views of the Data Controller.	Annual Plan includes work to develop the HEIW vision for Centre of Excellence on workforce intelligence and analytics. This will flush out some of the risks, issues and potential solutions, creating a new partnership agreement and delivering better access to data which will feed workforce intelligence.

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Meeting Date	**25 November 2021**	**Agenda Item**	**4.6**
Report Title	**Amendment to the HEIW Risk Management Policy**		
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 highlight proposed changes to HEIW's Risk Management Policy and to ask the Board to approve the amended policy.		
Key Issues	It is proposed, following consideration with the Acting Local Counter Fraud Manager, that the Risk Management Policy be amended so that fraud only be required to appear on a Directorate Risk Register when an actual risk is identified. (The current position is that fraud is a standard item on the Register). In addition, where fraud is identified, it be reported promptly to the local counter fraud service. The proposed amendment was considered and supported at the meeting of the Audit and Assurance Committee on 21 October. The amended draft policy is attached at Appendix 1.		
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
				✓
Recommendations	The Board is asked to: • **consider** the proposed amendments to the HEIW's Risk Management policy as detailed within the proposal paragraph below; and • **approve** the amended policy (Appendix 1).			

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AMENDMENT TO THE HEIW RISK MANAGEMENT POLICY

1. INTRODUCTION

This report sets out to highlight proposed changes to HEIW's Risk Management Policy (Appendix 1) and to seek approval for the same.

2. BACKGROUND

The Counter Fraud audit review recommended that risk assessments of fraud be integrated within the wider risk management framework. In response to this recommendation, the Risk Management Policy was amended to require that the risk of fraud be a standard item on Directorate Risk Registers.

In subsequent discussions with the Acting Counter Fraud Manager, it was agreed that fraud should only appear on a risk register when identified as a risk, and the Local Counter Fraud Service should be notified of any identified fraud risks.

The proposed amendment was considered and supported by the Audit and Assurance Committee at its meeting on 21 October.

3. PROPOSAL

The proposed amendments to HEIW's Risk Management policy to implement this recommendation is detailed below:

- The reference to the Corporate Risk Register in Section 2.6 'Fraud Risk' be removed from the Risk Policy.
- Section 2.6 be amended to confirm any identified fraud risk is to be reported to the Local Counter Fraud Service.

4. GOVERNANCE AND RISK ISSUES

The Risk Management Policy sets out the basis for HEIW to manage and mitigate risk together with focussing upon achieving its objectives

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider. Risk Management is a core requirement for HEIW.

6. RECOMMENDATION

The Board is asked to

- **consider** the proposed amendments to HEIW's Risk Management policy as outlined in the proposal paragraph; and
- **approve** the amended policy (Appendix 1).

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Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**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 national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓

Quality, Safety and Patient Experience	
Effective management of risk will support HEIW in the delivery of its objectives and will support NHS Wales in the delivery of Quality, Safety and Patient Experience.	
Financial Implications	
There are no financial implications associated with this report. Risk management is a core requirement for HEIW.	
Legal Implications (including equality and diversity assessment)	
None	
Staffing Implications	
None	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
None	
Report History	The amended Risk Management Policy was considered by the Audit and Assurance Committee on 21 October 2021.
Appendices	Appendix 1 – Risk Management Policy

English,Catherine
11/24/2021 11:54:17

RISK MANAGEMENT POLICY

Executive Sponsor & Function: Board Secretary

Document Author: Board Secretary

Approved by: HEIW Board

Approval Date: 30 July 2020

Scope:

1.2 This Risk Management Policy and any arrangements made under it applies to:

- all persons employed or engaged by Health Education and Improvement Wales (HEIW) including part time workers, temporary and agency workers and those holding honorary contracts.

- Visitors, contractors and volunteers.

Other NHS Health Boards and Trusts will have their own health and safety policies which will apply to HEIW staff working in NHS premises elsewhere across Wales.

Date of Equality Impact Assessment: [19/04/19]

Equality Impact Assessment Outcome:

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

English (Athena) 11/2/2021 12:54:17

Review Date: July 2021

Version: v2

CONTENTS **Page**

Policy Statement 3
Policy Commitment 3
Introduction 3

Section 1 - General
Scope 3
Aim 4
Objectives 4
Strategic Context 4
Roles and Responsibilities 4
Allocation of Responsibility for a Risk 6
Training 6

Section 2 – Categories of Risk
Strategic Risk 6
Corporate Risk 6
Health and Safety Risk 7
Information Risk 7
Service or Business Continuity Risk 7
Fraud Risk 7

Section 3 – Management of Risk
Introduction 8
Risk Architecture 8
Risk Appetite 9
Identification and Capturing of Risks 9
Risk Registers 9
Ongoing Risk Management 9
Escalation 9
Removal 10

Annex 1: Risk Assessment and Scoring 11
Annex 2: Template for the HEIW Risk Register 13

English Catherine 11/24/2021 11:54:17

Policy Statement

Health Education Improvement Wales (HEIW) recognises that no organisation can operate in a risk free environment. Risk however is not something to be feared, rather if it is understood and managed properly it can benefit the organisation, its staff and key stakeholders. The purpose of this Policy is to lay the foundations for an effective risk management system.

HEIW will manage risks at all levels. Strategic risks will be identified by the Board and managed by the Executive Team, whereas operational risks will be identified and managed at the most appropriate level. The organisation will maintain a risk management system which will enable and empower staff to identify, assess, manage and where appropriate exploit risks to the benefit of HEIW.

Policy Commitment

HEIW is committed to the effective management of risk throughout the organisation, and will develop and maintain the appropriate systems to allow such management. The organisation will lay out clearly the roles and responsibilities of all staff when it comes to the management of risk. All staff are required to understand their role and responsibilities and to comply with the requirements of both this policy and all relevant processes.

All staff will be expected to use the appropriate corporate systems for risk management. At the time of developing this policy HEIW's risks are managed through the use of risk registers (for operational risk) and the Board Assurance Framework for strategic risks. Health and safety risks are however, managed through Datix.

All Senior staff and managers are required to attend mandatory training in Corporate Risk Management.

Introduction

This policy introduces the HEIW position and expectations in relation to risk management. The document outlines the roles and responsibilities of staff and how they will be trained, and describes the way HEIW categorises risk and the risk architecture of the organisation.

Section 1 – General

1.1 Scope

This is a Policy which is intended to cover the identification, assessment and management of risk in all forms. The policy and associated procedures relating to risk and will apply to all staff, contractors and visitors.[1]

English,Catherine
11/24/2021 11:01:12

[1] In the interests of brevity, the term 'staff' is used throughout this document to refer to staff, contractors, agency staff, trainees, volunteers, and secondees and visitors.

1.2 Aim

The aim of this document is to outline the high level arrangements within which HEIW will achieve a holistic and effective approach to risk management.

1.3 Objectives

This policy will:

- Detail the specific roles and responsibilities for those staff who are charged with the management of risk;
- List the specific policies which HEIW will publish to ensure that all staff understand what is required of them;
- Outline the training requirements for staff;
- Explain the arrangements for complying with all relevant legislation.

1.4 Strategic Context

HEIW is required annually to produce an Interim Medium Term Plan (IMTP), which details what the organisation plans to do over the coming years. The plan sets out the organisational priorities and sets strategic objectives. In order to deliver these objectives, it is necessary to understand the environment in which we operate, and to have clear visibility on what might get in the way of our delivering them. This is why an effective Risk Management System is necessary.

Risk Management starts at the top of the organisation, with the Board setting our direction and our risk appetite, and then permeates down through every level.

1.5 Roles and Responsibilities

1.5.1 HEIW Board

The role of the Board is to govern HEIW effectively. For the Board to discharge its responsibilities, it needs to receive assurances that the organisation is effectively managing its risks to ensure delivery of its mission and objectives. One of the principle assurance tools for the Board is the Board Assurance Framework (BAF).
The Board will receive the BAF once per year for the purpose of scrutiny and challenge. Through the scheme of delegation, the Audit and Assurance Committee meetings will also receive the BAF once per year.

The Corporate Risk Register is focussed on HEIW's key objectives and identifies the principal risk and key controls. Given this the Corporate Risk Register shall be the vehicle for providing regular assurance for the BAF. The Corporate Risk Register shall be reviewed by the Board twice a year and by the Audit and Assurance Committee on a quarterly basis.

English (Catherine)
11/2/2021 1:[illegible]

1.5.2 Chief Executive

The Chief Executive is the responsible officer for HEIW and is accountable for ensuring that HEIW can discharge its legal duty for all aspects of risk. As the accountable officer,

the Chief Executive has overall responsibility for maintaining a sound system of internal control, as described in the annual governance statement. Operationally, the Chief Executive has designated responsibility for implementation of this policy to the Board Secretary.

1.5.3 Board Secretary

Is responsible for:

- operational implementation of the risk management policy;
- as the Senior Information Risk Owner (SIRO), ultimate responsibility lies here for information risk management;
- development of policies and procedures relating to the above;
- development and ongoing review of the Board Assurance Framework;
- ensuring that the Board and its Committees receive the appropriate reports and assurance for consideration.

1.5.4 Executive Directors

Are responsible for:

- the management of risk both collectively as the Executive Team and at a Directorate level for the risks specifically relating to their directorate;
- assuming ownership of risks assigned to them in either the Board Assurance Framework or the Corporate Risk Register and reporting as required to the Executive Team and the Board and its committees on the management of that risk;
- appointing of enough resource for their Directorate to enable effective management of their risks;
- the individual Directorate Risk Register.

1.5.5 Deputy Chief Executive / Director of Workforce and Organisational Development

In addition to the Executive Director responsibility is also responsible for:

- Executive Team level management of risk in relation to both Health and Safety and Business Continuity.

1.5.6 Directorate Managers

Directorate Managers are responsible for:

- assuming ownership of risks which are assigned to them in the Directorate Risk Registers and reporting as required to their Executive Director on the management of that risk;
- supporting their Directorate risk owners in the management of risk;
- ensuring that new risks are assigned an owner, correctly articulated and assessed by their owner.

English Catherine
11/24/2021 11:54:17

1.5.7 All staff

All HEIW staff are responsible for identifying and reporting anything which they believe could present a risk to our business functions or people.

1.6 Allocation of Responsibility for a Risk

Executive Directors shall take responsibility for managing risks within their Directorates. Where a risk arises from a project, programme or matter undertaken on a cross-Directorate basis the risk will be allocated to the Executive Lead as detailed within the IMTP.

1.7 Training

Level 1 – Staff Required to Report Risks

Whilst there are many different training requirements for specific aspects of risk management (e.g. Health and Safety, Fire, Information Governance), there is no mandatory training requirement for Risk Management in the broader context. All staff who need to report a risk are signposted to a short self-directed study package which will cover the basics of identifying, articulating and reporting risks.

Level 2 – Risk Owners

Face to face training will be delivered to Risk Owners and is aimed at Executive Directors, other members of the senior leadership team and managers who need to understand the implications of risk ownership, risk appetite, risk decision making and the escalation of risk.

Level 3 – SIRO and other specialist roles

This will be bespoke training required for those charged with managing the Risk Management System.

Section 2 – Categories of Risk

2.1 Strategic Risk

These are the highest level risks that could threaten the organisation's ability to deliver on the strategic priorities, as laid out in the Integrated Medium Term Plan (IMTP). Strategic Risks are identified at Board level during the annual development of the IMTP. All strategic objectives are assigned an Executive Lead within the IMTP. This person will review their strategic risks and associated action plans on a regular basis and provide updates to both the Executive Team and the Board.

English, Catherine
11/24/2021 14:54:17

2.2 Corporate Risk

Corporate Risk in all its forms is subject of this policy.

The term Corporate Risk is used in HEIW to encompass all of the operational risks that pose a direct risk to the day to day business of the organisation, or could lead to Directorates failing to meet their objectives. This can include:

- Operational Risk
- Project / Programme Risk
- Educational Risk
- Financial Risk
- Public Relations Risk

All these risks will be captured and managed through risk registers and a system of policies and procedures.

2.3 Health and Safety Risk

Health and Safety Risk is subject to a specific policy.

Health and Safety is a complex area of legislation one requirement of which is for the organisation to have a Health and Safety Policy. Senior management of Health and Safety Risk is the responsibility of the Director of Workforce and Organisational Development.

2.4 Information Risk

Information Risk is subject to a specific policy.

Information Risk Management is an integral element of good Information Governance. It encompasses numerous disciplines, including use of IT systems, management of paper records, cyber security and physical security of our facilities. Information Risk Management is the responsibility of the SIRO.

2.5 Service or Business Continuity Risk

Business Continuity Risk is subject to a specific policy.

Business Continuity risks are those derived from those possible events which threaten the organisation's ability to deliver its key products and services.

Most Business Continuity risks will tend to be high impact / low likelihood events.

Business Continuity Risk Management is the responsibility of the Director of Workforce and Organisational Development.

2.6 Fraud Risk

~~To ensure enough focus is given to counter-fraud, and the steps taken to mitigate the risk of the same, it is a requirement that Fraud be a standard item on each Directorate Risk Register.~~

Emrist.atherton 12/2/2021 11:54:17

The Local Counter Fraud Service (LCFS) must be notified of any identified fraud risks promptly.

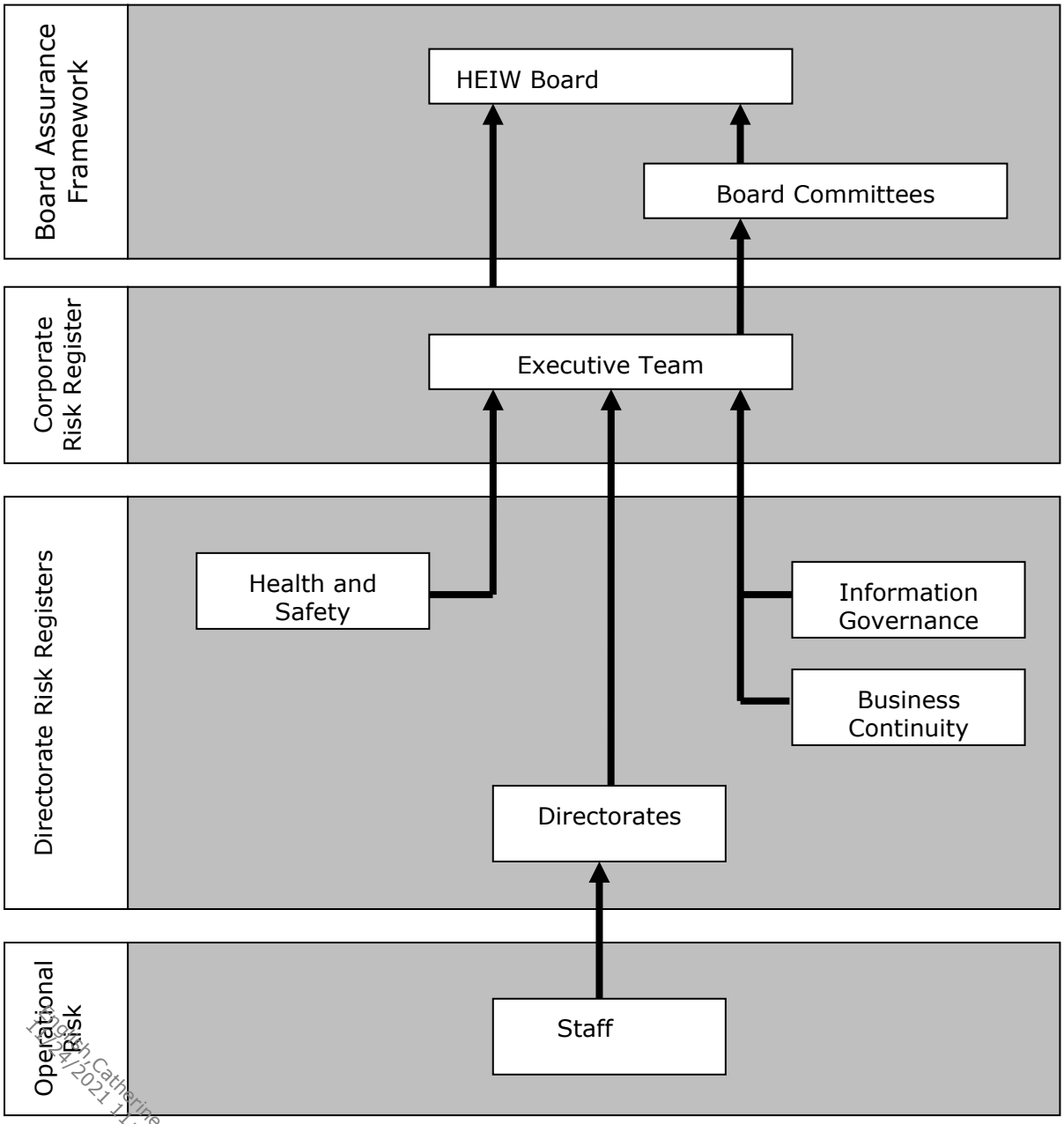
Section 3 – Management of Risk

Introduction

This section gives an overview of how risk is managed throughout HEIW.

3.1 Risk Architecture

The risk architecture is the structure within which an organisation manages risk. The risk architecture within HEIW is shown below.



Digitally signed by Catherine Whitehead 12/24/2021 11:54:17

3.2 Risk Appetite

HEIW's risk appetite is set on an annual basis by the Board, when the decisions are being made around the organisation's strategic priorities for the following year. The purpose of setting the risk appetite is to ensure that all staff throughout HEIW are aware of it and understand the amount of risk to which the organisation is prepared to be exposed whilst going about their day to day business. HEIW's Risk Appetite levels are detailed in Annex 1.

3.3 Identification and Capturing of Risks

All staff should be aware of the potential for risks to emerge which may affect the business and all staff should be prepared to identify and report risks as appropriate. When a possible risk is identified, staff should normally discuss it first with their line manager. This is to avoid duplication of effort, as sometimes risks are identified which are already being managed but have perhaps been articulated differently.

Once it is confirmed that a new risk has been identified, the details should be correctly identified and assessed.

The risk will then be transferred to one of a series of risk registers, depending on the seriousness of the risk. Generally, risk should be managed at the lowest level possible, proportionate to the level of exposure to which the risk.

3.4 Risk Registers

A Risk Register is simply a visual representation of the identified risks, together with an assessment of their severity, the risk management measures in place, the control environment and any further actions which are planned or required. The register is a snapshot of the risk information at the moment it is taken.

HEIW's risk registers will utilise the risk assessment, risk appetite and scoring method outlined in Annex 1. HEIW's template risk register is attached at Annex 2. All HEIW Directorate Risk Registers shall use the template attached at Annex 2. All HEIW programme and project risk register will use this template as the basis for their risk register.

3.5 Ongoing Risk Management

Once a risk has been properly identified, articulated and assessed it can then be managed.

3.6 Escalation

As previously stated, to be effective, risk needs to be managed at the lowest appropriate level. A risk that is deemed sufficiently material by its lead Director may be escalated onto the Directorate Risk Register. A risk will be escalated from the Directorate Register to the Corporate Risk Register when the Directorate either have concerns about their capacity or authority to manage the risk, or they do not have the resources (e.g. budget, staff etc) to manage it, risk requires c or it is deemed to represent a significant public relations risk.

English Catherine (HEIW) 12/2/2021 17:54:41

Not having capacity or authority to manage a risk should not be viewed as a lack of capability, but rather a recognition that a risk is either so severe that it needs to be managed

at a higher level, or possibly that it transcends more than one area of business or Directorate. It is anticipated, although this is not a binding requirement, that such a risk when being escalated onto the Corporate Risk Register will have a minimum risk score of 14.

In the event of a requirement to escalate a risk, from the Directorate Risk Register to the Corporate Risk Register, the matter will require the approval of the Executive Team.

3.7 Removal

The removal of a risk from the Corporate Risk Register shall require the approval of the Audit and Assurance Committee.

Risk should not be removed from the system until such time as the risk has been eliminated. Risks may reduce in their importance over time, and so may be de-escalated down to an appropriate level of management.

English Catherine
11/24/2021 11:54:17

Annex 1

Risk Assessment and Scoring

In order to effectively assess a risk, it is necessary to consider two factors: Likelihood and Impact.

HEIW utilises a common form of risk scoring referred to as a 5x5 risk matrix. Likelihood and Impact are assessed on a scale of 1 to 5, and then the two scores are multiplied together to arrive at the final risk score.

As scoring is a subjective process guidance is provided through the tables below.

Risk Scoring Matrix

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

LIKELIHOOD						
	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical

English Catherine
11/24/2021 11:54:17

Risk Appetite Levels

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

English,Catherine
11/24/2021 11:54:17

Annex 2 – Template for the HEIW Risk Register

[Risks should be scored on the basis of the Risk Scoring Matrix and Risk Appetite Levels contained within Annex 1]

Date Added	Ref (Risk Area)	Risk Description and [Executive/Manager] Owner	Inherent Risk			Risk Appetite	Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If…then… impact…	Impact	Probability	Overall Score	None Low Moder. High V.High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
1.		[If …….then ….. impact] **[Insert the name of the owner]**					[please populate this section in accordance with the above guidance]					

English,Catherine
11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**4.7**
Report Title	**Welsh Language Scheme**		
Report Author	Huw Owen, Welsh Language Services Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To confirm the endorsement of HEIW's Welsh Language Scheme 2021-23 by the Welsh Language Commissioner.		
Key Issues	The Welsh Language Scheme (WLS), approved by the Board in March, was endorsed by the Welsh Language Commissioner on 4 October. The WLS has subsequently been published on HEIW's website in accordance with the Welsh Language Act 1993. The WLS replaces our current Welsh language policy. Both the WLS and the Welsh language policy are based on the Welsh language standards.		

Specific Action Required ***(please one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	✓			

Recommendations	Members are asked to: • **Note** the report and the letter of endorsement from the Welsh Language Commissioner at Appendix 1 and HEIW's endorsed Welsh language Scheme at appendix 2.

English,Catherine
11/24/2021 11:54:17

WELSH LANGUAGE UPDATE

1. INTRODUCTION

The purpose of this report is to confirm the endorsement of HEIW's Welsh Language Scheme 2021-23 (WLS). by the Welsh Language Commissioner and that the document has been published on the HEIW website.

2. BACKGROUND

Towards the end of 2019, the Welsh Language Commissioner's Office advised us that the Welsh Government would not confirm the applicable Welsh Language Standards for HEIW in the foreseeable future. Given this, the Welsh Language Commissioner asked HEIW to prepare a Statutory Language Scheme – as prescribed under the original (1993) Welsh Language Act.

Following a public consultation process, the Board approved the submission of the draft WLS to the Welsh Language Commissioner for Endorsement at its March meeting.

3. PROPOSAL

The Welsh Language Commissioner formally endorsed HEIW's WLS on 4 October (Appendix 1). As directed by the Commissioner and in accordance with the requirements of the Welsh Language Act, the WLS has been published on HEIW's website.

The WLS will replace HEIW's existing Welsh Language Policy. Both documents are based on the Welsh Language Standards.

The Board has previously received updates in respect of progress made in respect of embedding the Welsh Language Policy. Going forward, the Board will now receive updates in respect of progress made in respect of the new Welsh language Scheme.

4. GOVERNANCE AND RISK ISSUES

Non-compliance with any of the WLS's obligations can result in (considerable) management time being taken up with answering an Investigation by the Welsh Language Commissioner and reputational damage.

Poor quality or non-translation of documents can directly lead to non-compliance also. Given the current position and the steps already taken in terms of implementing HEIW's Welsh Language policy, the risk is currently considered to be low.

5. FINANCIAL IMPLICATIONS

The new WLS replaces HEIW's Welsh Language Policy. As both documents are based on the Welsh Language Standards, it is not anticipated that the WLS will place an additional financial obligation on the organisation.

English Gwneme
11/24/2021 21:54:17

6. RECOMMENDATION

Members are asked to:

- **Note** the update and the letter of endorsement from the Welsh language commissioner at Appendix 1 and HEIW's endorsed Welsh language Scheme at appendix 2.

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			
The quality of our Welsh language services reflects on us as a body operative throughout Wales.			
Financial Implications			
The WLS is not anticipated to place an additional financial obligation upon HEIW.			
Legal Implications (including equality and diversity assessment)			
Ensuring that the organization has a robust WLS supports the workforce in delivering an effective bilingual service to those areas of Wales where doing so has better clinical and training outcomes, as well as helping attract more Welsh people into Health and Care roles. It also allows us to maximise the likelihood of remaining compliant with Welsh Language legislation.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Enacting our Welsh language scheme directly addresses two of the seven goals of the Well-being Act - Wales of cohesive communities and A Wales of vibrant culture and thriving Welsh Language.			
Report History	Our Welsh Language Scheme was approved by the Board at the March 25th, 2021 Open Board Meeting.		
Appendices	Appendix 1 - letter of endorsement from the Welsh language commissioner. Appendix 2 HEIW's endorsed Welsh language Scheme.		

English,Catherine
11/24/2021 11:54:17

Aled Roberts
Comisiynydd y Gymraeg
Welsh Language Commissioner

Comisiynydd y Gymraeg
Welsh Language Commissioner

Alex Howells
Chief Executive

By e-mail: Alex.Howells@wales.nhs.uk

05/10/2021

Dear Chief Executive

Heath Education and Improvement Wales' Welsh Language Scheme

I write to confirm that the Welsh Language Commissioner has approved your Welsh Language Scheme on **04/10/2021**. The scheme attached to this letter is therefore operational. Please note that the date of the action plan has been modified to coincide with the date of the scheme.

Please ensure that you publish this scheme on your website. I have included the date of approval and the Commissioner's logo on the scheme. I ask that you confirm whether you wish to design the document further, and if so, to send an electronic copy to us as soon as possible.

I wish to thank your officers for their work and co-operation during the process of agreeing on the scheme.

Yours sincerely,

Catrin Jenkins
On behalf of Welsh Language Commissioner

Copy: Huw Owen, Welsh Language Services Manager

English Comments
11/24/2021 12:54:16

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Correspondence welcomed in Welsh and English

welshlanguagecommissioner.wales

Comisiynydd y Gymraeg
Welsh Language Commissioner

English Catherine
11/24/2021 11:54:17

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

Health Education and Improvement Wales' Welsh Language Scheme 2021-2023

Prepared under the Welsh Language Act 1993

The scheme has received the approval of the Welsh Language Commissioner under section 14(1) of the Welsh Language Act 1993, on 04/10/2021

English Cathaye
11/24/2021 11:54:17

Comisiynydd y Gymraeg
Welsh Language Commissioner

CONTENTS

FOREWORD 4
INTRODUCTION 5
Our organisation 5
HEIW and the Welsh language 6
Our Welsh language provision 9
1. Written correspondence – including letters and e-mails 9
2. Telephone calls 10
3. Holding meetings that are not open to the general public 11
4. Public Meetings 12
5. Public events 13
6. Public lectures 13
7. Publicity and advertising material 13
8. Displaying material in public 13
9. Documents and forms 14
10. Our websites & online resources 14
11. Apps 14
12. Social media 15
13. Signage and notices 15
14. Reception services 15
15. Grants 15
16. Invitation to tender 16
17. Promoting Welsh language services 16
18. Corporate identity 17
19. Education courses 17
20. Submission of written work 17
21. Public address systems 18
22. Policy makers 18
23. Use of Welsh internally 19
24. Staff complaints and disciplinary procedures 20
25. Computer software 21
26. Intranet 21
27. Assessing staff Welsh Language skills 21
28. Staff training 21
29. Improving staff Welsh language skills 22
30. Recruitment and workforce planning 22
31. Workplace signage 23
32. Workplace recorded announcements 23

English Catherine 11/24/2021 11:55:17

33. Record keeping and administrative activities....24
34. Responsibilities within HEIW for Implementing the Scheme and Reparation Routes....24
35. Monitoring our Scheme....25
36. Reviewing and amending our Scheme....25
37. Services carried out on our behalf by third parties....25
38. Complaints in relation to our Welsh language scheme....25
APPENDIX....26
Appendix 1: HEIW Welsh Language Scheme 2021-2023 - Action Plan....26
1. Service planning and delivery....27
2. Provision of services to the public....28
3. Recruitment....30
4. Implementing, monitoring and reporting....31

English Catherine
11/24/2021 11:54:17

FOREWORD

Here is our Welsh Language Scheme. When reading this document, please bear in mind at all times that HEIW starts from the position that being able to offer services bilingually leads to better clinical outcomes. This is the driving force behind both our scheme, and in everything we do at HEIW to ensure that patients in Wales will be better able to receive care in their preferred language – English or Welsh.

The principle behind almost 30 years of Welsh language legislation in Wales is that the English and Welsh languages are treated on a basis of equality – this underpins our Welsh language scheme, but more importantly, the patients' experience within Wales, allowing them to feel most comfortable and respected when they are receiving healthcare, is what drives this scheme.

These are our aspirations – and we feel sure that by adopting the principles and actions laid out in this Scheme HEIW will help to improve the patient experience of the healthcare system in Wales.

Dr Chris Jones
Chair, HEIW

HEIW starts from a position that it wants to become a bilingual organisation.

We start from a strong place – in the first two years of operating, we feel that we have made significant strides towards this goal. Over 15% of our core staff have voluntarily been taking Welsh lessons in that time, thus improving our internal capacity to deliver services bilingually. The opportunityto learn through the medium of Welsh, and the importance of being aware of the clinical benefits of a bilingual service have been strong themes in the preparation of learning opportunities for the students and staff of the NHS in Wales; our new learning portal (named "Y Tŷ Dysgu"), builds upon these aspirations; all of our policies are "sense checked" for the impact they have on the Welsh language, and wherever practical, we try to strengthen the positive impacton the language as we introduce new policies; all of our websites and an increasing amount of our public facing communications happen bilingually – something that until now we have been under no obligation to do. A bilingual approach to our work is becoming the norm within the organisation.

We have done all of this, and more, because we believe strongly that a bilingual nation needs bilingual organizations to maximise its effectiveness and efficiency. A healthcare service is ultimately about a positive experience and a good outcome for the individual in receipt of that service. An increasing amount of individuals within the Welsh healthcare system will achieve better outcomes by receiving care through the language of their choice. This is the driving aspiration behind our scheme.

English Catherine
2021-12-20 21:54:17

Alex Howells,
Chief Executive, HEIW

INTRODUCTION

Our organisation

HEIW was established on 1 October 2018, as the eleventh member of the NHS Wales following the combination of three legacy organisations; Wales Deanery, Wales Centre for Professional Pharmacy Education (WCPPE) and Workforce and Education Development Service (WEDS).

We have a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, supporting high-quality care for the people of Wales.

Our key functions include:

- working closely with partners and key stakeholders, and planning ahead to ensure the health and care workforce meets the needs of the NHS and people of Wales, now and in the future;
- being a reputable source of information and intelligence on the Welsh health and care
- workforce;
- commissioning, designing, and delivering high-quality, value for money education and training,in line with standards;
- using education, training, and development to encourage and facilitate career progression;
- supporting education, training, and service regulation by playing a key role in representing Wales, and working closely with regulators;
- developing the healthcare leaders of today and the future;
- providing opportunities for the health and care workforce to develop new skills;
- promoting health and care careers in Wales, and Wales as a place to live;
- supporting the professional workforce and organisation development profession with Wales;
- continuously improving what we do and how we do it.

As an organisation, we are based at Tŷ Dysgu, Nantgarw, a leased building from Rhondda Cynon Taf Council, which provides the managerial and administrative hub for over 200 staff and a selection of meeting spaces to undertake business. We also lease a small office space in North Wales.

English Version
11/24

HEIW and the Welsh language

Main aims

HEIW wants to become a bilingual organisation, both in the way it conducts its internal business and in the way it interacts with its stakeholders. Already, after less than 2 years of existence, here are some of the things we are doing internally to this end:

- we produce all of our Open Board and Committee Cover papers in Welsh
- we encourage the use of Welsh in our public meetings by providing a simultaneous translation service
- we have invested in our simultaneous translation equipment, and are training more and more staff to use it. We have used this equipment to provide translation service in large public meetings of up to 400 attendees – but are also using it increasingly in smaller meetings, interviews and workshops of between two - eight people
- our Integrated Medium Term Plan (IMTP), which forms part of the Welsh Government's National Integrated Medium Term Plan, commits us to delivering on a number of objectives which are aimed to foster the Welsh language both internally and externally. We report monthly on progress against this plan, and are called to account against it by Welsh Government. Our current IMTP can be found here; https://heiw.nhs.wales/corporate/key-documents/
- in the first year of our existence, almost 40 members of staff enrolled in Welsh lessons at various levels. In our second year, this number increased.

In our externally facing activities, the following highlights are to be noted from our first two years of Operation:

- public presentations are bilingual in as much as is practical – slide headings, agendas for meetings, oral greetings at the least, and whole presentations where feasible, are presented bilingually; simultaneous translation is increasingly being offered at meetings we host all across Wales
- the Welsh language runs as a common thread throughout our draft Workforce Strategy for Health and Social Care – currently awaiting formal approval from Welsh Government
- the Welsh language is playing an increased role in the Commissioning Process for Healthcare Education – language awareness is being made compulsory for all students, and enhanced learning opportunities for all students will also become a formal part of their education in Wales
- we are forging an extremely constructive dialogue with the Coleg Cymraeg Cenedlaethol in the strategic development of the Welsh language in Higher Education learning activities throughout Wales
- during the Course of 2021/ 22 we will be piloting and developing a couple of highly innovative qualifications (with other Health Board partners) aimed both at recruiting Welsh speakers into the Health and Social Care workforce, and developing the existing language skills of those already working with us
- these qualifications will aid us in the recruitment of Welsh speakers into the workforce in Wales -a point reinforced by the recent creation and recruitment of a Welsh speaking Careers and Outreach Officer to HEIW who will concentrate specifically on the career opportunities within Health and Social Care which require varying amounts of Welsh language skills.

English Gateway
11/24/2021 1:54:17

These are just some of the initiatives already achieved and underway within HEIW which reinforce our stated aim of being a bilingual organisation.

Purpose of the Scheme

As a body committed to improving the provision of health education in Wales, we recognize the growing importance of the Welsh language in ensuring better clinical outcomes, and this is the main motivating factor behind our desire to optimize the quality and quantity of the Welsh language services we are able to offer.

HEIW has adopted the principle established in the Welsh Language Act 1993 that, in the conduct of public business in Wales, the Welsh and English languages should be treated on a basis of equality.

This statutory Welsh language scheme describes how we will give effect to this principle and sets out how we will provide our services to the public in Wales in Welsh.

The Scheme carries the full authority, support and approval of our Board and Executive.

Scope of the Scheme

Delivering services to the public

The Scheme mainly covers the activities and services that we provide to the public in Wales.

The term 'public' means individuals, legal persons and corporate bodies. It includes the public as a whole,or a section of the public, as well as individual members of the public[1].

The term includes voluntary organisations and charities as well as public bodies such as local authorities and local health boards. Directors and others representing limited companies are also within the meaning of the term 'public'.

Apart from those named above, it does not, however, include persons who are acting in a capacity which is representative of the Crown, Government or State. Consequently, persons who fulfil official functions of a public nature, even though they are legal persons, do not come within the meaning of the word 'public' when they are fulfilling those official functions.

Delivering services to persons

HEIW has also committed to provide a level of Welsh language service equivalent to the Welsh language standards imposed on similar public organisations in Wales. As such, our Scheme also extends to committing to provide some activities and services in Welsh to 'persons'.

The term 'person' has a broader meaning than the term 'public'. In this scheme, references to 'persons' include a body of persons corporate or unincorporate[2]. The term includes entities such as individuals, corporate bodies, associations, companies, partnerships, trusts and public authorities.

Policy-making

The scheme explains how we will consider the effects of our policy decisions on the Welsh language.

English,Catherine 11/24/2021 11:54:27

Internal operations

[1] In this scheme, an 'individual' means a member of the public

[2] The term "person" is interpreted in accordance with Schedule 1 of the Interpretation Act 1978 https://www.legislation.gov.uk/ukpga/1978/30/pdfs/ukpga_19780030_en.pdf

This Scheme also explains how we will consider and use the Welsh language internally and outlines the activities and services we provide to our staff in Welsh. It also explains how we will administer and monitor our Scheme.

Action plan

An action plan outlining how we will implement the commitments in our Scheme, and by when, can be found in Appendix 1.

Welsh Language Measure (Wales) Measure 2011

The Welsh Language (Wales) Measure 2011 establishes the principle that:

- in Wales, the Welsh language should be treated no less favourably than the English language, and
- that persons in Wales should be able to live their lives through the medium of the Welsh language if they choose to do so.

Welsh language Commissioner

The Measure transfers the functions of the Welsh Language Act 1993, which relate to Welsh language schemes to the Welsh Language Commissioner.

The Commissioner's principal aim is to promote and facilitate the use of the Welsh language. The Commissioner is responsible for regulating the implementation of our scheme in accordance with the Commissioner's Regulatory Framework.

Welsh language standards

The Measure makes provision for the specification of standards of conduct in relation to the Welsh language ('standards'). Over time, standards will replace the system of Welsh language schemes provided for by the Welsh Language Act 1993.

As yet, Welsh Ministers have not yet prescribed regulations in relation to the conduct of HEIW, which would enable us to comply with Welsh language standards. We will continue to pursue constructive dialogue with Welsh Ministers with a view to them enabling us to come under the standards regime in the near future.

Until such standards come into force for HEIW, we will continue to implement a Welsh language scheme and amend our existing scheme every three years in order to strengthen its provisions.

Official status of the Welsh language

The Measure also gives legal force to the official status of the Welsh language. This scheme is a statement of our recognition of this legal status.

Freedom to use the Welsh language

The Measure also establishes the legal freedom of individuals in Wales wishing to use the Welsh language to do so with another individual. HEIW commits to ensuring that it does not interfere with an individual's right (including staff) to use the Welsh language with someone else.

English Catherine
11/24/2021 11:54:17

Well-being of Future Generations Act (Wales)

One of the seven wellbeing goals in the Wellbeing of Future Generations Act (Wales) (2015) is; A Wales of vibrant culture and thriving Welsh language. Our aspirations in this plan mirror the aspirations of this important piece of legislation – our aim throughout this plan and in our everyday actions as a completely bilingual organization is to ensure that the Welsh language thrives.

Welsh Government Policies and Initiatives

Other Welsh Government initiatives, specifically “A Healthier Wales” and “More Than Just Words”,are also reflected and supported in this Scheme.

Our Welsh language provision

Standards of quality

Services provided in Welsh and English will be of equal quality and are provided within the same timescale.

Any form of contact with the public in Wales which is not specifically dealt with by this scheme will be undertaken in a manner which is consistent with the general principles of this Scheme.

1. Written correspondence – including letters and e-mails

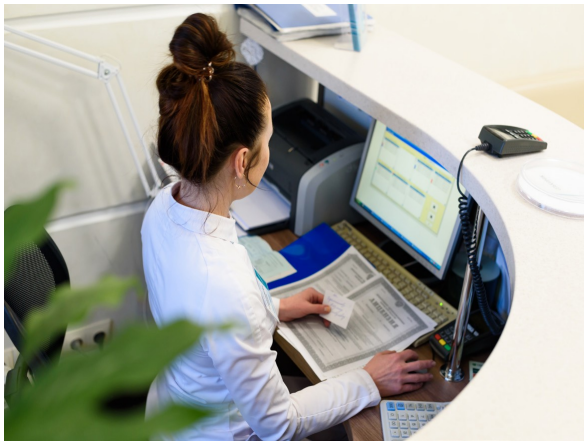
If we receive correspondence from a person in Welsh, we will reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.

When we initiate correspondence with a person, the correspondence will be bilingual (unless we are aware of their language choice). Any follow-up correspondence will be issued according to the person’s initial language choice.

When we send the same correspondence to several persons, including standard or circular correspondence, we will send a Welsh language version of the correspondence at the same time as we send any English language version.

If we don’t know whether a person wishes to receive correspondence from us in Welsh, when we correspond with that person, we will provide a Welsh language version of the correspondence.

If we produce a Welsh language version and a corresponding English language version of correspondence, we will not treat the Welshlanguage version less favourably than the English language version. For example, if the English version is signed, or if contact details are provided on the English version,then the Welsh version will be treated in thesame way. We will also ensure that we use Welsh language postal addresses when sending letters in Welsh.



We welcome correspondence in Welsh orEnglish, including supplementary materialsuch as forms, information leaflets and so forth. Our target time for replying to correspondence is the same in both Welshand English.

English Catherine
5/7/2021 11:54:17

We will state -

a. in correspondence, and
b. in publications and notices that invite persons to respond to us or to correspond with us, that we welcome receiving correspondence in Welsh, that we will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.

We will provide -

a. wording or a logo for our staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and
b. wording for our employees which will enable them to include a Welsh language version of their contact details in e-mail messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages.

2. Telephone calls

Telephone calls made to our main contact number and to any helplines or call centres

When a person contacts us on our main telephone number (or numbers), or on any helpline numbers or call centre numbers we will greet the person in Welsh. Our current practice is that our main public phone line is manned by a bilingual receptionist who answers with a bilingual greeting.

We will inform the person that a Welsh language service is available.

We will deal with the call in Welsh if that is the person's wish until such point as -

a. it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and
b. no Welsh speaking member of staff is available to provide a service on that specific subject matter.

When we advertise telephone numbers, helpline numbers or call centre services, we will not treat the Welsh language less favourably than the English language.

If we offer a Welsh language service on our main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service will be the same as for the corresponding English language service.

When we publish our main telephone number, or any helpline numbers or call centre service numbers, we will state (in Welsh) that we welcome calls in Welsh.

If we have performance indicators for dealing with telephone calls, we will ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.

Our main telephone call answering service (or services) will inform persons calling, in Welsh, that they can leave a message in Welsh.

When there is no Welsh language service available on our main telephone number (or numbers), or on any helpline numbers or call centre numbers, we will inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available. For example, if there is no Welsh speaker available who would be qualified to deal with the caller's specific enquiry, the caller will be given the choice of a Welsh speaker phoning back as soon as possible, continuing the call in English, or submitting a written query in Welsh.

English Cabinet 11/12/2024 11:34:12

Telephone calls made to departments and to members of our staff

If a person contacts one of our departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, we will deal with the call in Welsh until such point as -

a. it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and
b. no Welsh speaking member of staff is available to provide a service on that specific subject matter.

When a person contacts us on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), we will ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.

Telephone calls initiated by us

When we telephone an individual ("A") for the first time we will ask A whether A wishes to receive telephone calls from us in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh we will keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh.

Dealing with telephone calls using an automated system

Any automated telephone systems that we have will provide the complete automated service in Welsh.

3. Holding meetings that are not open to the general public

Meetings between us and one other invited person

If we invite one person only to a meeting -

a. we will ask the person whether he or she wishes to use the Welsh language at the meeting, and inform the person that we will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose, and
b. if the person has informed us that he or she wishes to use the Welsh language at the meeting, we will conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Meetings between us and more than one invited person

If we invite more than one person to a meeting, we will ask each person whether they wish to use the Welsh language at the meeting.

If at least 10% (but less than 100%) of the persons invited have informed us that they wish to use the Welsh language at the meeting, we will arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. If all of the persons invited have informed us that they wish to use the Welsh language at themeeting, we will conduct the meeting in Welsh or, if necessary, arrange for a simultaneous orconsecutive translation service from Welsh to English to be available at the meeting.

English,Catherine
11/24/2021 11:54:17

4. Public Meetings

If we arrange a meeting that is open to the public and at which public participation is allowed, we will state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh language at the meeting.

When we send invitations to a meeting that we arrange which is open to the public and at which public participation is allowed, we will send the invitations in Welsh.

If we invite persons to speak at a meeting that we arrange which is open to the public and at which public participation is allowed, we will -

a. ask each person invited to speak whether he or she wishes to use the Welsh language, and
b. if that person (or at least one of those persons) has informed us that he or she wishes to use the Welsh language at the meeting, provide a simultaneous or consecutive translation service from Welsh to English for that purpose (unless we conduct the meeting in Welsh without a translation service).

If we arrange a meeting that is open to the public and at which public participation is allowed, we will ensure that a simultaneous translation service from Welsh to English is available at the meeting, and we will orally inform those present in Welsh -

a. that they are welcome to use the Welsh language, and
b. that a simultaneous translation service is available.

English Oath time 11/24/2021 11:17:17

If we produce and display any written material at a meeting that we arrange which is open to the public, we will ensure that the material is displayed in Welsh, and we will not treat any Welsh language text less favourably than the English language text. This includes ensuring that we

provide agendas, papers and other information bilingually . We will also publish minutes or papers produced following these meetings bilingually.

5. Public events

If we organise a public event, or fund at least 50% of a public event, we will ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language (for example, in the way the event is advertised or publicised).

If we organise a public event, or fund at least 50% of a public event, we will ensure that the Welsh language is treated no less favourably than the English language at the event (for example, in relation to services offered to persons attending the event, in relation to signs we produce and display at the event and in relation to audio announcements made at the event).

6. Public lectures

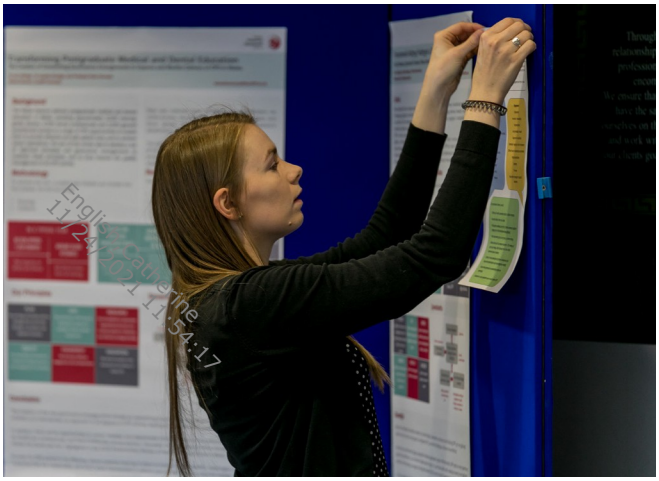
When public lecture are held, we will ensure that a simultaneous translation service from Welsh to English is available for the purpose of any questions asked by the audience duringor after the lecture where -

a. the subject matter of the public lecture suggests that such a service should be provided, or
b. the anticipated audience and their expectation suggests that such a service should be provided.

When we arrange a public lecture and we provide a simultaneous translation service, we will orally inform those present in Welsh that they are welcome to use the Welsh language.

7. Publicity and advertising material

Any publicity or advertising material that we produce must be produced in Welsh, and if we produce the material in Welsh and in English, we will not treat the Welsh language version lessfavourably than we treat the English language version.



8. Displaying material in public

Any material that we produce and display in publicwill be displayed in Welsh, and we will not treat any Welsh language version of the material less favourably than the English language version.

9. Documents and forms

Both our IMTP and our EqIA (Equalities Impact Assessment) processes ensure that any document and form we produce will be produced bilingually as default.

As a minimum, any document and form that we produce for public use will be produced in Welsh.

If we produce a document or a form bilingually we will -

a. not treat any Welsh language version less favourably than we treat the English language version (whether separate versions or not);
b. not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and
c. ensure that the English language version clearly states that the document or form is also available in Welsh

When we issue any statement to the press we will issue it in Welsh and, if there is a Welsh language version and an English language version of a statement, we will issue both versions at the same time.

10. Our websites & online resources

We will ensure that -

a. the text of each page of our website is available in Welsh,
b. every Welsh language page on our website is fully functional, and
c. the Welsh language is not treated less favourably than the English language on our website.

This includes ensuring that any future content or developments to HEIW's main website, and current microsites, should be implemented bilingually. It also means that any online service we provide for the public will be available bilingually.

If we have a Welsh language web page that corresponds to an English language web page, we will state clearly on the English language web page that the page is also available in Welsh, and we will provide a direct link to the Welsh page on the corresponding English page. Our main website, **https://heiw.nhs.wales/** has been developed bilingually with the ability to toggle directly between languages.

We will provide the interface and menus on every page of our website in Welsh.

When designing new websites, or developing our existing websites, we will take into account the Welsh Language Commissioner's guidance Technology, Websites and Software: Welsh Language Considerations and Welsh Government's Welsh Language Technology Action Plan.

11. Apps

All apps that we publish will function fully in Welsh, and the Welsh language will be treated no less favourably than the English language in relation to that app.

English Catherine
12/4/2021 11:54:17

12. Social media

When we use social media on our corporate and departmental accounts we will not treat the Welsh language less favourably than the English language.

If a person contacts us by social media in Welsh, we will reply in Welsh (if an answer is required).

13. Signage and notices

When we -

a. erect a new sign or renew a sign (including temporary signs); or
b. publish or display a notice; any text displayed on the sign or notice will be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or ona separate sign or notice);
c. and if the same text is displayed in Welsh and in English, we will not treat the Welsh language text less favourably than the English language text.

Although bilingual signs are the preferred option, separate Welsh and English signs will, if issued, be equal in terms of size, quality, legibility and prominence.

When we -

a. erect a new sign or renew a sign (including temporary signs); or
b. publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text will be positioned so that it is likely to be read first.

We will ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression. An approved translator will proofread all bilingual and separate Welsh version signage in order to ensure consistency in the standard of Welsh.

14. Reception services

Any reception service we make available in English at our reception will also be available in Welsh, and any person who requires a Welsh language reception service at our reception will not be treated less favourably than a person who requires an English language reception service.

We will ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that. Currently, our reception is manned by a bilingual receptionist, who wears a badge and lanyard to convey they are able to provide a Welsh language reception service.

We will display a sign in our reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.

15. Grants

Any documents that we publish which relate to applications for a grant will be published in Welsh, and we will not treat a Welsh language version of such documents less favourably than an English language version.

Digitally Catherine
11/24/2021 11:54:17

When we invite applications for a grant, we will -

a. state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English;and
b. not treat applications for a grant submitted in Welsh less favourably than applications submittedin English (including, amongst other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).

When we inform an applicant of our decision in relation to an application for a grant, we will do so in Welsh if the application was submitted in Welsh.

16. Invitation to tender

Any invitations to tender for a contract that we publish will be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and we will not treat a Welsh language version of any invitation less favourably than an English language version.

When we publish invitations to tender for a contract, we will -

a. state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and
b. not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders,and in relation to the timescale for informing tenderers of decisions).

When we inform a tenderer of our decision in relation to a tender, we will do so in Welsh if the tender was submitted in Welsh.

17. Promoting Welsh language services

HEIW will promote through website and staff emails any Welsh language services that we provide and will advertise those services in Welsh.

When a service that is provided in Welsh corresponds to a service provided in English, any publicity or document that is produced, or website that is published, which refers to the English service will also state that a corresponding service is available in Welsh.

The EqIA, as mentioned above, ensures that the dynamic is to prove that an opt out of bilingual services is required, not a justification to “opt in”.

We will -

a. make available to members of staff who are able to speak Welsh a badge for them to wear toconvey that; and
b. promote the wearing of the badge to members of staff.

English,Catherine
11/24/2021 11:54:17

18. Corporate identity

When we form, revise or present our corporate identity, we will not treat the Welsh language less favourably than the English language.

HEIW will adopt a fully bilingual corporate identity. This includes HEIW's name, its address, logo, visual identity, corporate slogan and any other standard information that is to be used on:

- letter headed paper, fax paper, compliment slips, e-mail signatures
- all promotional / advertising material (i.e. flyers, posters, leaflets etc.) in the public domain.

19. Education courses

If we offer an education course to one or more individuals, we will -

a. undertake an assessment of the need for that course to be offered in Welsh;
b. offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.

In addition, as our Education courses are replaced through the re-commissioning processes, we will work with third party delivery partners to maximise the opportunities to introduce more Welsh learning opportunities for students.

When we develop or revise a course (or any component of a course) we will consider -

a. what effects, if any (and whether positive or negative), that course would have on -
   i. opportunities for persons to use the Welsh language, and
   ii. treating the Welsh language no less favourably than the English language
b. how that course would have positive effects, or increased positive effects, on -
   i. opportunities for persons to use the Welsh language, and
   ii. treating the Welsh language no less favourably than the English language;
c. how that course would not have adverse effects, or so that it would have decreased adverse effects on -
   i. opportunities for persons to use the Welsh language, and
   ii. treating the Welsh language no less favourably than the English language.

20. Submission of written work

We will inform our students that any written work submitted to us as part of an assessment or examination may be submitted in Welsh, and that work submitted to us in Welsh will be treated no less favourably than written work submitted to us in English as part of that assessment or examination.

We will not treat any written work submitted to us in Welsh as part of an assessment or examination less favourably than written work submitted to us in English as part of that assessment or examination.

Students will be supported and encouraged to submit assignments in Welsh. When requested assignment briefs will be translated and students will be able to be assessed through the medium of Welsh. If the course team/school do not have the services of a Welsh speaking lecturer the HEIW will consider translating the assignment from Welsh to English.

Langdon Catherine
12/24/2021 11:54:17

21. Public address systems

When we announce a recorded message over a public address system, we will make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement will be made in Welsh first.

22. Policy makers

When we formulate a new policy, or review or revise an existing policy, we will:

- consider what effects, if any (whether positive or adverse), the policy decision would have on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.
- consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.
- consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.

When we publish a consultation document which relates to a policy decision, the document will:

- consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.
- consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.
- consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects, on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.

When we commission or undertake research that is intended to assist us to make a policy decision, we will -

- ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.
- ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.

English (Canada)
11/24/2021 11:54 AM

- ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on -
  a. opportunities for persons to use the Welsh language, and
  b. treating the Welsh language no less favourably than the English language.

Our current practice is to assess the potential effects of our policy decisions on the Welsh language as part of a combined impact assessment, where specific questions will be asked on opportunities to use the Welsh language and ensuring that it is treated no less favourably than English.

We will ensure that new primary and secondary legislation, policies and codes of practice support the use of Welsh and ask staff to consider the Welsh language from the outset/start of any process

All policies are developed through our public facing IMTP process, backed up by our EqIA's. Therefore, we offer complete transparency in the way that the Welsh language is considered, included and most importantly actively supported both in the development and delivery of policies. Our current IMTP can be found at **https://heiw.nhs.wales/corporate/key-documents/.**

23. Use of Welsh internally

We will develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and we will publish that policy on our intranet.

When we offer a new post to an individual, we will ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish we will provide the contract in Welsh.

Each employee will be asked whether they wish to receive any of the following in Welsh, and if that is the employee's wish, we will provide it in Welsh:

- correspondence that relates to their employment
- documents that outline any training needs or requirements
- documents that outline their performance objectives
- documents that outline or record their career plan
- forms that record and authorise annual leave
- forms that record and authorise absences from work
- forms that record and authorise flexible working hours.

All the following will be published in Welsh:

- policy relating to behaviour in the workplace
- policy relating to health and well-being at work
- policy relating to salaries or workplace benefits
- policy relating to performance management
- policy relating to absence from work
- policy relating to working conditions
- policy relating to work patterns.

English,Catherine
11/24/2021 11:54:17

24. Staff complaints and disciplinary procedures

Complaints

We will allow and state in any document that we have that sets out our procedures for making complaints that each member of staff may -

a. make a complaint to us in Welsh, and
b. respond to a complaint made about him or about her in Welsh;and we will also inform each member of staff of that right.

If we receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, we will -

a. offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and
b. if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting inWelsh or, if necessary, with the assistance of a simultaneous or consecutive translation servicefrom Welsh to English.

When we inform a member of staff ("A") of a decision we have reached in relation to a complaint made by A, or in relation to a complaint made about A, we will do so in Welsh if A -

a. made the complaint in Welsh,
b. responded in Welsh to a complaint about A,
c. asked for a meeting about the complaint to be conducted in Welsh, or
ch. asked to use the Welsh language at a meeting about the complaint.

Disciplinary meetings

We will -

a. allow and state in any document that we have which sets out our arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and
b. if we commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.

If we organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct we will -

a. offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and
b. if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.

When we inform a member of staff ("A") of a decision we have reached following a disciplinary procedure, we will do so in Welsh if A -

a. responded to allegations made against A in Welsh,
b. asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or
c. asked to use the Welsh language at a meeting regarding the disciplinary procedure.

English Athene 11/24/2021 11:54:17

25. Computer software

All staff computers are provided with computer software for checking spelling and grammar in Welsh, and Welsh language interfaces for software (where an interface exists) is provided.

26. Intranet

We will ensure that -

a. the text of each page of our intranet is available in Welsh,
b. every Welsh language page on our intranet is fully functional, and
c. the Welsh language is treated no less favourably than the English language on our intranet.

If we have a Welsh language page on our intranet that corresponds to an English language page, we will state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page.

We will designate and maintain a page (or pages) on our intranet which provides services and support material to promote the Welsh language and to assist our staff to use the Welsh language.

We will provide the interface and menus on our intranet pages in Welsh.

27. Assessing staff Welsh Language skills

Through ESR, and the recruitment process, the Welsh language skills of our employees are assessed.

28. Staff training

We will provide opportunities for training in Welsh in the following areas, if we provide such training in English -

a. recruitment and interviewing;
b. performance management;
c. complaints and disciplinary procedures;
ch. Induction;
d. dealing with the public; and
dd. health and safety.

We will provide opportunities for training in Welsh on using Welsh effectively in—

a. meetings;
b. interviews, and
c. complaints and disciplinary procedures.

We will provide training courses so that our employees can develop -

a. awareness of the Welsh language (including awareness of its history and its role in Welsh culture)
b. an understanding of the duty to operate in accordance with our Welsh language scheme; and
c. an understanding of how the Welsh language can be used in the workplace.

English Committee
11/24/2021 12:54:17

When we provide information to new employees (for example by means of an induction process), we will provide information for the purpose of raising their awareness of the Welsh language.

29. Improving staff Welsh language skills

We will provide opportunities during working hours -

a. for our employees to receive basic Welsh language lessons, and
b. for employees who manage others to receive training on using the Welsh language in their role as managers.

We will provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.

We will also provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.

Staff and members of the HEIW will be encouraged to learn Welsh and to improve their Welsh language ability (speaking and writing). We will support them in this, both financially and in allocating time. Courses have been arranged by the Welsh Language Services Team and will be offered at various levels.

All of our staff will have the opportunity to benefit from the following provisions

- Welsh language classes at various, appropriate levels.
- Welsh language online modules developed and delivered by Welsh Government's Work Welsh initiative
- other provision offered by Welsh Government's Work Welsh initiative, as time and resources
- allow
- internal Welsh learners chat/ interest group
- signposting to effective channels (such as Say Something in Welsh and Duolingo)
- inform staff about opportunities to socialise in Welsh outside of work.

30. Recruitment and workforce planning

When we assess the requirements for a new or vacant post, we will assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply –

a. Welsh language skills are essential;
b. Welsh language skills need to be learnt when appointed to the post;
c. Welsh language skills are desirable; or
ch Welsh language skills are not necessary.

If we have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt we will -

a. specify that when advertising the post, and
b. advertise the post in Welsh.

English Catherine 11:24/2021 11:51:17

When we advertise a post, we will state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.

If we publish -

a. application forms for posts;
b. material that explains our procedure for applying for posts;
c. information about our interview process, or about other assessment methods when applying for posts; or
ch. job descriptions; we will publish them in Welsh; and we will ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.

We will not treat an application for a post made in Welsh less favourably than we treat an application made in English (including, amongst other matters, in relation to the closing date we set for receiving applications and in relation to any timescale for informing applicants of decisions).

We will ensure that our application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, we will conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.

When we inform an applicant of our decision in relation to an application for a post, we will do so in Welsh if the application was made in Welsh.

31. Workplace signage

When we -

a. erect a new sign or renew a sign in our workplace (including temporary signs),or
b. publish or display a notice in our workplace;

any text displayed on the sign or notice will be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, we will not treat the Welsh language text less favourably than the English language text.

When we -

a. erect a new sign or renew a sign in our workplace (including temporary signs); or
b. publish or display a notice in our workplace;

which conveys the same information in Welsh and in English, the Welsh language text will be positioned so that it is likely to be read first.

We will ensure that the Welsh language text on signs and notices displayed in our workplace is accurate in terms of meaning and expression.

32. Workplace recorded announcements

When we make a recorded announcement in the workplace using audio equipment, that announcement will be made in Welsh, and if the announcement is made in Welsh and in English, the announcement will be made in Welsh first.

English,Catherine
11/24/2021 11:54:17

33. Record keeping and administrative activities

We will keep a record, in relation to each financial year, of the number of complaints we receive relating to the implementation of our Welsh language scheme.

We will keep a record (following assessments of our employees' Welsh language skills), of the number of employees who have Welsh language skills at the end of each financial year and, where we have that information, we will keep a record of the skill level of those employees.

We will keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised as posts where -

a. Welsh language skills are essential;
b. Welsh language skills need to be learnt when appointed to the post;
c. Welsh language skills are desirable; or
ch. Welsh language skills are not necessary.

We will ensure that our Welsh language scheme and action plan for implementing our Scheme is available in a prominent place on our website.

We will produce a report (an "annual report"), in Welsh, in relation to each financial year, which deals with the way in which we have implemented our Welsh language scheme commitments with which we were under a duty to comply with during that year.

The annual report will include the following information (where relevant) -

a. the number of complaints that we received during the year in question which related to the implementation of our Welsh language scheme;
b. the number of employees who have Welsh language skills at the end of the year in question
c. the number of new and vacant posts that we advertised during the year which were categorised as posts where -
    i. Welsh language skills were essential;
    ii. Welsh language skills needed to be learnt when appointed to the post;
    iii. Welsh language skills were desirable; or
    iv. Welsh language skills were not necessary.

We will publish the annual report no later than 6 months following the end of the financial year to which the report relates.

We will ensure that a current copy of our annual report is available on our website.

We will provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to our implementation of our Welsh language scheme.

34. Responsibilities within HEIW for Implementing the Scheme and Reparation Routes

Managers will be responsible for implementing those aspects of the Scheme relevant to their work.

We will appoint a senior member of staff to coordinate the work required to deliver, monitor and review this Scheme.

English Cabinet Item
11/24/2021 12:54:17

35. Monitoring our Scheme

The implementation and progress of our Scheme will be monitored annually.

The senior member of staff appointed to coordinate the work required to deliver, monitor and review this Scheme will report to senior management on that progress on an annual basis.

We will report to the Welsh Language Commissioner on an annual basis and as requested, outlining progress in delivering this Scheme and our action plan.

36. Reviewing and amending our Scheme

Our Scheme will be completely reviewed and re-published 3 years following its approval. Any changes to the scheme will be referred to the Welsh Language Commissioner for approval and put for formal adoption to the HEIW Board.

No changes will be made to this Scheme without the Welsh Language Commissioner's approval.

37. Services carried out on our behalf by third parties

Any arrangements or agreements we make with third parties will be consistent with the relevant parts of this Scheme where those agreements or arrangements relate to the provision of services to the public in Wales.

If a third party provides a service on our behalf, the service provided to the consumer in question will be of the same standard in terms of the Welsh language as any service provided directly by us. The third party's ability to adhere to this principle will be ensured before awarding a contract, whilst establishing the contract and when monitoring the contract.

38. Complaints in relation to our Welsh language scheme

We will -

a. ensure that we have a complaints procedure that deals with how we intend to deal with complaints relating to the implementation of our Welsh language scheme commitments, and
b. publish a document that records that procedure on our website.

In the first instance, any complaints regarding this scheme should be directed to; The Welsh Language Services Manager, Huw Owen (HEIW) Huw.owen5@wales.nhs.uk 0330 058 5005	Any subsequent complaints should be directed to; The Board Secretary, Dafydd Bebb Dafydd.bebb@wales.nhs.uk

If the complainant is not satisfied with how we have dealt with the complaint, complaints can be referred to the Welsh Language Commissioner's Office. Information on this procedure can be found on the Commissioner's website. We will cooperate with the Commissioner to resolve complaints – and during any investigations held under Section 17 of the Welsh Language Act 1993.

English Catherine
11/24/2021 11:54:17

APPENDIX

English Catherine
11/24/2021 11:54:17

Appendix 1: HEIW Welsh Language Scheme 2021-2023 - Action Plan

HEIW will be monitored by the Welsh Language Commissioner as regards compliance, in line with this Action Plan. This Action Plan outlines the main implementation details in relation to the commitments made in HEIW's Welsh Language Scheme – who will do what, and by when. It complements the Main Scheme.

Outcomes

Over the period of the Scheme, the outcome required is for the following work-streams to remain fully compliant with the Scheme.

i. Websites
ii. Social media content
iii. Publications/reports/consultations
iv. Contact with the media in Wales
v. Recruitment campaigns
vi. Correspondence
vii. HEIW publicity campaigns

The HEIW's Welsh language team will provide the following services to ensure compliance:

- written Translation service (Mainly English > Welsh, and sometimes Welsh > English)
- proofreading service for Welsh language text in publications, on promotional materials etc and text checking service for staff who wish to draft correspondence etc in Welsh
- simultaneous Translation service for meetings held in Wales (Welsh > English)
- Welsh language service to the media
- develop and maintain Terminology Database
- upload Welsh language content onto HEIW websites as and when necessary and maintain Welsh language content daily
- manage the HEIW's Welsh language social media content
- provide advice on the HEIW's Welsh Language Scheme
- maintain working relationship with Welsh Language Commissioner
- audit of all work undertaken on behalf of the HEIW by third parties

English,Catherine
11/24/2021 11:54:17

1. Service planning and delivery

Action	Delivery responsibility	Target date
a. Proactively publicise and raise awareness of the commitments set out in HEIW's Welsh Language Scheme 2021 by: • developing an internal communications plan for Welsh Language Scheme • planning and conducting face to face awareness raising campaign across HEIW • planning and conducting digital awareness raising campaign across HEIW • publish the Welsh Language Scheme on HEIW's external public facingwebsite, https://heiw.nhs.wales.	Welsh Language Services	Start within 1 month of Board Agreement - ongoing
b. HEIW policy officials and Communications Team to liaise with HEIW Welsh Language Services to ensure that the Welsh language is given due consideration when working on new resources and/or services (e.g. web content, correspondence to stakeholders, consultations).	All relevant HEIW Teams / HEIW Communications Team / HEIW Welsh Language Services	Within 1 month of Board Agreement
c. Actively promote the HEIW's Welsh language resources.	Welsh Language Services	Already started - ongoing
ch Monitor services provided by third parties on behalf of HEIW in relation to the Welsh language.	HEIW Policy Officials / Welsh Language Services	Already started - ongoing
d. Liaison with other public bodies to ensure that good practice is being shared.	Welsh Language Services	Already started - ongoing

English,Catherine
11/24/2021 11:54:17

2. Provision of services to the public

Action	Delivery responsibility	Target date
a. Correspondance		
i. Remind HEIW departments of the need to communicate with the public bilingually.	All relevant HEIW/ Welsh Language Services	Already started - ongoing
ii. Ensure Welsh and English correspondence are treated equally and published simultaneously.	All relevant HEIW/ Welsh Language Services	Already started - ongoing
iii. Provide templates/essential terminology on shared platforms for HEIW staff in Wales. Provide translation of auto-signatures/out of office replies etc.	Welsh Language Services	Already started - ongoing
b. Telephone communications		
i. Provide a full bilingual service on the main public telephone line. Divert calls as appropriate, according to language choice and nature of query.	Business Support Team	Already started – needs more refinement. Within 3 months of return to office.
ii. Ensure that staff answer their phones with a bilingual greeting (bore da/ prynhawn da) and are familiar with the procedure for offering a Welsh language service. Ensure voicemail messages are recorded bilingually (landline and mobile)	HEIW Staff/ Welsh Language Services	Already started - ongoing
c. Meetings		
i. Provide a simultaneous translation service at meetings open to the public	Welsh Language Services	Already started - ongoing

English,Catherine
11/24/2021 11:54:17

ch. Public events		
i. HEIW must not treat Welsh any less favourably than English in relation to publicity, signage, information, staffing and assistance they provide for persons at a public event arranged in Wales, whether verbally or in writing.	Communications Team whom are responsible for organising events / Welsh Language Services (to advise on and translate all relevant material and to oversee bilingual staffing)	Already started - ongoing
d. Publications		
i. Raise staff awareness on when to consider issuing bilingual or both Welsh and English language documents, publications and publicity material.	Welsh Language Services	Within 1 month of Board Agreement
dd. Digital services		
i. Ensure any new content on HEIW's main public website is flagged for translation to ensure an equal service in both languages by creating a flagging function within the Content Management System.	Welsh Language Services/ Digital Team	Functionality to be added to any new website developments
ii. Assess Welsh language requirements when developing and updating IT systems for services provided to the public in Wales.	Welsh Language Services/ Digital Team	Already started - ongoing
e. Social media		
i. Establish an agreed internal procedure for ensuring relevant social messaging is posted both in Welsh and English in Wales.	Communications Team / Welsh Language Services	Already started - ongoing
ii. When creating new social media channels, or developing existing channels, consider the requirements outlined in the Welsh Language Scheme to ensure an equal service in both Welsh and English.	Communications Team / Welsh Language Services	Already started - ongoing

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3. Recruitment

Action	Delivery responsibility	Target date
i. Monitor recruitment processes to ensure compliance with the requirements outlined in the Welsh Language Scheme.	Welsh Language Services/Relevant Team Leaders	Establish within 3 months of Board Agreement
ii. Develop a framework for assessing and determining the level of Welsh language skills necessary for posts in HEIW.	Welsh Language Services	Within 1 month of Board Agreement
iii. If Welsh is determined as 'Essential' to a post following consultation, advise on level required using said framework.	Welsh Language Services	Within 1 month of establishing 3. ii. above
iv. Ensure recruitment adverts/notices and application packs for posts are provided bilingually and all adverts/notices placed in the media appear in both Welsh and English.	Welsh Language Services/Recruiting Team Leader/HEIW HR	Within 1 month of establishing 3. iii. above

English,Catherine
11/24/2021 11:54:17

4. Implementing, monitoring and reporting

Action	Delivery responsibility	Target date
i. In line with our commitments in the Welsh Language Scheme, identify and facilitate appropriate Welsh Language Training as and when necessary.	Welsh Language Services/ Business Support Team	Already started - ongoing
ii. Provide Iaith Gwaith badges/lanyards and other associated materials to members of staff who wish to offer a Welsh language service.	Welsh Language Services	Already started - ongoing
iii. Where HEIW enters into arrangements with third parties/partnership working, monitor the arrangements concerning use of the Welsh language alongside other monitoring requirements.	Welsh Language Services	Already started - ongoing
iv. Monitor HEIW's progress in meeting the commitments made in the Scheme against the measurable outlined in this action plan. Record the demand for Welsh language services, including any demand for services that go beyond the commitments made in our Welsh Language Scheme.	Welsh Language Services	Every 3 months after Scheme adopted
v. Provide the Welsh Language Commissioner with a completed self-assessment report (Annual Monitoring Report) evaluating our progress in implementing the Scheme.	Welsh Language Manager	Annually, after Scheme adopted
vi. Publish HEIW's Annual Monitoring Report on HEIW's public facing website, heiw.nhs.wales	Welsh Language Services/ Digital Team	Annually, after Scheme adopted
vii. Review HEIW's Welsh Language Scheme within three years of it coming to effect and discuss any changes with Welsh language Commissioner.	Welsh Language Services	3 years after adoption of Scheme

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English,Catherine
11/24/2021 11:54:17

GIG CYMRU NHS WALES

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

Meeting Date	**25 November 2021**	**Agenda Item**	**4.8.1**
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 (AAC).		
Key Issues	This report focuses on the key issues raised at the AAC meeting held on 21 October 2021.		

Specific Action Required *(please ✓one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	

Recommendation	The Board is asked to: • **Note** the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance; • **Approve** the terms of reference of the Information Governance and Information Management Group (Appendix 2).

English,Catherine
11/24/2021 11:54:17

COMMITTEE CHAIRS KEY ISSUES REPORT – AUDIT AND ASSURANCE COMMITTEE HELD 21 OCTOBER 2021

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee (AAC). 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 AAC met on 21 October 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 of the AAC.

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

The Board is asked to:

- **Note** the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance;
- **Approve** the terms of reference of the Information Governance and Information Management Group (Appendix 2).

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	**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

English Catherine 11/24/2021 12:54:17

	support the delivery of '*A Healthier Wales*'		
	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 Chair's Summary Appendix 2 - Terms of Reference of the Information Governance and Information Management Group

English Catherine
11/24/2021 11:54:17

APPENDIX 1

Meeting Date	**25 November 2021**	**Agenda Item**	**4.7.1**
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	21 October 2021		

Summary of key matters considered by the Committee and any related decisions made:

The Committee considered the **Review of the Financial Control Procedures** (FCP's) and approved the revisions to 12 FCPs.

The Committee received and noted the **Internal Audit Progress Report**.

The Committee received the **Recruitment Internal Audit Report** noting that the overall assurance level was reasonable. There were six recommendations, of which four were medium priority, and two were high priority.

The Committee received and noted the **Audit Wales Progress Report**. Noting the progress of the 2021/22 local project work, the Committee considered rolling the 2021/22 work into 2022/23 and agreed a more detailed action plan was required.

The Committee received a report on the **HEIW Procurement Process Improvement Report.** It was highlighted that six actions on the Improvement Action Plan remain outstanding and that a revised timetable for completion had been agreed. It was noted that both teams continue to work in partnership, and a clearer method for effective communication between the teams had been identified. The Committee were pleased with the progress made to date.

The Committee received and noted the **Procurement Compliance Report** for the period 16 June to 23 September 2021. It was confirmed that there were two Single Tender Actions and two Contract Extensions awarded during the period. The Committee noted the Procurement Compliance Report for **assurance.**

The Committee received the **Counter Fraud Progress Report** and **noted** the progress made against the 2020/2021 Counter Fraud Plan. The Committee welcomed the due diligence work concerning agency staff and were pleased to note the counter fraud presentations were continuing

The Committee received a verbal update on the **Standing Finance Instructions** and noted Welsh Government planned to re-issue the appendix to the SFI's within the next few weeks.

English Comment
11/24/2021 12:54:17

The Committee reviewed the **Board Assurance Framework** and recommended it be considered for approval by the Board, subject to the comments made.

The Committee received and noted the **Information Governance and Information Management Key Issues Report** from the meeting held on 28 September**.** The Committee were pleased to note the progress reported.

The Committee received and noted the **Information Governance Toolkit Update Report**. It was highlighted that 37 of the 44 actions identified were completed, and the five amber actions were expected to be completed by the end of quarter 2. The Committee considered and noted progress against the two red actions. The Committee welcomed the progress made to date.

The Committee reviewed the **Declarations of Interest Register** and noted that all members of the Board and Senior Leadership Team, together with budget holders and staff members who may influence the procurement process, were asked to complete a Declaration of Interest (DOI) form. It was confirmed the register was complete, and all members were under a current declaration.

The Committee reviewed the **Gifts, Hospitality and Sponsorship Register** and noted there were no recorded offers of gifts, hospitality, or sponsorship for the period 1 October 2020 to 30 September 2021, likely due to the COVID-19 pandemic.

The Committee reviewed the **Risk Management Policy** and recommended the revised policy be approved by the Board.

The Committee reviewed the **Corporate Risk Register (CRR)** and noted that good progress continues to be made in implementing the Cyber-Security Implementation Plan. The Committee considered the addition of risk 22, Single Lead Employer, to the CRR. The Committee approved the removal of two green status risks.

The Committee considered the **Audit Recommendations Tracker** and approved the removal of 13 recommendations assessed as green from the tracker.

The Committee reviewed the **Terms of Reference for the Information Governance and Information Management Group (Appendix 2)** and recommended the Board approve them.

The Committee received the Joint Escalation and Intervention Arrangements and noted Welsh Government officials would be recommending to the Minister that the escalation status of HEIW would remain at 'routine arrangements'.

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

n/a

Recommendations for Board to consider:

The Committee recommended the Board approve the **Board Assurance Framework** (this is a separate agenda item on the November Board agenda).

English, Catherine
11/24/2021 11:54:17

The Committee recommended the Board approves the **Risk Management Policy** (this is a separate agenda item on the November Board agenda). The Committee recommended the Board approves the **Information Governance and Information Management Groups Terms of Reference** (Appendix 2)
Delegated action by the Committee:
n/a
Main sources of information received:
• Financial Control Procedures • Internal Audit Progress Report • Recruitment Internal Audit Report • Audit Wales Progress Report • HEIW Procurement Process Improvement Report and Action Plan • Procurement Compliance Report • Counter Fraud Progress Report and Newsletter • IGIMG Terms of Reference • Board Assurance Framework • IGIMG Key Issues Report • Information Governance Toolkit update Report • Declaration of Interest Register • Register of Gifts, Hospitality and Sponsorship • Risk Management Policy • Corporate Risk Register • Audit Recommendations Tracker • Joint Escalation and Intervention Arrangements – Letter from WG
Highlights from sub-groups reporting to this Committee:
n/a
Matters referred to other Committees:
None identified.

English Catherine
11/24/2021 11:54:17

Information Governance and Information Management Group (IGIMG)

Terms of Reference

1. Purpose

The Information Governance and Information Management Group (IGIMG) is accountable to the Audit and Assurance Committee as a subgroup. Its purpose is to support and drive the broader Information Governance agenda and provide the Audit & Assurance Committee with the assurance that effective Information Governance best practice mechanisms are in place within the organisation.

Information Governance is about ensuring that organisations collect, use and store information in lawful ways. This includes carrying out Data Protection Impact Assessments (DPIAs) where new processing occurs and implementing appropriate documentation where information is shared with other organisations. Information Governance works to ensure HEIW is compliant with relevant legislation such as the Data Protection Act 2018 by ensuring the organisation has relevant policies and procedures in place, including requirements such as the use of privacy notices and investigation of data breaches.

IGIMG papers and reports will be reviewed by the HEIW Executive Team prior to submission to the IGIMG.

2. Remit

Key responsibilities of the IGIMG:

- To provide assurance that an appropriate and comprehensive information governance framework and systems are in place and being developed throughout the organisation in line with national standards;
- To develop the Information Governance Strategy, policies and guidance material and monitor compliance;
- To support the monitoring of the organisations Information Governance work programme;
- To monitor compliance and effectiveness of Information Governance and Information Security training in the organisation taken by staff as necessary to support their role;
- To receive lessons learnt from Information Governance and Cyber incidents to ensure the risk of future incidents is mitigated;
- Reviewing and monitoring recommendations relating to Information Governance and Information Management aspects arising from internal and external audit reports.
- Receiving key performance reports including on mandatory IG training, National Intelligent Integrated Auditing Solution (NIIAS), IG incidents, Freedom of Information Act (FOIA) requests and Subject Access Requests (SARs)
- Receiving reports on the Information Asset Register progress to ensure that it is robust

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- Receiving reports on HEIW's information-sharing activities and make recommendations or take appropriate actions accordingly
- Ensuring Service Directorates' participation in the IG annual programme of work, including consultation and responsibility in the development and implementation of standards to achieve compliance.
- Providing oversight for the Cyber Security Programme, Strategy and Work Implementation Plan;
- Promoting a culture of cyber security awareness throughout HEIW;
- Reviewing the results arising from cyber security risk assessments and the status of risk treatment plans;
- Examining opportunities to continually improve the cyber security programme;
- Providing regular management reports regarding the status of cyber security to the Executive Team;
- Supporting the Senior Information Risk Officer.
- Providing a forum for the Data Protection Officer to monitor compliance with data protection legislation
- Providing briefing reports on IG issues to the Audit Committee
- Liaising with other HEIW committees and working groups in order to promote/address IG issues

3. Membership

Membership of the IGIMG will normally comprise of the following members; however other individuals with the relevant expertise may be asked to join the group.

Team/Role	Department
Board Secretary/SIRO	Executive
Director of Digital Development/ DPO	Digital
Head of Digital Strategy and Planning	Digital
Head of Digital Services	Digital
Digital IT Manager	Digital
Head of Cyber Security	Digital
Information Governance Manager	Digital
Representative from the Office of the Chief Digital Officer	Office of the Chief Digital Officer
Medical Director/Caldicott Guardian	Medical
Postgraduate Medical Dean	Medical
Pharmacy Dean	Pharmacy
Dental Dean	Dental
Representative from the RSU	RSU
Representative from Finance	Finance
Representative from Workforce and Organisational Development	Workforce and OD
At least one Representative from the Director of Nurse and Health Professional Education	Nurse and Health Professional Education

English Catherine 11/24/2021 11:54:17

Representative from the Director of Planning, Performance and Corporate Services	Planning, Performance and Corporate Services

4. Chair

The Senior Information Risk Officer will Chair the meeting. Secretariat services to be provided by the Digital team.

5. Quorum

5.1 The quorum necessary for the transaction of business shall be 4 members.

5.2 A duly convened meeting of the IGIMG at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Group

6. Frequency of meetings

6.1 The IGIMG will normally meet at on a quarterly basis (or more frequently as required) a month in advance of the Audit & Assurance Committee to fulfil its remit, reporting cycle and otherwise as required;

6.2 IGIMG members should attend all meetings. The Secretariat of the IGIMG shall maintain a register of attendance.

6.3 Task and finish groups will be established where necessary and will report back to the IGIMG.

7 Papers

The meeting agenda and supporting papers will be distributed at least five (5) working days in advance of the meetings to allow time for members' due consideration of issues. All papers will clearly state the agenda reference, the author and the purpose of the paper, together with the action to be taken.

8 Recording of Meetings

Action notes and a comprehensive action log will be kept of the proceedings and submitted for approval and progress updates at the next IGIMG meeting, prior to submission to the Audit & Assurance Committee. A key issue report providing a summary of the IGIMG meeting will be provided to the next available Audit & Assurance Committee meeting.

9. Other

In order to fulfil its remit, the IGIMG may obtain any professional advice it requires and invite, if necessary, external experts and relevant staff representatives to attend meetings.

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10. Notice of Meetings

Meetings of the IGIMG may be called by its Secretariat at the request of any Group member where agreed by the Group's Chair.

11. Reporting/Authority

11.1. The IGIMG will report to the Audit & Assurance Committee quarterly.
11.2. The IGIMG is authorised by the Audit & Assurance Committee to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the IGIMG.
11.3. The IGIMG is also authorised to implement any activity which is in line with the terms of reference, as part of the ongoing IG work programme, which shall be signed off by the Audit & Assurance Committee.
11.4. The Executive will receive reports on relevant matters requiring escalation.

12. Review

The Terms of Reference for the IGIMG will be reviewed annually.

DRAFT

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11/24/2021 11:54:17

Meeting Date	**25 November 2021**	**Agenda Item**	**4.9**
Report Title	**In-Committee Decisions**		
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 Meetings held on 30 September 2021 and 28 October 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 30 September 2021 and 28 October.		

Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	✓			

Recommendation	The Board is asked to: • **Note** the report for information. • **Ratify** the decision to award the Y Ty Dysgu contract to the winning provider (Think Learning) of the open tender process.

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DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 30 SEPTEMBER AND 28 OCTOBER 2021

1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meetings held on 30 September and 28 October 2021 and to ratify the decision to award the Y Ty Dysgu contract to the winning provider (Think Learning) of the open tender process.

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2. BACKGROUND

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

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

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

3. PROPOSAL

In Committee meeting held on 30 September

The following matters were discussed in the in-committee meeting of the HEIW Board on 30 September:

- **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.
- **Approval of Annual Pre-registration Nursing Education Contracts -** The Board delegated authority to the Chief Executive to approve the four annual Variation Orders for the Education and Training of the Pre-registration Nursing Courses within Wales in line with the scheme of delegation.
- **Key Issues Report from the Audit and Assurance in-committee meeting held on 21 July 2021** –The Board received and noted the Chairs key issue report for the closed session of the Audit and Assurance Committee held on 21 July 2021.
- **Key Issues Report from the Education Commissioning and Quality Committee meeting held on 2 September 2021** -The Board received and

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noted the Chairs key issue report for the closed session of the Education, Commissioning, and Quality Committee held on 2 September 2021.

- **Key Issues Report from Remuneration and Terms of Service meeting held on 29 July 2021 -**The Board received and noted the Chairs key issue report for the Remuneration and Terms of Service Committee held on 29 July 2021.
- **Implementation of the Single Lead Employer Model-** The Board received an update on the implementation of the Single Lead Employer model and supported its inclusion on the Corporate Risk Register.
- **Phase 1 of the Strategic Review of Health Professional Education -**The Board received a verbal update in respect of the final outstanding contract of Phase 1 of the Strategic Review.

In Committee meeting held on 28 October

The following matters were discussed in the in-committee meeting of the HEIW Board on 28 October 2021:

- **Award of the 'Y Ty Dysgu Contract' –** The Board approved the proposal to award the contract to the winning provider of the open tender process. The decision to approve the contract award to be ratified at the open meeting of the November Board.
- **Update on the Single Lead Employer –** The Board considered the action taken to date and the ongoing operational risks to the implementation of the single lead employer model. It was agreed the Board would receive a further update at its November in-committee meeting.
- **Update on the Pharmacy Technician Contracts –** The Board noted the new Contract Briefing Paper for the procurement of Pre-registration Pharmacy Technicians for the new Initial Education and Training programme. It was confirmed that the new Contract Briefing Paper would allow the procurement process to complete within the timescales for recruitment in February 2022.

4. GOVERNANCE AND RISK ISSUES

The report provides an overview of matters considered by the In-Committee Board Meetings held on 30 September 2021 and 28 October 2021, and is intended to further demonstrate HEIW's commitment to open and transparent decision making.

5. FINANCIAL IMPLICATIONS

The Board is being requested to ratify the decision made on 28 October to award the Y Ty Dysgu Contract. There are otherwise no direct financial implications associated with this report.

6. RECOMMENDATION

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The Board is asked to

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

- **Ratify** the decision to award the Y Ty Dysgu contract to the winning provider (Think Learning) of the open tender process.

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
The Board is being requested to ratify the decision made on 28 October to award the Y Ty Dysgu Contract. There are otherwise no direct financial implications associated with this report.
Legal Implications (including equality and diversity assessment)
There are no legal implications associated with this report.
Staffing Implications
There are no direct staffing implications associated with this report.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
There are no direct implications on the Act.

Report History	This report is provided at each meeting of the Board.
Appendices	None.

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	23 September 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Primary Care Programme

Andrew Evans, Director of Primary Care Services, presented a deep dive on the development of the NWSSP response to the National Primary Care Programme. In particular he explained how NWSSP holds a substantial amount of data drawn from the large range of products and services that NWSSP deliver to the Primary Care Sector. These services vary between transactional (e.g. GP Payments), professional (e.g. Legal advice), and technical strategic (e.g. Estates Strategy advice). He explained that the team were currently working with Health Boards and DHCW to ensure that the team could move from data warehousing to data management helping to provide better links between data and outcomes. To take this agenda forward, and to better co-ordinate the services provided, NWSSP would look to establish a Steering Group.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Members of the NWSSP SLG met with Welsh Government at the end of July as part of the formal JET process. In particular NWSSP were able to highlight the influence and contribution they have had on *A Healthier Wales* and how NWSSP will play their part in supporting the Health Boards and Trusts as they plan to recover and continue to respond to the pandemic. The Welsh Government team reflected on NWSSP performance during the last 12 months and were pleased that NWSSP were able to reach out beyond traditional boundaries in a supportive manner with a clear focus on problem solving. In particular they highlighted not only 'what' had been achieved but the consistent 'can do' attitude, positive behaviours, and high levels of competency of our staff across a wide range of services.
- The Committee Members noted that NWSSP recently reached the milestone

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of 1bn items of PPE supplied to NHS Wales, and the Social Care and wider Primary Care sectors. A revised PPE strategy has been developed with a requirement to reduce stockholdings of the main items of PPE to a minimum of 16 weeks as requested by Welsh Government. Further work is being undertaken on storage requirement options over the next few months.

- The Temporary Medicines Unit was recently subject to a MHRA inspection which resulted in a very positive outcome with only minor issues identified. A further inspection will be undertaken towards the end of the year to support the granting of a Special Licence. The team continue to work on the development of alternative products which should improve quality, produce time savings within Health Boards, with increased value-for-money. However, for the time being, the priority and key focus remains on supporting the Vaccination Programme.
- The process for appointment of a new NWSSP Chair is well underway with several very strong candidates who took part in Stakeholder Panels recently. It is expected that the recruitment process will be completed by the early part of October.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee Members received an update from the Director of Planning with regard to the development of the IMTP for 2022-2025. In particular the following cross-cutting themes have been identified to underpin the delivery of the Ministerial Priorities, and also the wider Programme for Government:

1. Customer focus and end user experience;
2. Primary care delivery and advisory role;
3. Progress towards WBFG Act five ways of working;
4. Improve NWSSP engagement with and contribution to the Foundational economy in Wales;
5. Patient journey – promoting the impact of what NWSSP does;
6. Make maximum progress towards decarbonisation and addressing the climate emergency; and
7. A motivated and sustainable workforce; supporting their wellbeing.

The overarching NWSSP Strategy Map has also been updated to:

- Incorporate foundational economy and decarbonisation more clearly across the objectives and overarching goals;
- Reflect equality and inclusion within the underpinning text of NWSSP core values;
- Include reference to wider social value within the VFM objective; and
- Demonstrate our commitment to Welsh Language more visibly.

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The Committee Members noted the further opportunity to develop the Strategy Map during 2022 once the new SSPC Chair is in post and in readiness for the 2023-2026 IMTP process. This would also allow more time for greater clarity on

recovery plans and content of the IMTPs of our customers and wider partners to emerge.

The Director of Planning agreed to arrange 1:1 discussions with all SSPC Committee Members during October and November as part of the IMTP development process. It was noted that this worked well last year. The Committee agreed to receive an indicative IMTP presentation with key messages at the November SSPC meeting.

The Committee **APPROVED** the planned approach.

Laundry Services - Glangwili Laundry Transfer

The Committee received a paper outlining the guiding principles and critical success factors against which the agreed transfer of the Glangwili Laundry will be completed. It is proposed that all applicable assets and liabilities will transfer from Hywel Dda to NWSSP with effect from October 1, 2021. It is not envisaged that land and buildings will transfer, and the laundry staff will remain employed by the Health Board.

The Committee **ENDORSED** the transfer which will also be considered at the September Hywel Dda Board meeting.

PPE Long-Term Plan

The Committee reviewed the long-term plan for the procurement and supply of PPE. Until the end of June 2021, NWSSP were holding 24 weeks' stock of PPE but this has since been reduced to a minimum of 16 weeks at the request of Welsh Government. Members noted that Welsh Government have requested NWSSP to continue to supply PPE to both Health and Social Care staff until the pandemic is deemed to be over. It was noted that the plan requires significant expenditure to be incurred on PPE over the next three years. The forecast expenditure is based on a number of assumptions that will need to be kept under review. An overarching Procurement Framework contract has now been deployed that seeks to substantially increase local purchasing, sustainability and reduce the reliance on international suppliers.

The Committee **ENDORSED** the submission of the Plan to the Health & Social Care PPE Procurement and Supply Group (comprising representatives from Welsh Government, Social Services and NWSSP) for approval.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed.

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Finance Report – The Committee reviewed the finance report and noted that there was a year-to-date underspend of £2.235m. The underspend was attributable to delays in appointing to vacancies as well as an increase in Legal &

Risk Services income. NWSSP senior leadership team have agreed £1.7m of non-recurrent re-investments within the divisions to accelerate the delivery of benefits and efficiencies. NWSSP are proposing to declare an additional £1.25m distribution to NHS Wales and Welsh Government in 2021/22. The forecast outturn remains at break even and NWSSP is on track to meet all other financial targets. In terms of the Welsh Risk Pool, the DEL expenditure is forecast to be in line with budget and the costs to be funded under the Risk Share Agreement remain at £16.5m.

Oracle Upgrade - Committee members were provided with an update on the Oracle Upgrade project following the Strategy and Development Board (STRAD) meeting on the 10th September 2021 at which it was agreed that NWSSP would continue to plan on the basis of undertaking the upgrade on 19th October 2021. The revised agreed downtime window is 4.30pm 14th October - 7am 19th October with a number of checkpoint updates planned over the weekend where the STRAD Board will be updated on progress via the MS Team channel.

People & OD Update – In-month sickness levels remain very low at just over 2% compared to a target of 3.3% with the cumulative figure just below target at 2.94%. As at the end of August, headcount was 4299, which is a 5% increase on the figure for July. The change is primarily driven by the addition of new services, particularly the Single Lead Employer, but also in the Medical Examiner Service. A continued focus is needed to improve the levels of PADR compliance which has fallen slightly.

Corporate Risk Register – there remain one red risk on the register, relating to the replacement of the NHAIS system. A new risk has been added relating to the need to upgrade the CLERIC system which is used by HCS to schedule and plan all deliveries.

Papers for Information

The following papers were received for information:

- Welsh Language Annual Report 2020/21
- Finance Monitoring Reports (Months 4 & 5)

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting	18 November 2021

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Meeting Date	**25 November 2021**	**Agenda Item**	**5.2**
Report Title	**Corporate Risk Register**		
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 provide an overview of risks currently detailed within the Corporate Risk Register (CRR).		
Key Issues	The report provides an update on the CRR, which is attached at Appendix 1. The CRR confirms • 1 'Red' status risk, • 8 'Amber' status risks; and		

Specific Action Required ***(please ✓ one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	

Recommendation	The Board is asked to: • **Note** the report for assurance.

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CORPORATE RISK REGISTER

1. INTRODUCTION

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

2. ASSESSMENT

There are currently **9** risks on the CRR, and these risks have been assessed as follows: **1** 'Red' status risk, **8** 'Amber' status risks and **no** 'Green' status risk. Except for paragraph 2.1, which provides an update on the Red Risk, the commentary below highlights the changes to the CRR since the last report.

2.1. Red Risks

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

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

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

  Recent developments: Activities to support the delivery of the cyber security plan are underway.

  - Supporting activities to deliver the Cyber Security Awareness Plan are underway.
  - Cyber Incident Response Guidelines have been approved and the Cyber Security Analyst is now in post.
  - NIS cyber assessment work continues.

2.2. Risks with an Increased Score

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

2.3. Risks with a Decreased Score

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

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Risk 22 - If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee experience, then this

would potentially have an adverse reputational impact for HEIW and for Wales as a place to train.

Mitigation – A group has been established between NWSSP, HEIW and University Health Boards to begin process mapping of data flow and other employment processes to identify weaknesses. HEIW has paused the roll out for secondary care specialties from December 2021 until there is clarity around how the existing issues will be resolved. NWSSP will review and, where appropriate, address internal capacity to deliver the service. The HEIW Executive Team will receive weekly progress updates.

Progress – Progress has been made on all key issues relating to Trainee Communication, Improving Data flows, Trainee salary and expenses, Pre-employment changes and leave reports.

Assessment: This risk was assessed as 16 and 'Red' status. However, the risk has been reassessed and this has resulted in the score decreasing to 12. The risk is now assessed as 'Amber'.

2.4. New Risks

No new risks have been added to the CRR since the last report:

2.5. Removed Risks

Risks 17, which were assessed as 'Green' status, were removed from the Register following approval from the Audit and Assurance Committee held on 21 October 2021.

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3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

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

Governance and Assurance			
Link to IMTP strategic aims	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to	**Strategic Aim 2:** To improve the quality and accessibility of education and training for all healthcare staff	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building

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(please ✓)	support the delivery of '*A Healthier Wales*'	ensuring that it meets future needs	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	
The CCR is the core tool to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff.	
Financial Implications	
Risk management is a core function of HEIW as a Specialist Health Authority. There are no anticipated additional costs.	
Legal Implications (including equality and diversity assessment)	
There are no legal implications associated with this report.	
Staffing Implications	
There are no staffing implications associated with this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The CRR is HEIW's core tool to manage risk.	
Report History	The CRR is presented to the Executive Team and Senior Leadership Team on a monthly basis. The Audit and Assurance Committee review it on a quarterly basis. The CRR is provided for noting at each meeting of the Board.
Appendices	Appendix 1 – CRR

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HEIW CORPORATE RISK REGISTER (2021)

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If… then… impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
8. April 2020	**1**	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. **Board Secretary**	**5**	**5**	**25**	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report. This includes the recruitment of a Head of Cyber Security. Cyber Security Implementation Plan to be drafted and implemented	**5**	**4**	**20**		The recommendations within HEIW's Cyber Security assessment report have or are being implemented. The new Head of Cyber Security joined HEIW on 29 June and commenced working on a new Cyber Security Implementation Plan. • Digital Services Recovery Plan has been shared with members of SLT. Executive paper to be drafted. • Cyber Incident Response Guidelines have been approved. • Cyber Security Analyst is now in post. **October 2021** • Supporting activities to deliver the cyber security awareness plan are underway. • NIS cyber assessment work continues.
12. July 2020	**1.**	If HEIW is unable to access workforce data from other NHS organisations, then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning. **Director of Workforce and Organisational Development**	**4**	**3**	**12**	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	**4**	**2**	**8**		**November 21** - A meeting took place with NWSSP on 4th November 2021, to discuss ongoing delays in securing access and progress of requests with a particular focus on primary care. This solved the immediate access issue but identified a need to work more closely with partners including NWSSP and WG to ensure national review of workforce systems takes account of HEIW's needs and functions. Work is ongoing in the context of scoping our data strategy and centre of excellence for workforce intelligence.
13. July 2020	**1.**	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan	**4**	**4**	**16**	LOW	Assessment and costing of workforce requirements made as part of the development of the Quarterly/ Annual plans.	**4**	**2**	**8**		**November 21** - We continue to make good progress in delivering the 5 recommendations identified within the approved workforce resourcing and utilising paper. Standardised JDs are in place and teams looking for additional

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If… then… impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
		commitments and levels of performance. **Director of Workforce and Organisational Development**										programme/ project management support are being directed towards the resources
15. **Aug 2020**	**2**	If there are insufficient employment opportunities available for graduating Allied Health Professionals (AHP's) and Health Care Science (HCS) students who have opted into the bursary tie in the investment in education for these students may be lost. **Director of Nurse and Health Professional Education**	**3**	**5**	**15**	LOW	A deep dive to examine underlying reasons for employment shortages and the bursary appeals process that releases/enforces students from their bursary responsibilities. Enhanced monitoring (September 2020) and Targeted Support (October – December 2020) the whereabouts of graduates was confirmed, Revised recruitment approach implemented for 2021 graduates Existing appeals process paused due to the pandemic and revised to include a two-stage process incorporating a review stage. Quarterly written reports to Executive; and to Board as needed. Welsh bursary relationship manager post recruited to act as a reference point for all stakeholders and to progress EIA processes and communications. Implement a revised managed process (Streamlining) for all AHP and HCS students graduating	**4**	**3**	**12**		**29.10.2021** Meetings with Health boards underway to commence formal planning for streamlining in 2022.
16. Aug 2020		If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery there may be disruptions to placement opportunities for trainees and students thereby impacting their ability to progress, graduate or complete training in their field. This in turn will impact the workforce with shortages that	**4**	**3**	**12**	LOW	• Continuation of the mapping of cohort/programme delays • Supporting Education Providers (EP's) and service to implement HEIWs placement recovery principles • Continuous engagement with regulators, EPs Council of Deans (CoD's) medical Colleges and other statutory educational	**3**	**3**	**9**		**Medicine** **29.10.2021** No change from previous entry but should be able to update next deadline **Nursing & Allied Health** **29.10.21**

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If… then… impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
		may have a long-term effect on service delivery. **Director of Nurse and Health Professional Education & Medical Director**					bodies (4 nation approach) to ensure continuity of education. • Placement recovery principles. • Revised processes for Annual Reviews of Competence Progression (ARCPs) and curriculum derogations for medical trainees to continue until September 2021 to support progression • Established communication channels with Local Education Providers (LEP's) for medical trainees to ensure time limited approach to any redeployment in context of second wave • Data gathering at individual medical and dental trainee level • The UK approval of a Covid 19 vaccine on 2/12/20, with NHS staff prioritised, followed by the wider UK population provides assurance that programmes will be able to revert to pre Covid approaches by spring 2021.					HEIW continues to work with cross-profession stakeholders on innovative placement capacity solutions to support students' timely registration across nursing, midwifery, and allied health professions. This will continue to be reviewed through the HEIW led All-Wales Placement Reference Group including representation from all Welsh universities and placement providers. A HEIW Head of Placement Experience and Improvement has produced a Programme Initiation Document detailing HEIW objectives in relation to future work to support Welsh healthcare student/trainee placements.
19. **Dec 2020**		If we continue to commission post reg and post grad education from HEI's in England and Wales without a contract, then HEIs may withdraw education provision or fail to provide high quality education that can be performance managed in the usual contractually governed way. **Director of Nurse and Health Professional Education**	**3**	**6**	**18**	MEDIUM	Strategic review 2 Project plan, timetable, and risk register. Strategic Review 2 Board, reporting to Executive Team. HEIW subject experts linked to programmes, supported by strategic education adviser Strategic review phase 2 to be a standing item in contract meetings with HEI's.	**3**	**4**	**12**		**<u>01.11.21</u>** Work continues to progress, project plan developed showing the complexity of this work. Additional procurements with HCS PTP level programmes have been identified due to urgent need from service. Also, consultancy procurement for AP and consultant practice scoping utilising underspends within directorate. Clinical Photography subject expert commences 2/11 to lead/complete this work by March 31st

English Catherine (HEIW - Staff) 11/24/2021 11:34:47

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If… then… impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
							Engage with regular discussions with the National School (4 countries meetings held quarterly) Phased approach with those programmes most at risk in first wave.					
20.		**Strategic Review 1** If successful HEIs fail to mobilise the new programmes within the time specified by contract, then new students will be unable to benefit from programmes in 2022. **Director of Nurse and Health Professional Education**	**3**	**4**	**12**	Medium	Strategic Review 1 Implementation Board Implementation plan agreed with each HEI. Reports to Strategic Review 1 and Executive Team. Senior member of the Education, Commissioning and Quality Team (ECQ) on each HEIs implementation project board to ensure processes are followed for validation, recruitment, and curriculum implementation.	**2**	**4**	**8**		**29.10.21** Strategic Review 1 Implementation Board Terms of Reference agreed by Executive Team 1/9/21. The first meeting of Implementation Board was held on 28.09.21 to agree any corrective action needed. Progressing as planned
21		**Nurse Staffing Programme** If HEIW fails to identify & implement a national data capture and reporting solution health boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach. **Director of Nurse and Health Professional Education**	**4**	**3**	**12**	Moderate	Undertake scoping of existing and requirements of national solution. Identify & implement a national data capture and reporting solution. Implement the use of Power BI across section 25B areas Appoint to IT posts Scope IT systems & map data flows. Complete Data Protection Impact Assessments (DPIA's) Collaborative working with IT team/HEIW, health boards/trusts, NDR unit/ Digital Health Care Wales (DHCW) to identify means of support. Identify responsibilities for organisations – formalise arrangements.	**4**	**3**	**12**		**Updated 31.10.2021** Unable to appoint to senior information analyst – post readvertised. Options explored to provide interim support for key pieces of work through SLA/ NDR unit Unable to appoint digital programme manager – post readvertised, interviews pending NSP team continue to review key IT priorities and exploring options for progressing key actions. Met with NDR unit who will explore means of support for some key actions- NSP budget will be used to fund work. Discussions with CM & LL, agreement to review RAG rating if either IT posts are not appointed to at the next round of interviews.
22 **October 2021**		If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee	**4**	**5**	**20**		• Group established between NWSSP, HEIW and UHBs to begin process mapping of data flow and	**4**	**3**	**12**		Mitigating actions implemented from end of Sept 2021- for monthly review of progress from end of October 2021 **29.10.2010**

English Catherine 11/24/2021 11:54:17

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If… then… impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
		experience, then this would potentially have an adverse reputational impact for HEIW and for Wales as a place to train. **Medical Director**					other employment processes to identify weaknesses • Paused roll out for secondary care specialties from December 2021 until clarity on resolution of existing issues • NWSSP to review and where appropriate address internal capacity to deliver the service • Weekly updates for HEIW executive team on progress					Update of issues provided to Board **12.11.2021** Progress made on all key issues relating to Trainee Communication, Improving Data flows, Trainee salary and expenses, Pre-employment changes and leave reports.

Risk Scoring Matrix

LIKELIHOOD						
	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

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

English,Catherine 11/24/2021 11:54:17

Risk Appetite Levels

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

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11/24/2021 11:54:17