

# Education, Commissioning & Quality Committee (Open)

Tue 09 February 2021, 13:30 - 16:30

Via Microsoft Teams/HEIW Meeting Room 1, Ty Dysgu



## Agenda

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13:30 - 13:45  
15 min

### 1. PRELIMINARY MATTERS

#### 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. To Receive and Confirm the Minutes of the Committee held on 8 October 2020

*Presenter: Chair*

 1.4 - Unconfirmed ECQC Minutes\_2020-10-08 (Open) V4 approved by RH.pdf (11 pages)

#### 1.5. Action Log

*Presenter: Chair*

 1.5 - ECQC Action Log \_2020-10-08 (Open) V2.pdf (3 pages)

#### 1.6. Matters Arising

*Presenter: Chair - Oral*

#### 1.7. To Receive the Draft Unconfirmed Minutes of the Education Advisory Group held on 17 November 2020

*Presenter: Medical Director/Interim Director of Nursing*

 1.7 - Unconfirmed Education Advisory Group Minutes\_17 November 2020\_English ah.pdf (4 pages)

##### 1.7.1.

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13:45 - 15:15  
90 min

### 2. EDUCATION PERFORMANCE AND QUALITY

#### 2.1. COVID Implications for Education and Training

*Presenter: Medical Director/Interim Director of Nursing*

 2.1 - ECQC\_Covid implications for Education and Training.pdf (5 pages)

#### 2.2. Multi-Professional Education Update:

**Presenters:** Medical Director/Interim Director of Nursing

## **2.2.1. Post Graduate Medical and Dental Education Update**


**Presenter:** Medical Director

 2.2.1 - PGMD Education Update Report\_Jan 2021.pdf (8 pages)

## **2.2.2. GMC Survey Report and Feedback**

**Presenter:** Medical Director


 2.2.2a - GMC COVID NTS 2020 Cover paper.pdf (3 pages)

 2.2.2b - Appendix 1 2020 GMC National Training Surveys Key Themes.pdf (13 pages)

## **2.2.3. All Wales Health Professional Education Performance Report for Academic Year 2019/20**

**Presenter:** Interim Director of Nursing

 2.2.3a - HPE Performance Summary Report 2020 final.pdf (10 pages)

 2.2.3b - Appendix 1 - CU HCARE ODP Recruitment and Attrition.pdf (7 pages)

 2.2.3c - Appendix 2 - CU DRADS Attrition Report.pdf (4 pages)

## **2.2.4. Health Professional Education 2020 National Student Survey Summary**

**Presenter:** Interim Director of Nursing

 2.2.4 - Health Professional Education NSS Summary Report 1920 academic year.pdf (14 pages)

## **2.3. Multi-Professional Quality Assurance Architecture**

**Presenters:** Medical Director/Interim Director of Nursing - Oral

## **BREAK**

## **2.4. HEIW Plan for Differential Attainment**

**Presenter:** Medical Director

 2.4 - Differential Attainment Update.pdf (5 pages)

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**15:15 - 16:15**  
60 min

## **3. STRATEGIC MATTERS**

### **3.1. Progress Report on Phase 1 of the Health Professional Education Contracts**

**Presenter:** Director of Finance - Oral

### **3.2. Health Professional Education Contracts Phase 1: Evaluation Framework**


**Presenter:** Director of Finance

 3.2 - Phase 1 Health Professional Contracts\_Evaluation Framework\_ECQC Jan 2021.pdf (23 pages)

### **3.3. Phase 2 – Strategic Review of Health Professional Education**

**Presenter:** Interim Director of Nursing

 3.3a - Phase 2 of the strategic review case for change.pdf (11 pages)

 3.3b - Phase 2 - Appendix 1.pdf (31 pages)

 3.3c - Phase 2 - Appendix 3.pdf (2 pages)

 3.3d - Phase 2 - Appendix 4.pdf (1 pages)




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16:15 - 16:25  
10 min

## 4. GOVERNANCE MATTERS

### 4.1. To Approve the Terms of Reference for the Internal and External Advisory Groups

*Presenter: Board Secretary*

-  4.1a - Cover paper ToFR sub groups DB 01.02.20 (1).pdf (3 pages)
-  4.1b - Appendix 1\_DRAFT ToFR EAG 25.01.21.pdf (3 pages)
-  4.1c - Appendix 2\_Draf ToFR MPQEG\_1 Feb 2020.pdf (3 pages)


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16:25 - 16:25  
0 min

## 5. FOR INFORMATION/NOTING



### 5.1. 2020/21 Health Professional Education Fill Rates and Health Professional Student Allocations 2021/22

*Presenter: Interim Director of Nursing*

-  5.1 - 20-21 HP Education Fill rates and HP Student Allocation 21-22.pdf (10 pages)

### 5.2. Simulation Team Report and Guidance

*Presenter: Medical Director*

-  5.2a - Simulation\_Jan 2021.pdf (3 pages)
-  5.2b - Appendix 1 Simulation Presentation.pdf (18 pages)


### 5.3. Professionalising the Role of the Training Programme Director across Secondary Care Training

*Presenter: Medical Director*

-  5.3 - TPD Professionalisation for Education Committee FINAL.pdf (5 pages)

### 5.4. Update on the Development of the Evaluation, Research, Improvement, and Innovation Collaborative (ERIIC)

*Presenter: Medical Director*

-  5.4 - Update on ERIIC (January 2021).pdf (6 pages)

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16:25 - 16:30  
5 min

## 6. CLOSE

### 6.1. Any Other Business

*Presenter: Chair - Oral*

### 6.2. Reflection on Today's Committee

*Presenter: Chair - Oral*

### 6.3. Date of Next Meeting:

6.3.1. Tuesday, 8 June 2021 at 10:00 either by Microsoft Teams or HEIW Meeting Room 1, Ty Dysgu

**UNCONFIRMED**

**DRAFT Minutes of the Education, Commissioning and Quality Committee  
held on 8 October 2020  
Via Microsoft Teams/Teleconference (through Ty Dysgu)**

**Present:**

Dr Ruth Hall	Chair and Independent Member
Tina Donnelly	Independent Member
Ceri Phillips	Independent Member
Tom Lawson	Postgraduate Medical Dean
Margaret Allan	Pharmacy Dean
David Thomas	Dental Dean

**In Attendance:**

Dafydd Bebb	Board Secretary
Prof. Pushpinder Mangat	Medical Director
Dr Angela Parry	Interim Director of Nursing
Martin Riley	Deputy Director of Education, Commissioning and Quality
Eifion Williams	Director of Finance
Dr Bethan Nicholas	South Wales Trauma Network – for agenda item 4.3 only
Dr Sue West-Jones	South Wales Trauma Network – for agenda item 4.3 only
Rachel Taylor	South Wales Trauma Network – for agenda item 4.3 only
Nicola Johnson	Director of Planning, Performance & Corporate Services (Observer)
Kay Barrow	Corporate Governance Manager (Secretariat)

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>Action</b>
<b>ECQC: 08/10/1.1</b>	<b>Welcome and Introductions</b>	
	The Chair welcomed everyone to the meeting and, in particular, Ceri Phillips, Independent Member, who was joining as a new member of the Committee. A warm welcome was also extended to Nicola Johnson, the newly appointed Director of Planning, Performance & Corporate Services who was attending as an observer. A quorum was confirmed present.	
<b>ECQC: 08/10/1.2</b>	<b>Apologies for Absence</b>	
	There were no apologies for absence.	
<b>ECQC: 08/10/1.3</b>	<b>Declarations of Interest</b>	
	The following declaration of interest was noted in relation to agenda item 4.2:	

	Ceri Phillips – Emeritus Professor, Swansea University and honorary position at Cardiff University.	
<b>ECQC: 08/10/1.4</b>	<b>To Receive and Confirm the Minutes of the Committee held on 16 September 2020</b>	
	<p>The Committee <b>received</b> the minutes of the meeting held on 16 September 2020 and <b>confirmed</b> they were an accurate record, subject to the inclusion of Ruth Hall's declaration of interest for agenda item 2.1 as follows:</p> <ul style="list-style-type: none"> <li>• <b>ECQC 16/09/1.3 Declarations of Interest:</b> Ruth Hall, Advisory Board Member, Centre for Public Policy Wales, Cardiff University.</li> </ul>	<b>DB</b>
<b>ECQC: 08/10/1.5</b>	<b>Action Log</b>	
	<p>The Committee <b>received</b> and <b>considered</b> the Action Log. It was noted that a number of the actions that had been deferred due to the impact of the COVID 19 Pandemic were on the agenda. However, those items that remained outstanding would be kept on the Action Log until they had been completed. The following update was received:</p> <ul style="list-style-type: none"> <li>• <b>ECQC 02/07/1.5 KPMG Review of Health Professional Education:</b> Dafydd Bebb updated the Committee in relation to the progress being made with the shared Welsh language translation resources being compiled on an all Wales basis. He explained that further work was required before it could be presented to the Committee.</li> </ul>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the update;</li> <li>• <b>agreed</b> that a report be presented to the Committee in February 2021 to include an update on the approach taken within the NHS to sharing Welsh language translation terminology.</li> </ul>	<b>DB</b>
<b>ECQC: 08/10/1.6</b>	<b>Matters Arising</b>	
	There were no matters arising.	
<b>PART 2</b>	<b>EDUCATION PERFORMANCE AND QUALITY</b>	
<b>ECQC: 08/10/2.1</b>	<b>Quality Management Update</b>	
	<p>The Committee <b>received</b> the report.</p> <p>In presenting the report, Pushpinder Mangat advised that the quality management monitoring meetings were taking place virtually and there were currently six areas within the Medical Deanery which were in enhanced monitoring status with the GMC, of which the Committee was already aware.</p> <p>The Grange University Hospital within Aneurin Bevan University Health Board (ABUHB) was included in the reporting however, it was not in enhanced monitoring status but required close attention</p>	

as it was a significant service reconfiguration. HEIW was working in collaborative discussions with ABUHB to address any training governance issues arising from the redistribution of the clinical workforce. It was confirmed that HEIW had not formally written to ABUHB.

The GMC had undertaken a shorter national training survey this year due to the COVID-19 Pandemic with the results available in November 2020. The survey focussed on the trainee and trainer wellbeing and experiences whilst working during the crisis. The response rate for Wales was pleasing compared to the rest of the UK and was supported by a strong HEIW communication campaign. It was highlighted that the results of the GMC survey and the staff survey would provide HEIW with rich feedback.

In response to anecdotal feedback and results from the GMC National Training Surveys, the HEIW Quality Unit had launched 'HEIW Open' in early October 2020. This was a generic email account for trainees to raise any concerns directly with HEIW. This would not replace the local reporting processes already in place, but act as a safety net to complement local arrangements and signpost to local support sources.

The Committee was informed that HEIW had completed the ARCP (Annual Review of Competency Progression) process and monitoring the impact of COVID on postgraduate medical education. There were challenges with surgical trainees achieving the required competencies to complete their training and this was because of the lack of access to face to face surgical operating time. Fortnightly Faculty updates were being received to provide progress.

A number of actions to mitigate the cumulative effect for this cohort of trainees were being undertaken. These included a surgical 'bootcamp' for 90 trainees which provided 20% of their competencies; working with the independent sector with four training sites identified. However, this would not give the trainees exposure to all the specialty surgeries required to fulfil competencies. The Medical Deanery was finalising a 'face to face' Protocol with Public Health Wales and the Simulation Team were drafting a report to address the lack of face to face competencies and developing Guidance.

It was highlighted that the principles being applied in the Medical Deanery around competencies were also being rolled out to the Dental and Pharmacy Deaneries. The Committee noted that 80% of dental trainees had also been impacted as a result of COVID-19 and that the dental foundation trainees were dependent on

	<p>simulation training. Although dental trainees were receiving ‘front loaded’ academic study in anticipation of the current restrictions being lightened, the Dental School did not currently have a strategy for resuming face to face training. It was also highlighted that PPE in Primary Care was also a concern.</p> <p>The Committee focussed upon the need for the report to have a stronger multidisciplinary focus. Tom Lawson informed the Committee that a review of the reporting for specialty medical training programmes was underway in order to streamline the information and to ensure consistency in reporting across all HEIW education and training programmes.</p> <p>Martin Riley advised that the lessons learnt from the National Student Survey and the Welsh Government Education and Training Cell were being fed into the work Tom Lawson was undertaking around the reporting of quality management.</p>	
<b>Resolved</b>	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the report;</li> <li>• <b>agreed</b> that the future reporting should have a multi-professional focus;</li> <li>• <b>agreed</b> that the GMC Survey be presented to the Committee in February 2021;</li> <li>• <b>agreed</b> that the Committee receive the Simulation Team Report and Guidance at its meeting in February 2021.</li> </ul>	<p><b>AP/PM</b></p> <p><b>PM/TL</b></p> <p><b>PM/TL</b></p>
	David Thomas left the meeting.	
<b>ECQC: 08/10/2.2</b>	<b>Summary of Local Education Provider Commissioning Review 2019-2020</b>	
	<p>The Committee <b>received</b> the report.</p> <p>In presenting the report, Pushpinder Mangat advised that commissioning visits to Betsi Cadwaladr University Health Board, Powys Teaching Health Board and Public Health Wales had been postponed due to COVID-19. The pilot of the revised format for the commissioning review which included a multi professional update had worked well this year.</p> <p>A number of all Wales themes had emerged this year which included workforce development; curriculum change; reporting systems; simulation training; wellbeing and eduroam. A number of actions had been identified to progress and it was recognised that this was an extraordinary year with lessons to be learnt.</p> <p>Internal Audit had undertaken a review of medical commissioning monitoring arrangements and the overall assessment was that of reasonable assurance. The report was to be considered at the Audit &amp; Assurance Committee at its meeting on 20 October 2020.</p>	

	<p>The Committee considered the report and welcomed the multi professional format. It was clarified that HEIW was not monitoring any training concerns at Velindre NHS Trust because there were none.</p> <p>The Committee acknowledged the concerns raised in relation to funding models and the ongoing discussions regarding a review of the historic funding.</p>	
<b>Resolved</b>	The Committee <b>noted</b> the report.	
<b>PART 3</b>	<b>GOVERNANCE MATTERS</b>	
<b>ECQC: 08/10/3.1</b>	<b>Evaluation of Committee Effectiveness</b>	
	<p>The Committee <b>received</b> the evaluation report.</p> <p>In presenting the report, Dafydd Bebb provided an overview of the outcomes from the annual self-assessment exercise for 2019/2020 which had been undertaken in accordance with Section 8.2.1 of HEIW's Standing Orders.</p> <p>The Committee welcomed the evaluation and noted that it had already been strengthened with the creation of the two new Advisory Sub Groups and the addition of Ceri Phillips to the Committee membership.</p> <p>The Chair raised the matter of the induction for new members to the Committee and it was agreed that this would be explored further outside of the meeting.</p> <p>The Committee thanked Dafydd Bebb and his team for their support during the year.</p>	
<b>Resolved</b>	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the evaluation;</li> <li>• <b>agreed</b> that the development of Committee Induction resources for new members be explored.</li> </ul>	<b>DB</b>
<b>ECQC: 08/10/3.2</b>	<b>Annual Review of Committee Terms of Reference</b>	
	<p>The Committee <b>received</b> the report and revised Terms of Reference.</p> <p>In presenting the report, Dafydd Bebb advised that the Board, at its September meeting, had approved that the reappointment of the existing Members of the Committee be brought forward to September 2020. This would ensure that the appointment date for the Members of this Committee aligned with that of the Audit &amp; Assurance Committee.</p>	



	<p>The Board had approved the recommendation to strengthen the Committee membership with confirmation of a Committee Vice Chair and an additional Committee Member.</p> <p>It was also clarified that the three Deans were to be added as standing 'In Attendance' Members of the Committee. With reference to the Board decision in September to appoint the three Deans as full Members of the Committee, it was expected that the change to 'In Attendance' membership would be approved at the forthcoming November Board, as the Committee would be better served by the three Deans on this basis.</p> <p>Tina Donnelly accepted the role of Committee Vice Chair.</p>	
<b>Resolved</b>	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the alignment of the appointment date of this Committee with the Audit &amp; Assurance Committee;</li> <li>• <b>noted</b> the reappointment of the existing Committee Members for a further one-year period;</li> <li>• <b>noted</b> the appointment of the Committee Vice Chair;</li> <li>• <b>noted</b> that the Board was expected to reverse its decision to appoint the three Deans as full members of the Committee;</li> <li>• <b>endorsed</b> the revisions to its Terms of Reference, subject to the addition of the three Deans as standing 'In attendance' members of the Committee;</li> <li>• <b>recommended</b> to the Board that the Committee's Terms of Reference be amended to reference the Vice Chair role within its membership and the addition of the three Deans as standing 'In attendance' members of the Committee.</li> </ul>	<b>DB</b>
<b>ECQC: 08/10/3.3</b>	<b>Draft Unconfirmed Minutes of the Multi-Professional Education &amp; Quality Group Meeting held on 23 September 2020</b>	
	<p>The Committee <b>received</b> the draft unconfirmed minutes of the meeting of the Multi-Professional Education &amp; Quality Group (MPEQG) meeting held on 23 September 2020.</p> <p>Angela Parry provided a brief summary of the first meeting of the MPEQG, the internal Advisory Sub Group.</p> <p>The Committee was pleased that the MPEQG had held its inaugural meeting and noted that the frequency of the meetings would align with the work of the Directorates and the Committee.</p>	
<b>Resolved</b>	The Committee <b>noted</b> the draft unconfirmed minutes for assurance.	
	David Thomas re-joined the meeting.	
<b>ECQC: 08/10/3.4</b>	<b>Terms of Reference of the new Internal and External Facing Advisory Groups on Education and Training</b>	
	The Committee <b>received</b> the revised Terms of Reference for the Multi-Professional Quality & Education Group (MPEQG) and the Education Advisory Group (EAG).	

	<p>Dafydd Bebb advised that both Terms of Reference had been considered at the inaugural meeting of the MPEQG and that the revisions captured the discussions held. However, he advised that whilst the membership of MPEQG had been streamlined as part of the Group's deliberations, a subsequent decision had been made to include the following additional members:</p> <ul style="list-style-type: none"> <li>○ Deputy Director of Education, Commissioning &amp; Quality;</li> <li>○ Head of Nursing and Midwifery Transformation;</li> <li>○ Head of Allied Health Professionals Transformation;</li> <li>○ Eye Care Transformation Lead;</li> <li>○ Head of Nurse Staffing Programme.</li> </ul> <p>It was clarified that whilst the MPEQG had considered the Terms of Reference for the External Advisory Sub Group, known as EAG, and had suggested some revisions, the EAG would consider its own Terms of Reference at its inaugural meeting. It was anticipated that the first meeting of the EAG would be held in November 2020.</p> <p>The Chair queried the research aspects of the Committee's remit and how this would be picked up as it was not reflected in either of the Advisory Sub Group Terms of Reference. It was clarified that HEIW was in the early development stages of an Evaluation, Research, Improvement and Innovation Collaborative (ERIIC). This would be a key enabler to ensure that HEIW continuously improves quality, enhanced its processes for investment in the NHS Wales workforce and provided the evidence base for the decisions made in planning for current and future workforce. It was also key to determining the impact that HEIW's activity had on the healthcare workforce, practice and ultimately, patient care and safety. This initiative was to be presented at a full Board Development session.</p>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>agreed</b> to the Terms of Reference of the MPQEG be updated to include the following additional members to the Terms of Reference of the MPQEG: <ul style="list-style-type: none"> <li>○ Deputy Director of Education, Commissioning &amp; Quality;</li> <li>○ Head of Nursing and Midwifery Transformation;</li> <li>○ Head of Allied Health Professionals Transformation;</li> <li>○ Eye Care Transformation Lead;</li> <li>○ Head of Nurse Staffing Programme.</li> </ul> </li> <li>• <b>agreed</b> that the Committee receive an update on the development of the Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) at the meeting in February 2021;</li> <li>• <b>agreed</b> that the terms of reference of the internal and external Advisory Groups be reviewed in the context of HEIW's function in research and the establishment of ERIIC.</li> </ul>	<p><b>DB</b></p> <p><b>PM/TL</b></p> <p><b>AP/PM</b></p>
	Margaret Allan joined the meeting.	

<b>ECQC: 08/10/3.5</b>	<b>Draft Forward Work Programme</b>	
	<p>The Committee <b>received</b> and <b>considered</b> the draft Forward Work Programme.</p> <p>Following discussions, it was suggested that the format of the future agendas follow the order of today's meeting with performance and quality at the beginning of each meeting.</p>	
<b>Resolved</b>	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the Forward Work Programme;</li> <li>• <b>agreed</b> that the Forward Work Programme be updated to reflect the Committee discussions.</li> </ul>	<b>DB</b>
<b>PART 4</b>	<b>STRATEGIC MATTERS</b>	
<b>ECQC: 08/10/4.1</b>	<b>Briefing Paper – Enshrining the Positive Lessons from COVID-19: Defining the 'New Normal' for Education and Training in Wales</b>	
	<p>The Committee <b>received</b> the briefing paper.</p> <p>In presenting the paper, Pushpinder Mangat emphasised that the COVID-19 Pandemic had created an environment where NHS organisations had adapted to new ways of working as a result of the restrictions imposed. It was highlighted that many changes had taken place out of necessity, but the crisis had provided a unique opportunity for beneficial change within Health Boards and Trusts.</p> <p>HEIW had gained stronger links from not only within NHS Wales and with education providers but across the UK with key stakeholders. There were lessons to be learned particularly in relation to utilising digital technology and embedding multi-professional simulation-based training.</p> <p>HEIW was in an advantageous position as an enabler to influence the skills of the future NHS workforce in its role as commissioner of education and training in Wales.</p> <p>It was confirmed that HEIW was raising the matter of a multi-professional single credential approach during its regular meetings with Regulators and Professional Bodies.</p> <p>In answer to query raised regarding links with social care, it was clarified that HEIW and Social Care Wales hold regular Executive to Executive meetings. It was acknowledged that there was further work required for the carer/domiciliary workforce and that a joint Task Group was being established to take forward the social care and health aspects.</p> <p>Margaret Allan informed the Committee of the pilot being undertaken with Small Group Practice Based Teams in Primary</p>	

	<p>Care within Pharmacy. It was highlighted that this work linked into the work being undertaken with Primary Care training hubs.</p> <p>It was highlighted that with the increasing likelihood of a second peak of COVID-19, there was a need to ensure that education and training was maintained, and study time protected. Concerns were raised regarding the student/trainee wellbeing and experience, especially for those that were exposed during the first wave and may have had a negative experience. It was highlighted that this was an area of increased focus, particularly with the management of redeployment to ensure the burden was shared and the most suited redeployed.</p>	
<b>Resolved</b>	The Committee <b>noted</b> the report.	
<b>ECQC: 08/10/4.2</b>	<b>Update on Strategic Review of Health Professional Education in Wales</b>	
	<p>The Committee received a verbal update.</p> <p>Eifion Williams expressed his thanks to colleagues and the Committee for the scrutiny and comments received on the phase 1 Health Professional Education Contract Specification that had been endorsed by the Board at its September meeting. He advised that the Contract Specification had been sent to Dr Andrew Goodall by NWSSP Procurement on 2 October 2020.</p> <p>The Committee noted that HEIW colleagues had attended a series of meetings and briefings with Welsh Government colleagues to provide an overview of the contract review process and the development of the contract specification. It was anticipated that Welsh Government would provide an outcome as per the usual process of three weeks.</p> <p>Concern was raised regarding contingency within the procurement timetable should there be any delay with the decision from Welsh Government and the impact of purdah due to the May 2021 elections. It was clarified that the procurement programme included a contingency of approximately three to four weeks. It was hoped that this would protect the time needed for providers to prepare their tender submissions against all the lots.</p> <p>Concern was raised in relation to the potential for lots to not receive tender submissions. It was clarified that the contract review process and the extensive engagement with key stakeholders had helped to inform the 'lotting' strategy and the contract specification. It was expected that all lots would be tendered against.</p> <p>Alex Howells highlighted that whilst HEIW awaits the decision from Welsh Government, a review of the programme risk register would</p>	

	<p>be undertaken to ensure that all risks have been identified and actions to mitigate were in place.</p> <p>The Committee thanked the staff involved for achieving a significant milestone.</p>	
<b>Resolved</b>	<p>The Committee;</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the verbal update;</li> <li>• <b>agreed</b> that a review of the programme risk register be undertaken to ensure that all risks have been identified and actions to mitigate were in place.</li> </ul>	<b>EW/AP</b>
<b>ECQC: 08/10/4.3</b>	<b>South Wales Trauma Network Training Needs Assessment</b>	
	<p>The Chair welcomed Dr Bethan Nicholas, Dr Sue West-Jones and Rachel Taylor from the South Wales Trauma Network (SWTN).</p> <p>The Committee received a presentation on the education and training aspects being undertaken by the SWTN which included:</p> <ul style="list-style-type: none"> <li>• Tasks completed over the past six months;</li> <li>• Ongoing tasks and progress;</li> <li>• Ideas and concepts for virtual learning;</li> <li>• Aims for the next six months;</li> <li>• Resource Sharing/Responsive Education;</li> <li>• Person Centred Priorities;</li> <li>• Overview of five-year Plan;</li> <li>• Support required from HEIW.</li> </ul> <p>Tina Donnelly retrospectively declared an interest in relation to her involvement in military trauma training.</p> <p>The Committee considered the presentation and was pleased that the focus of the SWTN education and training was a multi-professional approach.</p> <p>The Committee thanked Dr Bethan Nicholas, Dr Sue West-Jones and Rachel Taylor for their informative presentation and agreed that HEIW would make contact to arrange to discuss the detail of the support required for the SWTN education and training.</p>	
<b>Resolved</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the presentation;</li> <li>• <b>agreed</b> that the Medical Director set up a meeting with SWTN colleagues to discuss in detail the support requested from HEIW.</li> </ul>	<b>PM</b>
<b>PART 5</b>	<b>CLOSE</b>	
<b>ECQC: 08/10/5.1</b>	<b>Any Other Business</b>	
	There was no other business.	

<b>ECQC: 08/10/5.2</b>	<b>Reflection on Today's Committee</b>	
	The Committee provided their reflections on the meeting.	
<b>ECQC: 08/10/5.3</b>	<b>Date of Next Meeting</b>	
	The date of the next meeting was confirmed for Tuesday, 9 February 2021 at 10.00am either by Microsoft Teams or in HEIW Meeting Room 1, Ty Dysgu, Nantgarw.	

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**Dr Ruth Hall (Chair)**

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**Date:**

DRAFT

## Education, Commissioning and Quality Committee (Open)

08 October 2020

### Action Log

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>ECQC: 16/01/3.1</b>	<b>Performance Report of Education Contracts</b>			
	Explore the potential for a celebratory event either annually or 6-monthly with service providers.	<b>Interim Director of Nursing</b>	TBC	Postponed. This will be picked up once the current emergency has passed.
<b>ECQC: 02/07/1.5</b>	<b>Action Log</b>			
	<b>ECQC 21/10/2.2 KPMG Review of Health Professional Education:</b>			
	<ul style="list-style-type: none"> <li>The availability of Welsh Language Resources including the Welsh Clinical Dictionary to be explored further in terms of how these resources would be managed, updated and shared across other organisations to support Welsh language provision. A report to be presented to the February 2021 Committee.</li> </ul>	<b>Board Secretary</b>	February 2021	Verbal update to be provided at the Committee in February 2021.
<b>ECQC: 02/07/6.1.1</b>	<b>Inequalities in Educational Attainment and Recruitment</b>			
	<ul style="list-style-type: none"> <li>A discussion paper be presented at the next meeting of the Committee to consider how HEIW may approach mitigating the impact of inequalities in context of educational attainment and recruitment.</li> </ul>	<b>Interim Director of Nursing/ Medical Director</b>	February 2021	A new Differential Attainment Group has been established to take this work forward. A progress update is an item on the Committee agenda for February 2021.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>ECQC: 08/10/2.1</b>	<b>Quality Management Update</b>			
	<ul style="list-style-type: none"> <li>Future reporting to have a multi-professional focus.</li> </ul>	<b>Interim Director of Nursing/ Medical Director</b>	February 2021	Action noted for future reporting.
	<ul style="list-style-type: none"> <li>GMC Survey to be presented to the Committee in February 2021</li> </ul>	<b>Medical Director</b>	February 2021	Item on the Committee agenda for February 2021.
	<ul style="list-style-type: none"> <li>The Simulation Team Report and Guidance to be presented at the Committee at its meeting in February 2021.</li> </ul>	<b>Medical Director</b>	February 2021	Item on the Committee agenda for February 2021
<b>ECQC: 08/10/3.1</b>	<b>Evaluation of Committee Effectiveness</b>			
	<ul style="list-style-type: none"> <li>Explore the development of Committee Induction resources for new members.</li> </ul>	<b>Board Secretary</b>	TBC	Work has commenced to research the resources used in similar organisations.
<b>ECQC: 08/10/3.2</b>	<b>Annual Review of Committee Terms of Reference</b>			
	<ul style="list-style-type: none"> <li>The Committee to recommend to the Board that its Terms of Reference be amended to include the Vice Chair role within its membership and the addition of the three Deans as standing 'In attendance' members of the Committee.</li> </ul>	<b>Board Secretary</b>	November 2020	Completed. Item considered by the November Board as part of the Committee Chair's Key Issues Report.
<b>ECQC: 08/10/3.4</b>	<b>Terms of Reference of the new Internal and External Facing Advisory Groups on Education and Training</b>			
	<ul style="list-style-type: none"> <li>The Terms of Reference of the MPEQG to be updated to include the following additional members: <ul style="list-style-type: none"> <li>Deputy Director of Education, Commissioning and Quality;</li> </ul> </li> </ul>	<b>Board Secretary</b>	Within 1 week	Completed.





Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> <li>○ Head of Nursing and Midwifery Transformation;</li> <li>○ Head of Allied Health Professionals Transformation;</li> <li>○ Eye Care Transformation Lead;</li> <li>○ Head of Nurse Staffing Programme.</li> </ul>			
	<ul style="list-style-type: none"> <li>• An update on the development of the Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) to be presented to the Committee in February 2021.</li> </ul>	<b>Medical Director</b>	February 2021	Item on the Committee agenda for February 2021.
	<ul style="list-style-type: none"> <li>• The terms of reference of the internal and external Advisory Groups be reviewed in the context of HEIW's role in research and the establishment of ERIIC.</li> </ul>	<b>Medical Director/ Interim Director of Nursing</b>	February 2021	The revised Terms of Reference for the Advisory Groups is an item on the Committee agenda for February 2021.
<b>ECQC: 08/10/3.5</b>	<b>Forward Work Programme</b>			
	<ul style="list-style-type: none"> <li>• Forward Work Programme to be updated to reflect the Committee discussions.</li> </ul>	<b>Board Secretary</b>	Within 1 week.	Completed.
<b>ECQC: 08/10/4.2</b>	<b>Update on Strategic Review of Health Professional Education in Wales</b>			
	<ul style="list-style-type: none"> <li>• A review of the programme risk register be undertaken to ensure that all risks have been identified and actions to mitigate were in place.</li> </ul>	<b>Director of Finance/Interim Director of Nursing</b>	February 2021	This matter is included in the progress updates for both Phases 1 and 2 of the Strategic Review of Health Professional Education which are on the Committee agenda for February 2021.
<b>ECQC: 08/10/4.3</b>	<b>South Wales Trauma Network</b>			
	<ul style="list-style-type: none"> <li>• Medical Director to set up a meeting with SWTN colleagues to discuss in detail the support requested from HEIW.</li> </ul>	<b>Medical Director</b>	TBC	Verbal update to be provided at the Committee in February 2021.

**UNCONFIRMED Minutes of the EDUCATION ADVISORY GROUP**  
**Held on 17 November 2020**  
**Via Microsoft Teams/Teleconference**

**PRESENT:**

**HEIW Representatives:**

Angela Parry ( <b>Chair</b> )	Interim Director of Nursing, HEIW
Pushpinder Mangat ( <b>Chair</b> )	Medical Director, HEIW
Julie Rogers	Director of Workforce & OD, HEIW
Angie Oliver	Deputy Director of Workforce & OD, HEIW
Charlette Middlemiss	Head of Workforce Modernisation, HEIW
Martin Riley	Deputy Director of Education, Commissioning & Quality, HEIW
Kirsty Moons	Interim Dental Dean, HEIW
William McLaughlin	Interim Dental Dean, HEIW
Tom Lawson	Medical Dean

**Peer Group Representatives:**

Stuart Walker (Cardiff & Vale University Health Board)	Representing Health Board/Trust Medical Director
Greg Dix (Cwm Taf Morgannwg University Health Board)	Representing Health Board/Trust Director of Nursing
William Oliver (Hywel Dda University Health Board)	Representing Health Board/Trust Director of Therapies and Healthcare Science
Jenny Pugh-Jones (Hywel Dda University Health Board)	Representing Health Board Chief Pharmacist

**Stakeholder Representatives:**

Ian Mathieson (Cardiff Metropolitan University)	Representative from the Council of Deans
Annabel Harris	Representative from Wales Health Student Forum (WHSF)
Dr Farook Sarfraz	Representative from Post Graduate Trainees – Medical
Helen Whyley (Royal College of Nursing)	Representative from Welsh Health Partnership Forum (WHPF)
Vicky Richards (Royal College of Midwives)	Representative from Welsh Health Partnership Forum (WHPF)
Jon Day	Social Care Wales
Barbara Jackson	Colleges Wales (Colegau Cymru)
Dafydd Trystan	Coleg Cymraeg Cenedlaethol
Ele Hicks	Diverse Cymru

**IN ATTENDANCE:**

Dafydd Bebb	Board Secretary, HEIW
Amy Whitehead	Executive Assistant (Secretariat)

**SPEAKERS:**

Sara-Catrin Cook	Associate Dean for Simulation and Clinical Skills
Colette McNally	Deputy Director of Postgraduate GP Education

**APOLOGIES:**

Dr Maryam Ezzeldin	Representative from Post Graduate Trainees - Dental
Sarah McCarty	Social Care Wales (representative attending)
Lesley Robins	Colleges Wales (representative attending)

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	
<b>1.1</b>	<b>Welcome and Introductions</b>	
	<p>Angela Parry (Chair) opened the meeting and set out the structure for the session.</p> <p>Dafydd Bebb welcomed all in Welsh and explained that it was not currently possible to offer instant translation due to the meeting taking place on the Microsoft Teams platform. He apologised that HEW was not currently able to offer simultaneous translation and confirmed HEIW was working on this and hoped to offer this service soon.</p> <p>The EAG members were invited to introduce themselves.</p>	
<b>1.2</b>	<b>Apologies for Absence</b>	
	Apologies were noted from Maryam Ezzeldin, Sarah McCarty and Lesley Robins.	
<b>1.3</b>	<b>Introduction by the Co-Chairs</b>	
	Angela Parry talked about the aspiration for the session and highlighted the two presentations on Simulation and Differential Attainment.	
<b>PART 2</b>	<b>MATTERS FOR CONSIDERATION</b>	
<b>2.1</b>	<b>Consideration of the Terms of Reference of the Education Advisory Group</b>	
	<p>The draft terms of reference (TOR) was presented by Dafydd Bebb for consideration by the EAG.</p> <p>The TOR was considered in detail by the group.</p> <p>A background was given to the establishment of the EAG. It was confirmed the EAG will be a sub-group of the Education Commissioning and Quality Committee who will advise on education, identify future education, training requirements and commitments for education going forward.</p> <p>The 5 bullet points within the TOR under the heading 'Purpose' were discussed and the following comments noted:</p> <p><b>Bullet point 1</b></p> <p>In response to the query, on whether the EAG was focussed on education commissioned by HEIW only, the Group was advised this is a broader term as demonstrated by the work being considered by the EAG at the meeting.</p> <p>It was clarified that EAG shall focus on the health care workforce in a broader sense. In relation to non-clinical training there was an overlap between the work</p>	

	<p>undertaken that provided transferable skills across the workforce. It was confirmed the TOR reflects the membership of the Group and that additional contributors would be invited to attend for different areas for certain topics.</p> <p><b>Bullet point 2</b></p> <p>It was clarified that the Education Commissioning and Quality Committee reports into the HEIW Board. The EAG to contribute and support the Workforce Strategy for Health and Social Care which is a key document for both HEIW and Social Care Wales.</p> <p><b>Bullet Point 3</b></p> <p>It was confirmed that next year's Annual Education and Training Plans will come to the EAG for commenting and will include any workforce and regulatory changes.</p> <p><b>Bullet Point 4</b></p> <p>It was agreed that the sentence be amended to include reference to equality of access or equality and diversity, as this should be implicit.</p> <p><b>Bullet Point 5</b></p> <p>The EAG was advised that the purpose of this sentence was to provide an opportunity for members of the EAG to bring any suggestions or concerns to the forum's attention that are out of the ordinary rather than business as usual.</p> <p>It was confirmed the TOR will be kept under review.</p> <p>It was noted that meeting on Teams rather than face to face can be difficult to understand who is attending and who each member represents. It was agreed that a list of attendees, which shall also detail who the individuals are representing, to be circulated with the minutes.</p> <p>It was confirmed that there is Medical representation from the Medical Director Peer group, and there are many other Medically qualified members of the group.</p> <p>The terms of reference allows four representatives from the partnership forum to represent all staff side bodies and they will need to bring Medical Staff side input to the meeting. It was further confirmed that HEIW have regular conversations with the regulators and colleges and are linking with all royal colleges and equivalents that represent all health professionals.</p> <p>There was a discussion about representatives for the independent contractors and if it was possible to link with them. It was suggested Directors of Primary Care could have this voice.</p>	<p>Dafydd Bebb</p> <p>Amy Whitehead</p>
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	The Chairs agreed this is an important point and will be considered outside of the meeting.	
<b>Resolution</b>	It was <b>agreed</b> that subject to bullet point 4 being amended to include reference to equality of access or equality and diversity that the EAG supported its terms of reference.	
<b>2.2</b>	<b>Terms of Reference for the HEIW Multi-Professional Quality and Education Group (MPQEG) (for noting)</b>	
<b>Resolution</b>	The terms of reference of the MPQEG were <b>noted</b> .	
<b>2.3</b>	<b>Simulation</b>	
	<p>The presentation was delivered by Sara- Catrin Cook, Associate Dean for Simulation and Clinical Skills.</p> <p><b>Key message</b></p> <ul style="list-style-type: none"> <li>The importance of simulation and the fact there is already great simulation being delivered, supporting great work and what can be done to help.</li> </ul> <p>The presentation prompted a group discussion of how simulation can be used across the professions.</p>	
<b>Resolution</b>	It was <b>agreed</b> that a Teams meeting with stakeholders would be beneficial to further this discussion, Sara-Catrin Cook welcomed this.	
<b>2.4</b>	<b>Differential Attainment</b>	
	<p>The presentation was delivered by Colette McNally, Deputy Director for GP Education.</p> <p>The presentation addressed issues from the medical field. Heads of schools have been asked to identify risks for Doctors not progressing and accessing early support. The appropriate approach was deemed to be supporting people before difficulties occur.</p> <p>Martin Riley highlighted how HEIW's Health Professional Education (Nursing, AHPs and HCSs) contracts (starting Sept 2022) aimed to address Differential Attainment.</p> <p>This included improved data reports and tracking for students, attrition and job offers. There will be metrics to identify the differences across health professionals and HEIW are looking to drive improvement and the right level of support. There will be targets within the Universities to support students from the most deprived areas.</p>	
<b>Resolution</b>	The presentation on differential attainment was <b>noted</b> .	
<b>PART 3</b>	<b>CLOSE</b>	
<b>3.1</b>	<p>Any Other Business</p> <p>The Chairs thanked all for attending and their contributions.</p> <p>It was <b>agreed</b> a further meeting to discuss simulation would be arranged.</p>	
<b>3.2</b>	<p>Date of Next Meeting:</p> <p>To Be Confirmed; Spring 2021</p>	



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Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>COVID Implications for Education and Training</b>		
<b>Report Author</b>	Angela Parry and Pushpinder Mangat		
<b>Report Sponsor</b>	Angela Parry and Pushpinder Mangat		
<b>Presented by</b>	Angela Parry and Pushpinder Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To update the Education Commissioning & Quality Committee on the impact of the Covid-19 pandemic on education and training		
<b>Key Issues</b>	<p>Close monitoring of the Education and Training plans to continue. This is business as usual but in a pandemic environment. The quality of education and training is currently being upheld.</p> <p>Close partnership working between all stakeholders and across the 4 nations ensures that any risks are promptly escalated through individual teams and to the Crisis Management Team and to the Executive Team.</p> <p>Minor financial implications within existing budgetary controls to ensure that practice learning continues safely – this includes travel and accommodation costs.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of this report.</li> </ul>		

# COVID IMPLICATIONS FOR EDUCATION AND TRAINING

## 1. INTRODUCTION

The Coronavirus pandemic has placed the NHS Wales under considerable pressure. This in turn has impact on the normal education and training cycle of all healthcare professional students and trainees. Close partnership working between all key stakeholders has resulted in minimal disruption to this cycle although inevitably there will be some professional groups, and some individual students, whose training will require adjustment as a direct request of the pandemic. This, as is normal practice, will be closely monitored.

## 2. BACKGROUND

It is now nearly a year since the Coronavirus first arrived in Wales. During this time a new cohort of registrants and trainees has joined the workforce (summer 2020) and a new cohort of students and trainees has embarked on their education journey. There have been notable adjustments to the delivery of theoretical learning however practice-based learning needs to continue as planned to enable competencies and clinical skills to be learnt and assessed, and on time registration achieved. It is essential that wherever possible training continues as planned to ensure the anticipated number of registrants are available to join the workforce of Wales and support pandemic and recovery services.

## 3. PROPOSAL

Outlined below is a summary of the position of education and training across the main health professional groups:

- **Medical and Dental Education and Training**

The guidance on the redeployment of medical and other trainees was recirculated in November and lines of communication with all Health Boards and Trusts are in place through the Assistant Medical Directors.

There is no blanket agreement to redeploy trainees, but there is flexibility to do so, in consultation with HEIW and on a specialty by specialty basis. Review meetings are also held with all Health Boards (HBs) on a three-weekly basis if trainees have been redeployed to ensure this doesn't become the status quo by default.

At the time of writing the usual rotation date for medical trainees at the beginning of February is being maintained and this remains HEIW's position in order to maintain training for our future doctors despite some pressure from HBs to pause the rotations.

A detailed log of issues relating to medical and dental training was compiled before Christmas and is being updated for further detailed discussion at the CMT next week. Issues that have so far been identified and under review are:

- Areas of significant pre-existing medical training quality concerns have been monitored via targeted visits during the last few months, because of the risk of the pandemic further impacting on fragile services and therefore training. These include A&E and Obstetrics and Gynaecology in CTM UHB, A&E in Morriston Hospital, Psychiatry in CTM UHB, Medicine and A&E in ABUHB. The early opening of the Grange hospital in ABUHB has also been challenging both from service and training perspective. Close collaboration continues between the Quality Unit and the relevant UHBs for each of these areas
- General issues about the ability to progress in surgery (due to lack of access to elective surgery experience) and medicine (due to excessive service workload) and some other specialty specific areas.
- Significant increased pressure on Public Health Medicine – consideration being given to whether it is feasible to bring forward recruitment expansion plans.
- Dental training due to the restrictions in aerosol generating procedures and some lack of access to Clinical Skills Labs where Postgraduate Centres are being used for vaccinations.
- Varied facilities and supporting infrastructure impacts across Health Boards including access to training facilities, support staff being redeployed and access to digital training.

Concerns have been raised about the impact of escalating COVID pressures across the four nations on the feasibility of delivering the planned national recruitment processes for medical trainees for the August 2021 intake. Contingency plans have been developed for all specialties and consideration about if and when these are likely to be implemented is currently being reviewed by the four nation Medical and Dental Recruitment and Selection group in collaboration with the lead recruiting bodies.

The early graduation of medical students is unlikely to be feasible this year as the cohort's training has been and continues to be significantly affected by the pandemic and so they will need the full time to complete their competencies. This has been communicated to Medical Directors. A meeting is being held next week between HEIW and the leads from both of Wales' Medical Schools, to assess the impact of the current heightened restrictions on medical students' education and to ensure close collaboration and alignment between the Universities and HEIW.

#### • **Healthcare Professional Education**

The COVID-19 Response Group which is run by our Commissioning team and includes all Universities continues to meet to communicate and manage the ongoing response to the pandemic. All universities have communicated that placement learning can continue to be supported as planned. Bespoke arrangements are in place for vulnerable students. Placement learning guidance for students and placement partners is available on the HEIW website.

Emergency pre-registration education standards have been launched by the Nursing and Midwifery Council. These provide greater flexibility than in Phase 1 of the pandemic (March 2020). An All Wales position supports that there is no need



currently to deploy final year students, or to remove first year students from placement learning as permitted in the emergency standards. The HCPC has not published emergency education standards.

There has been some minor disruption to the learning of some students on the specialist community public health nursing programmes where supervisors have been deployed to vaccination centres.

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

Close monitoring of the Education and Training plans to continue. This is business as usual but in a pandemic environment. The quality of education and training is currently being upheld.

Close partnership working between all stakeholders and across the 4 nations ensures that any risks are promptly escalated through individual teams and to the Crisis Management Team and to the Executive Team.

#### **5. FINANCIAL IMPLICATIONS**

Minor financial implications within existing budgetary controls to ensure that practice learning continues safely – this includes travel and accommodation costs.

#### **6. RECOMMENDATION**

The Committee is asked to **note** the contents of this report.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development, and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer, and leader
	✓		
<b>Quality, Safety and Patient Experience</b> Close partnership working between all stakeholders and across the 4 nations ensures that any risks are promptly escalated through individual teams and to the Crisis Management Team and to the Executive Team.			
<b>Financial Implications</b> Minor financial implications within existing budgetary controls to ensure that practice learning continues safety – this includes travel and accommodation costs.			
<b>Legal Implications (including equality and diversity assessment)</b> Currently none identified.			
<b>Staffing Implications</b> Currently non identified.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>			
<b>Appendices</b>			



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<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>2.2.1</b>
<b>Report Title</b>	<b>Postgraduate Medical and Dental Education Update January 2021</b>		
<b>Report Author</b>	Mandy Martin and Malcolm Gajraj		
<b>Report Sponsor</b>	Tom Lawson and Push Mangat		
<b>Presented by</b>	Push Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Education Commissioning and Quality Committee with an update on quality management activity within the Medical Deanery.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• 5 areas of risk are currently in enhanced monitoring status with the GMC.</li> <li>• COVID 19 has had an impact on physical visits and on Local Education Providers to address some of the concerns raised. Some areas remain in Enhanced Monitoring simply because COVID 19 has put extra pressure on our frontline services</li> <li>• Visit activity has resumed.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the content of this report</li> </ul>		

# POSTGRADUATE MEDICAL AND DENTAL EDUCATION UPDATE JANUARY 2021

## 1. INTRODUCTION

The Quality Unit works to improve patient care and patient safety through the monitoring and development of high-quality education and training and provision of Faculty and infrastructure to support this. Activity is undertaken in collaboration with Speciality, Foundation and GP Schools along with Local Education Providers (LEPs) across NHS Wales to ensure high quality educational environments for trainees and links between educational and clinical governance.

Excellence in postgraduate medical training in Wales is supported by our core remit comprising delivery of educational governance via mechanisms including:

- a) Commissioning of, and expectations for, provision of Postgraduate Medical and Dental Education (PGMDE).
- b) Application of a Quality Management Framework (QMF) including scheduled and responsive components to ensure that when training does not meet national standards, changes are facilitated and implemented to improve quality. The QMF provides reassurance to the General Medical Council (GMC), the regulator, to approve training sites and programmes.
- c) Support for PGMDE provision across NHS Wales including trainers and training infrastructure.

These mechanisms are necessarily interlinked. However, for reporting purposes each component is considered separately and cross-referenced as appropriate to contextualise information. This report is primarily concerned with the provision of an update on quality management.

The COVID 19 pandemic has had a variety of impacts on education and training. Within the areas that are in Enhanced Monitoring, some may have been able to have been de-escalated if the pandemic hadn't occurred, while others have not been able to do the volume of training to allow adequate assessment.

## 2. GOVERNANCE & RISK ISSUES

Since the last update report the number of areas which are in Enhanced Monitoring status with the GMC has reduced from six to five. An update on each of these areas and other relevant information is provided in the subsequent sections.

### 2.1 Paediatric Surgery, University Hospital of Wales

HEIW has been working with Cardiff and Vale University Health Board since this issue was placed in enhanced monitoring in April 2017 with trainees having previously been temporarily removed in 2015. Following evidence of a sustained improvement in the learning environment, approval to reallocate training grade doctors into the department was granted in June

2019 with one ST trainee commencing training in August 2019 and a further trainee in February 2020.

A further Targeted Visit was undertaken on 9<sup>th</sup> October 2020 at which there was continued evidence of sustained improvement with training grade doctors being overwhelmingly positive about the learning environment and effective governance structures in place. Given that there was evidence of a sustained improvement with further commitment to continue to make improvements for non-training grade doctors thereby ensuring an equitable experience for all medical professionals HEIW recommended that the issue was de-escalated from enhanced monitoring status. The GMC have approved this recommendation with Enhanced Monitoring being withdrawn on 17<sup>th</sup> November 2020. The Quality Unit will be undertaking a further Targeted Visit later this year as part of routine monitoring and to consider the appropriateness of reallocating a General Surgery and a Foundation trainee to the department.

**Next steps:**

A further Targeted Visit will be arranged for May 2020 to monitor for sustainability and consider the appropriateness of reallocating other grades of trainees.

## **2.2 Obstetrics & Gynaecology Prince Charles & Royal Glamorgan Hospitals**

This department has been in enhanced monitoring since December 2017 for concerns relating to clinical supervision and reconfiguration of services. The department has been the subject of a critical report by the RCOG into Obstetric Services more generally. The training issues however were considered to have improved and this has been evidenced through monitoring and a more formal Targeted Visit was undertaken on 23<sup>rd</sup> October 2019 with the GMC present. The Quality Unit have continued to collaborate with the Health Board and a further visit arranged for 29<sup>th</sup> April 2020 was postponed due to the COVID-19 pandemic. However, monitoring with the local team has continued and the postponed visit was undertaken virtually on 14<sup>th</sup> October 2020 with both the GMC and a member of the Independent Panel in attendance. The visit findings were positive with evidence of a supportive training environment, effective educational and clinical supervision and good engagement in training delivery. Inevitably the COVID-19 pandemic had impacted upon access to clinics and theatre and the Health Board were encouraged to continue to explore ways to ensure access to opportunities was maintained noting that HEIW had approved independent sector hospitals for training.

The following is necessary to secure de-escalation from enhanced monitoring status:

- Evidence that improvements to date are sustainable (GMC Standards S1.1 and S1.2).
- Resolution of the concerns around A&E pathways (GMC Standard 1.1).
- Access to ultrasound training, (GMC Requirement R1.20).

**Next steps:**

A further visit will be scheduled for April 2021 in order to monitor progress.

**2.3 Obstetrics & Gynaecology Princess of Wales Hospital**

This department has been in enhanced monitoring since January 2019 for concerns relating to clinical supervision, adequate experience, curriculum coverage and reconfiguration of services. A further visit took place on 23<sup>rd</sup> October with the GMC present in order to monitor progress more formally. At the visit it was evident that the patient safety issues identified at the previous visit had been addressed and the experience of the foundation and GP trainees had improved. We have continued to liaise with the local team to monitor progress and a further visit was undertaken on 30<sup>th</sup> November 2020. At the visit it was evident that there had been some improvement in the feedback particularly for the junior trainees and there was an effective education forum in place. In terms of ongoing concerns there was a need to ensure that the specialty trainees had access to clinics and theatre.

The following steps are necessary to ensure de-escalation from enhanced monitoring status:

- Evidence that the previous improvements are sustained (GMC Standards S1.1 and S1.2).
- Evidence that ST trainees can meet the requirements of the curriculum (GMC Requirement R1.17).

**Next steps**

A further visit will be scheduled for May 2021 in order to monitor progress further.

**2.4 Medicine, Wrexham Maelor Hospital**

A planned visit was undertaken on 19<sup>th</sup> July 2019, the third in a series of visits. At this visit, it was noted that there were persistent concerns around the ability of the trainees to meet the requirements of the curriculum due to an inappropriate balance between training and service provision. Given the persistent nature of this concern, the issue was referred to the GMC for consideration of enhanced monitoring status. This was subsequently applied in September 2019.

Prior to COVID-19 we were aware that the Health Board had taken a number of steps to address the concerns and there was some evidence that de-escalation may be possible prior to the pandemic. However, we are aware that the pandemic has had a significant impact on medicine as a specialty and COVID has reached North Wales slightly later than in the rest of Wales. We have therefore continued to engage with the Health Board in order to monitor progress and will reschedule a visit at an appropriate time.

The following steps are necessary in order to consider de-escalation from enhanced monitoring:

- Evidence that there is an appropriate balance between training and service provision and that this can be sustained (GMC Requirements R1.12, R1.7, R1.12).

#### **Next steps**

The Quality Unit will continue to liaise with the local team to monitor progress and will arrange a visit at an appropriate time.

### **2.5 Emergency Medicine, Morriston Hospital**

A visit was undertaken to consider the training experience in Emergency Medicine at Morriston Hospital on 9<sup>th</sup> January 2020. At the visit the panel were concerned that there had been a significant deterioration in the training experience. Given the concern that progress had fallen behind, combined with the lack of a clear plan on how to address the concerns in the short term, the issue was referred to the GMC for Enhanced Monitoring status and confirmation from the GMC that this status would be applied was received in February 2020.

A further visit was undertaken on 4<sup>th</sup> November 2020 in order to monitor progress. At the visit some early signs of improvement were noted, the junior trainees were well supported clinically and educationally with a good teaching programme being in place. The ongoing concerns largely related to the Specialty Trainees whose roles had a heavy emphasis upon service provision to the detriment of education provision. However, whilst this was an ongoing issue from the previous visit the department had developed a plan to delivery teaching for the middle grades the implementation of which was imminent. In addition, there had been some efforts to start to improve the level of pastoral support available.

The key issues for which action is required are as follows:

- Evidence that an appropriate induction is in place which incorporates the paediatric area as well as other areas of the department. (GMC Requirement R1.13).
- Evidence that there is an appropriate balance between service provision and education provision taking into consideration the need for trainees to cover specific aspects of the curriculum e.g. Paediatric Emergency Medicine, Minors etc. (GMC Requirement R1.15).
- That the department take steps to foster a more proactive approach to the provision of pastoral care. (GMC Standard S3.1).

#### **Next Steps:**

A further visit will be arranged has been arranged for May 2021 in order to monitor progress further.

### **2.6 Trauma & Orthopaedics, Morriston Hospital**

This department was placed in enhanced monitoring in January 2019 due to concerns about clinical supervision, supportive environment, adequate experience, induction and workload. A good level of progress had been

made in addressing a number of the concerns within the department immediately prior to COVID-19 particularly in relation to the previously identified patient safety issues. The remaining concern relates to the need to ensure that there is adequate elective exposure. (GMC Requirements R4.2 and R1.17). However, like all surgical specialties COVID-19 has had a significant impact on the ability of the department to provide non urgent surgery. We are therefore taking steps to ensure that trainees continue to be supported through the pandemic as routine operating starts to resume. The Medical Deanery has supported the Medical Director in allowing trainees to acquire experience outside the main NHS hospital sites (e.g. Private Hospitals). Plans for a further visit during the spring were postponed due to the COVID pandemic. Whilst there are plans for a further visit to be undertaken, consideration is being given to the most appropriate time to undertake this.

**Next steps:**

Ongoing monitoring in collaboration with the Health Board with a further visit to be arranged at an appropriate time.

### **3. IMPACT OF COVID ON EDUCATION**

The Quality Unit have been undertaking additional data collection from various sources to understand the impact of the COVID-19 pandemic on education and training in Wales. Data arising from this piece of work has been used to support the Education and Training Cell risk register as well as the production of ad hoc impact reports the first of which reflected the October to November 2020 thereby encompassing the start of wave two of the pandemic. A further report is under development to consider December and January.

### **4. GMC NATIONAL TRAINING SURVEYS**

The GMC National Training Surveys which usually take place in March each year were postponed in the due to the COVID-19 pandemic. However, the GMC have undertaken a shorter survey of trainees and trainers across the UK which aimed to focus upon wellbeing and to understand trainee and trainer experiences of working during a pandemic. The GMC have published the results on their online reporting tool and these results have been analysed with a separate key themes report being produced based upon the findings. The GMC have recently confirmed their intention to continue with the 2021 National Training Surveys in early Spring.

### **5. TRAINER QUALITY CONTROL**

The roll out of the All Wales Medical Trainer Agreement, (Undergraduate & Secondary Care) was an important step in clarifying the roles and responsibilities of Local Education Providers, (LEPs), HEIW and trainers identifying the mechanisms for, and support of, the development and provision of high quality undergraduate medical education and postgraduate medical training in secondary care.



Whilst providing clarity around expectations is an important step, the Quality Unit has commenced a project designed to develop and implement an appropriate approach to trainer quality control the data arising from which will feed into appropriate quality management as well as supporting ongoing development and improvement of the training faculty. This project is important in ensuring that the commitments made within the Agreement are realised which is important in terms of the provision of high quality education and training as well as ensuring our obligations to the GMC are met. A brief overview of progress made to date and next steps are provided in the points below:

- Consultation with key stakeholders including BMA Cymru to explain the rationale for the work and obtain engagement.
- Delivery of a session at COPMed in order to understand what systems were in place across the rest of the UK. The findings of this highlighted that there were no clear systems in place thereby providing Wales with an opportunity to lead in this area.
- A core data set has been defined in order to capture appraiser feedback on the following key points:
  - Whether the Medical Trainer Agreement has been signed.
  - Which of the four recognised training roles the appraiser holds as well as indication of whether or not other roles are held.
  - Whether or not those in the four roles have signed the All Wales Medical Trainer Agreement.
  - Whether the appraiser has been allocated postgraduate medical trainees for whom they have acted as an education or named clinical supervisor for.
  - Whether the appraiser has received feedback for their educational role.
  - Whether the appraiser has been able to use the time allocated for their educational role for the purpose it was intended.
  - Whether their last appraisal included a discussion around their training role.
  - Whether or not the appraiser has undertaken the necessary CPD to support them in their educational role.
- Work with the Revalidation Support Unit to develop a trainer declaration section in MARS to capture responses to the above data set. The inclusion of this within MARS rather than other systems is significant as it will support a discussion about educational roles as part of a whole practice approach to appraisal thereby helping to support trainer development.
- Production of guidance for trainers and appraisers to ensure understanding of the trainer declaration, the reasons for inclusion within MARS and how it can be used to support trainer development. This guidance also provides trainers with reassurance on how the information that they provide will be used.

- The next steps in the project are to work with the Revalidation Support Unit in order to embed reporting functionality with MARS and consider the need to further support appraisers in conducting appraisal for educational roles.

## 6. RECOMMENDATION

Members are asked to:

- **Note** the content of this report

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
The maintenance of high-quality training is closely associated with patient safety. The development of alternative approaches to quality management is essential to maintain an environment that ensures good quality patient care, by enabling appropriate training and support for trainees is available and delivered.			
<b>Financial Implications</b>			
There are no financial implications associated with this report.			
<b>Legal Implications (including equality and diversity assessment)</b>			
<b>Staffing Implications</b>			
No implications for HEIW staff have been identified.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>	None		
<b>Appendices</b>	None		



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>9 February 2021</b>		<b>Agenda Item</b>	<b>2.2.2</b>
<b>Report Title</b>	<b>GMC National Training Survey Key Themes</b>			
<b>Report Author</b>	Malcolm Gajraj and Mandy Martin			
<b>Report Sponsor</b>	Push Mangat & Tom Lawson			
<b>Presented by</b>	Push Mangat			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To provide the Committee with an overview of the key themes arising from the 2020 GMC National Training Survey Results			
<b>Key Issues</b>	The paper provides intelligence on the medical trainer and training grade doctors feedback on their experiences. The key themes may be helpful to the Committee for the purposes of triangulation and to consider the potential for the data to inform programmes of work.			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
				✓
<b>Recommendations</b>	The Committee is asked to <b>approve</b> the content of the report to enable wider circulation.			

## **GMC NATIONAL TRAINING SURVEY KEY THEMES**

### **1. INTRODUCTION**

This report provides the Committee with an overview of the key themes arising from the 2020 GMC National Training Survey Results.

### **2. BACKGROUND**

The GMC National Training Surveys provide an opportunity for training grade doctors and medical trainers to provide feedback on their educational experiences and the learning environment each. The 2020 survey was tailored in response to the COVID-19 pandemic.

The Committee are being asked to review the information, consider whether the data is helpful for triangulation with other evidence sources as well as considering whether there are any links with the findings with existing programmes of work.

The report will shortly be circulated to Local Education Providers and Training Programmes and provide the basis for further discussions.

Wider circulation is important in enabling wider understanding of the results, supporting local programmes of improvement and feedback on surveys is essential in ensuring participation in future surveys.

While the survey was not mandatory this year, the response rate was greater than many Staff Surveys that are undertaken in the NHS. Many of the themes in the Wales report are consistent with previous Welsh reports.

### **3. PROPOSAL**

Approval of the report to enable wider circulation which is important for the following reasons:

- Whilst the 2020 results were reported on the GMC's online reporting system, they are not as easy to navigate and understand this year. The Quality Unit are planning to issue survey results to LEP's and including the key themes report will help LEP's and training programmes understand their results and use them to make improvements.
- The 2021 GMC Surveys are due to take place in the Spring and are a valuable source of evidence for the Quality Unit. Failure to provide meaningful feedback to key stakeholders can risk engagement in future surveys.

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

There are no governance issues associated with this report. The survey themes provide a source of evidence for which further consideration with LEP's and training programmes is important. As indicated within the context section of the main body of

the report there are a number of important considerations which make this years' results more difficult to draw conclusions from.

## 5. FINANCIAL IMPLICATIONS

There are no financial implications associated with the report.

## 6. RECOMMENDATION

The Committee is asked to **approve** the content of the report to enable wider circulation.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
These themes need to be shared with Local Education Providers to aim to improve education, training and experience of trainees. This in turn has a positive impact on patient safety and experience			
<b>Financial Implications</b>			
None			
<b>Legal Implications (including equality and diversity assessment)</b>			
None			
<b>Staffing Implications</b>			
None for HEIW			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>			
<b>Appendices</b>		Appendix 1: NTS Paper Key themes	

## 2020 GMC National Training Surveys Key Themes

### 1.0 Context

The GMC National Training Surveys traditionally take place every Spring and provide valuable insight into training grade doctors' perception of the quality of their training. These surveys also provide helpful information on the extent to which trainers consider that they are supported in their training role. Both of the data sets generated by the surveys are an important source of evidence in routine quality management.

The COVID-19 pandemic became particularly prevalent just prior to the launch of the 2020 National Training Surveys. Given the significant impact that this pandemic placed upon the UK health system the traditional surveys were postponed. However, between 22 July and 12 August 2020 the GMC ran a shorter targeted survey which focussed upon the impact of the pandemic on trainers and trainees across the UK.

#### Important Considerations:

The Quality Unit values the feedback that it receives via the National Training Surveys and the findings are an important source of evidence in routine quality management. However, in considering the findings of this report and reviewing the results through the GMC's online reporting tool it is important to be cognisant of the points below.

- As indicated within section 2.0 the response rates to the survey are significantly lower than they would normally be. Whilst we very much value this feedback, and want to use the data to continue to improve education and training within Wales, it is important to recognise that this feedback is based upon a smaller proportion of trainees and trainers than usual and is therefore difficult to know whether the feedback would be different if it was more representative.
- One of the benefits of the GMC National Training Surveys is that it provides benchmarked data thereby providing comparative data against which judgements can be made. This particular survey was undertaken largely to understand trainee and trainer experiences of a global pandemic and was undertaken over a three week period. Whilst the data is valuable evidence it is important to acknowledge that different parts of the UK experienced the peak of the pandemic at different times. Similarly, there is variability in the extent to which Local Education Providers, (LEPs) were impacted by the pandemic at the time of the survey.
- Finally, the pandemic was at a relatively early stage when the survey was undertaken. Given that this was an unprecedented time and there was therefore less clarity on what was required, widescale redeployment was undertaken in Wales in order to appropriately prepare the service to respond. Training grade doctors will have been understandably concerned around the impact that redeployment would have on their ability to achieve the competencies they required and this may well be reflected in their responses. In undertaking UK comparisons, it is important to be mindful that different parts of the UK may have taken a different approach to redeployment and this could be a contributory factor to the variability in the survey findings in some areas.

### 2.0 Response Rates

The response rates across the UK for this unique survey were much lower than the traditional National Training Surveys. The reason for this is that the completion window was reduced by half and the surveys were pitched as being voluntary. Whilst reminders were issued during the survey window, these were less frequent to avoid putting pressure on trainers and trainees across Wales during a difficult time. In addition, it was not possible to tailor reminders to individuals as would normally be the case. An overview of the final response rates across the UK are provided within table one.

**Table One: National Training Surveys UK Response Rates**

	UK	Wales	England	Scotland	Northern Ireland
Trainee Response Rate	47.3%	54.8%	46.7%	46.5%	55.1%
Trainer Response Rate	22%	32.1%	21.1%	23.1%	30.3%

As illustrated by table one, response rates in Wales were comparatively strong albeit much lower than normal. However, in considering these results it is important to acknowledge that the views of approximately 45% of trainees and 68% of trainers are not represented within the results and this may have a bearing on the overall findings.

### 3.0 Patient Safety

Patient safety is at the core of GMC standards and the most common agenda between Postgraduate Bodies and LEPs (Local Education Providers), in considering education and training. There are a number of aspects of postgraduate medical education and training which can have implications for patient safety, many of which are covered within the GMC National Training Surveys.

#### 3.1 Reporting Systems

Effective reporting systems in terms of processes, positive reporting culture and belief that action will be taken as a result are key in ensuring that patient safety is appropriately prioritised. In recent years the GMC National Trainee Survey results have highlighted that Wales, whilst not a below outlier<sup>1</sup>, is the UK nation with the lowest score of the four home nations, with declining scores year on year. The 2020 survey included a specific question set around reporting systems particularly in relation to patient safety, the findings of which continue to indicate that more work to improve reporting systems in Wales is required. The findings of further interrogation into the specific questions around reporting systems are provided in the points below.

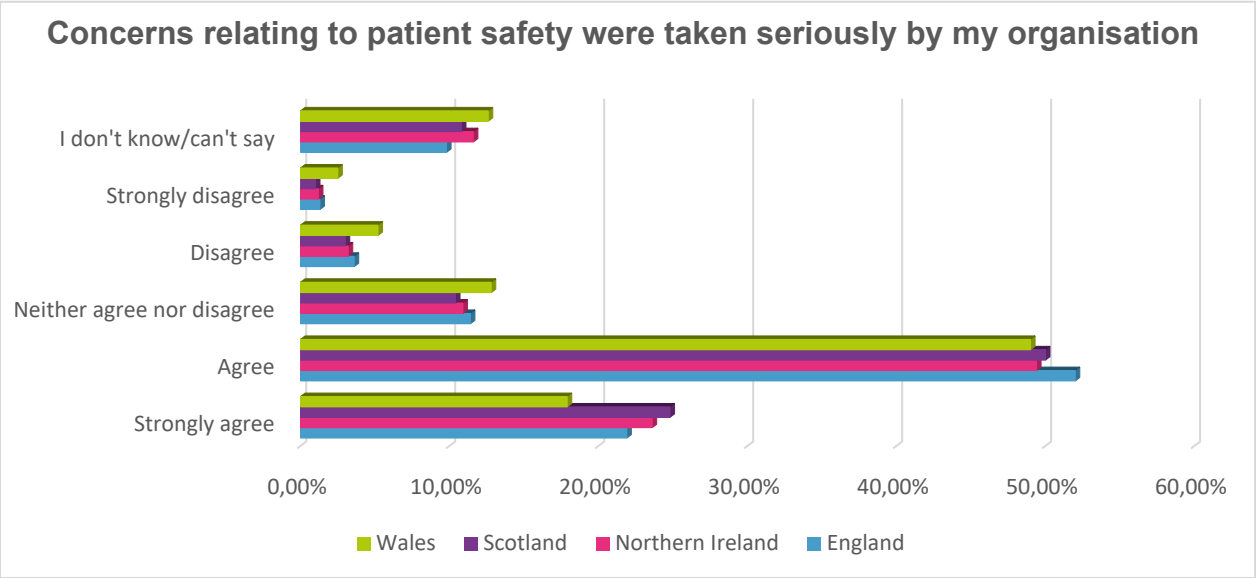
- Whilst the 2020 survey is comprised of a unique set of questions related to the pandemic, the question around awareness of how to report suggests that during the pandemic there has been a decline in trainees' awareness of how to report. The 2020 survey results do not generally lend themselves well to thematic comparison given the disparity in response rates. However, in relation to reporting systems it may be worth consideration, with a 10% decline in trainees reporting that they were aware of how to report patient safety concerns compared to 2019. A review of the 2020 results for this question by LEP indicates that Velindre NHS Trust is the only LEP reported in the interquartile range for this question with all other LEPs being reported as below outliers.
- Reporting culture is an important consideration and the 2020 survey incorporated a specific question to seek feedback on the extent to which trainees in Wales consider that there is a culture of proactively reporting concerns. The results highlight that Wales is reported in the interquartile range for this question which in the overall context of the reporting systems results in encouraging. A review of the results by LEP highlights that Betsi Cadwaladr, Cardiff and Vale and Hywel Dda University Health Boards are reported as below outliers.
- The impact of the COVID-19 pandemic on the culture of reporting concerns was not statistically different to other parts of the UK with 29% of trainees and 19.5% of trainers considering it to have improved and 8.6% of trainees and 13.4% of trainers reporting that it had deteriorated.
- Trainees' belief in whether organisations took patient safety concerns seriously is approximately 6% lower in Wales than the rest of the UK. The detailed results of this question are illustrated in chart one

<sup>1</sup> A below outlier is reported in the lowest quartile of the benchmark group, and the confidence interval does not overlap with that of the benchmark mean.

below. A review of the results by LEP highlights that Velindre NHS Trust is an above outlier<sup>2</sup> with Betsi Cadwaladr, Cardiff & Vale and Swansea Bay University Health Boards having below outliers reported in this area.

- In terms of trainee perception of the extent to which there is a culture of learning lessons from concerns, Wales is the only UK nation that is a below outlier. A review of the detailed results highlights that 12.8% of trainee respondents did not perceive that there was a culture of learning lessons compared to a range of 8.4% to 9.8% in other parts of the UK. The responses by LEP highlight that Betsi Cadwaladr, Cardiff and Vale and Hywel Dda University Health Boards were all reported as below outliers for this question with all other LEPs being reported in the interquartile range.

**Chart One: Trainee Perception of Organisations Responsiveness to Patient Safety Concerns**



**3.2 Clinical Supervision**

Experiential learning requires robust structures in order to ensure that learners are appropriately supported. In terms of ensuring patient safety the provision of adequate clinical supervision is paramount. The survey results indicate that trainees in Wales perceive that the overall quality of supervision that they receive is in line with the rest of the UK with the result being reported in the interquartile range. Further exploration of specific questions around clinical supervision is provided within the sections below.

**3.2.1 Clinical Supervision Arrangements**

The provision of clarity of supervision arrangements is vital, particularly in pressurised working environments. The GMC Surveys were undertaken during the first wave of the COVID-19 pandemic when there was large scale redeployment particularly of foundation trainees who require the highest level of clinical supervision of all training grade doctors. The survey results by country report Wales as a below outlier for this question, although it should be noted the overall score is reported as 92.73 and an increase of less than 1% would have meant that this result was within the interquartile range. Whilst in percentage terms the overall score is high, a review of the responses by a number of trainees highlight that 145 training grade doctors did not always know who was providing their clinical supervision although it is important to note that this doesn't necessarily mean that they couldn't find someone to help. In terms of LEP specific results again the majority were reported in the interquartile range, except for Betsi Cadwaladr University Health Board. A review of the results by programme

<sup>2</sup> An above outlier is reported in the top quartile of the benchmark group, and the confidence interval does not overlap with that of the benchmark mean.



group indicates that surgical trainees were reported as a below outlier in this regard. Given the extensive cancellation of elective surgery during wave one of the pandemic this may be attributable to redeployment. In addition to having clarification around who is providing clinical supervision, it is also essential that the clinical supervisor is sufficiently competent to do so. Encouragingly the overall score for Wales in this regard is reported in the interquartile range.

3.2.2 Working Within Competence

Postgraduate medical training spans a number of years in order to reach consultant or GP level. Inevitably, there is a wide range of grades of trainees with varying levels of competence in particular areas. During a pandemic, training level is not necessarily the only indicator of competence particularly with mass redeployment. Trainees were asked to indicate whether they felt that they were working beyond their level of competence and if so with what frequency during the daytime and out of hours. Whilst the out of hours scores for Wales are reported within the interquartile range, the daytime scores are reported as a below outlier with 200 training grade doctors reporting that they felt forced to work beyond their level of competence on a daily or weekly basis during the pandemic. A review of the results by LEP indicate that the majority are reported within the interquartile range with the exception of Aneurin Bevan and Hywel Dda University Health Boards. These results are illustrated by charts two and three.

Chart Two: Working Beyond Competence by UK Country

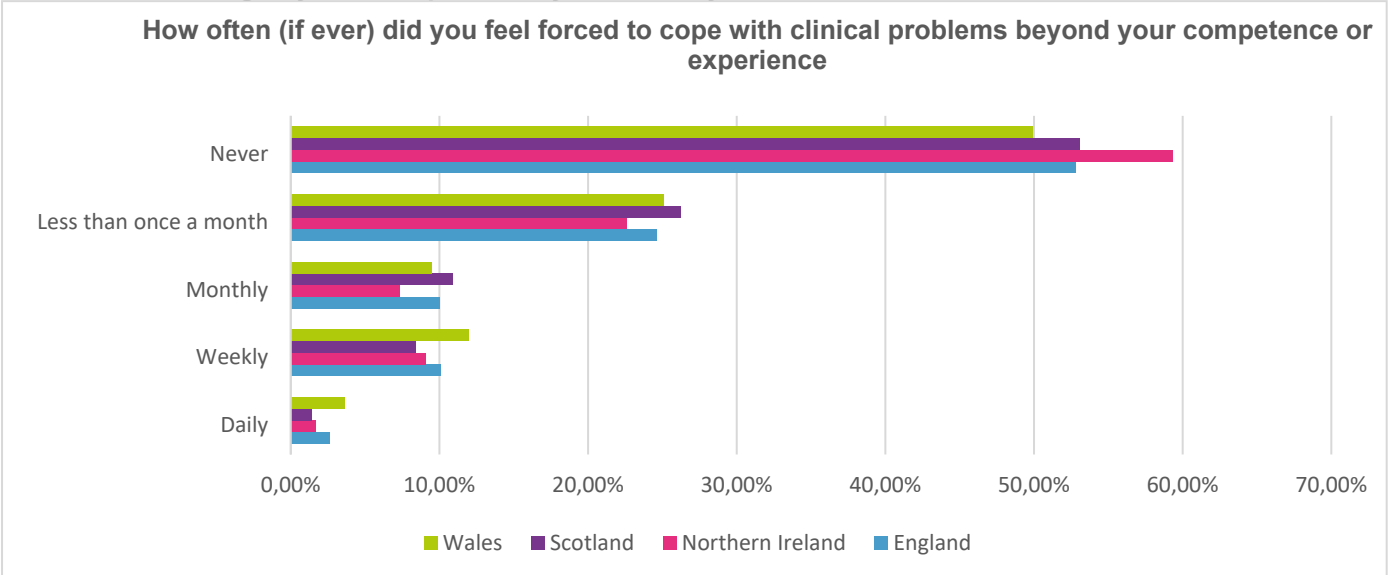
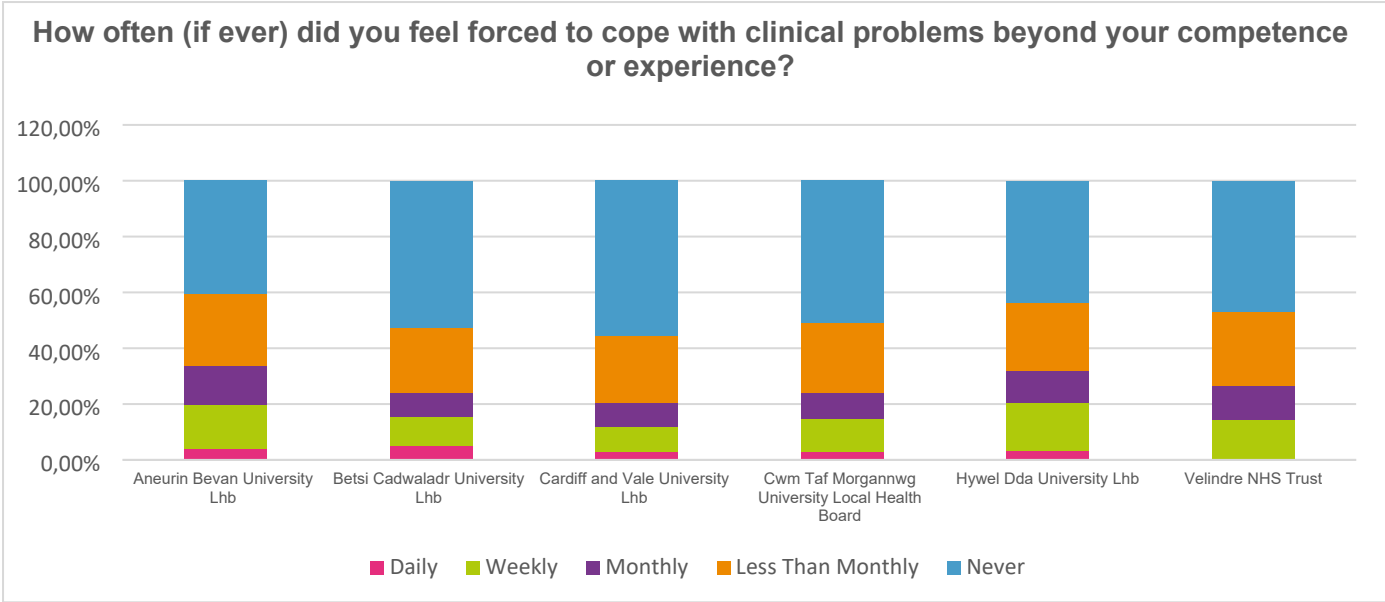


Chart Three: Working Beyond Competence by LEP



3.3 Appropriate Staffing

HEIW has responsibility for commissioning education and training for the entirety of the healthcare workforce in Wales. This remit is central in ensuring the delivery of a sustainable workforce who are appropriately equipped to deliver good quality patient care. The COVID-19 pandemic has inevitably placed a great deal of strain on the availability of the most valuable resource of healthcare systems i.e. its staff. Within the GMC Trainee Survey, training grade doctors were asked to indicate whether they considered that there were sufficient staff to ensure that patients were always treated by someone with an appropriate level of clinical experience. Wales was reported as a below outlier for this area with 16.9% of trainee respondents reporting that there were not enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience in comparison to 9.6% in Scotland, 11.6% in Northern Ireland and 12.8% in England. A review of the trainee results by LEP highlight that Aneurin Bevan, Betsi Cadwaladr and Swansea Bay University Health Boards are reported as below outliers and the trainer results reported Betsi Cadwaladr and Hywel Dda University Health Boards as below outliers. The detailed responses by LEP are provided within table two below.

Table Two: There were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience: (Trainee & Trainer Responses by LEP)

	Strongly Agree		Agree		Neither Agree Nor Disagree		Disagree		Strongly Disagree	
	Trainee	Trainer	Trainee	Trainer	Trainee	Trainer	Trainee	Trainer	Trainee	Trainer
Aneurin Bevan UHB	14.00%	18.40%	50.00%	56.00%	14.00%	14.40%	13.60%	4.00%	8.30%	1.60%
Betsi Cadwaladr UHB	17.70%	10.60%	48.30%	41.50%	13.40%	22.50%	13.80%	15.50%	6.90%	2.10%
Cardiff & Vale UHB	22.20%	22.10%	53.50%	46.00%	11.10%	13.50%	8.00%	9.20%	5.20%	1.20%
Cwm Taf Morgannwg UHB	19.30%	16.10%	58.00%	49.50%	12.70%	19.40%	9.00%	7.50%	0.90%	4.30%
Hywel Dda UHB	25.00%	10.50%	42.00%	42.10%	11.40%	22.40%	14.80%	13.20%	6.80%	6.60%
Swansea Bay UHB	18.7%	18.60%	54%	46.00%	9.4%	13.30%	12.8%	8.00%	5.1%	6.20%
Velindre NHS Trust	19.10%	72.70%	59.60%	18.20%	10.60%	9.10%	8.50%		2.10%	1.60%

3.4 Induction

Within many professions, induction is a process which is focussed upon welcoming a new person to a workplace and providing them with information to help them get started in their roles. Whilst this is

also true in a medical education and training context, induction to a clinical environment also has an important role to play in ensuring safe patient care. The GMC National Trainee Survey considered induction both in terms of provision and overall quality, both of which are reported as below outliers in Wales. A review of these results highlights that 11.7% or 155 training grade doctors did not have their roles and responsibilities explained to them when they started the role that they were working in when they completed the survey. Of those trainees who did have an induction, 180 trainees, (15.3%) in Wales reported that the quality was poor or very poor.

## 4.0 Feeling Valued & Having a Voice

### 4.1 Communication

The importance of effective communication is paramount during times of uncertainty. HEIW is the commissioner of medical education and training and also has a responsibility for training programme management with LEPs being the provider. Therefore, effective communication from both stakeholders is key and the GMC Trainee Survey sought feedback on this. The survey results indicate that trainees and trainers received clear guidance from HEIW on the support available during the pandemic with the score for this question being reported as an above outlier for Wales. In terms of the effectiveness of the communication of information relevant to the pandemic by senior colleagues, the result was reported as a below outlier. The responses by LEP report Aneurin Bevan, Betsi Cadwaladr and Hywel Dda University Health Boards as below outliers.

### 4.2 Teamwork & Value

Effective teamwork is important in generating a sense of value particularly where trainees may have been redeployed into a different environment. The survey results suggest that trainees and trainers in Wales generally felt part of the teams that they were based in with 83% of trainees and 84% of trainers reporting that their immediate working environment encouraged a culture of teamwork between all healthcare professionals. However, just 66% of trainers in Wales considered that their LEP encouraged a culture of teamwork between all healthcare professionals compared to a UK average of 74%.

Overall, 78% of trainees felt that they were a valued member of the team which given that many may have been new additions to a team at a busy time is positive. However, although only a relatively small proportion, it is still of some concern that 130 (10%) trainees reported not feeling valued. In addition, just 55% of trainers felt valued by their LEP which is a below outlier with the UK average score being 61%. Finally, 245 (18.5%) trainees did not feel that there was a culture of listening to doctors in training in relation to changes in working practices which were brought about as a result of the pandemic. Feeling listened to was not unique to trainees with 155, (21.7%) trainers also reporting that they did not feel listened to about changes in working practices. However, it is important to acknowledge that at the time of the pandemic LEPs were responding to an unprecedented situation. Ongoing evidence collection throughout the pandemic suggests that an increased emphasis has been placed upon communicating with trainees particularly around redeployment plans during wave two.

### 4.3 Fair Treatment

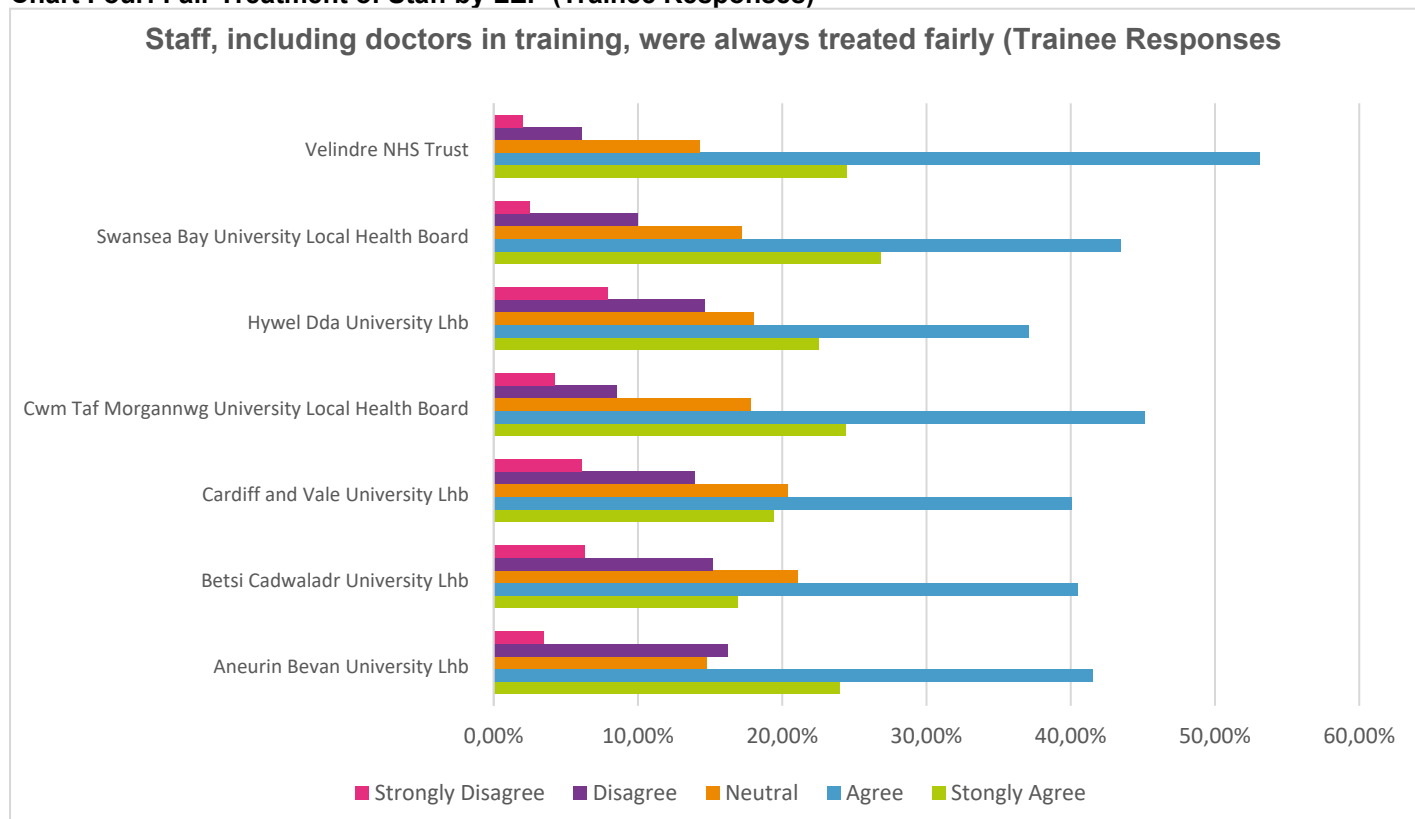
The GMC National Training Surveys show that 215 (16.1%) trainees and 65, (9.4%) trainers in Wales did not feel that their immediate working environment was supportive of everyone regardless of their background beliefs or identify. Whilst this is marginally higher than the rest of the UK home nations, (Range 13.2% to 15.89%), Wales is not an outlier in this regard. Individual perception of whether or not an environment is supportive can be based upon a number of factors including the extent to which there is a team ethos for example. However, in terms of particular behaviours the survey results provide specific feedback on bullying or harassment during the pandemic with 100, (7.6%) trainees reporting that they had experienced bullying or harassment during this time of which 2.5% reported it

and 4.8% didn't. The breakdown of the types of issues experienced by trainees are provided both in numerical and percentage terms below. However, it is important to note that when considering the percentages, the figure refers to the percentage of those who reported bullying and undermining rather than the total trainee population. In addition, it should be noted that those who reported bullying behaviours were able to provide multiple responses.

- 70, (32.3%) trainees described the type of behaviour as belittling/humiliation
- 65, (30.9%) described rudeness/incivility
- 25, (12.4%) described threatening/insulting behaviour
- 10, (4.6%) indicated bullying related to race
- 5, (3.2%) indicated bullying related to sex

Chart four below provides an overview of training grade doctor perceptions on whether staff were always treated fairly broken down by Local Education Provider. Clearly, the chart illustrates that the majority of trainees considered that there was equitable treatment for all staff which is encouraging. Whilst these results reflect some variability across LEP's this may be a reflection of the variability of redeployment approaches across Wales combined with the timing of the survey and when LEPs were impacted by the pandemic.

**Chart Four: Fair Treatment of Staff by LEP (Trainee Responses)**



## 5.0 Health & Wellbeing

The surveys included a range of questions to focus specifically upon trainee wellbeing some of which relate to burnout. Overall, the trainee results for this question set are largely in line with the rest of the UK with the majority of results being reported within the interquartile range. This is particularly interesting when 410, (30.7%) trainees reported the workload to be heavy and 115, (8.5%) indicated that it was very heavy. In addition, a detailed review of many of the results by LEP are also reported within the interquartile range with the following exceptions:

- Trainees were asked to indicate the extent to which they were exhausted in the morning at the thought of another day at work. All LEPs were reported within the interquartile range with the exception of Hywel Dda University Health Board which was reported as a below outlier for trainees and Cwm Taf Morgannwg University Health Board which was reported as a below outlier for trainers.
- Trainees were also asked to indicate the extent to which they considered that their work was emotionally exhausting with both Hywel Dda University Health Board and Velindre NHS Trust being reported as a below outlier. The scores for trainers were all reported within the interquartile range.
- Trainee perception of the availability of rest facilities was reported as an above outlier in Aneurin Bevan and Cwm Taf Morgannwg University Health Boards. However, in contrast this was a below outlier within Betsi Cadwaladr University Health Board.
- 63% of trainees and 55% of trainers rated the level of organisational support for their wellbeing as good or very good. Whilst the score for trainees is within the interquartile range, the score for trainers is a below outlier for this question suggesting trainers in Wales are more dissatisfied with the level of support for their wellbeing. A review of the results by Local Education Provider report Aneurin Bevan University Health Board as a below outlier for trainees and Betsi Cadwaladr and Hywel Dda University Health Boards a below outlier for trainers. Velindre NHS Trust was the only organisation with an above outlier reported.

- Easy access to catering facilities was reported as an above outlier in Cardiff and Vale and Cwm Taf Morgannwg University Health Boards but as a below outlier for Velindre NHS Trust.
- In recent years the GMC have sought to measure burnout as part of the National Training Surveys and this was replicated within the 2020 surveys. The results highlight that 9% of trainers in Wales were at risk of burnout which is in line with the overall score across the rest of the UK. The trainees scores were largely similar with 11% of trainees in Wales being reported to be at risk of burnout.

## 6.0 Educational Impact

Given the need to respond to the considerable pressures that a pandemic can place on a healthcare system, the surveys also sought feedback on how education had been impacted. An exploration of these results highlights the following key themes:

- The results report Wales to be a below outlier when consideration is given to the extent to which trainees in Wales consider that the pandemic has disrupted their training. However, it is important to note that the margin is small with a 1.37% difference between the next lowest UK score which is reported within the interquartile range. In relation to trainers a total of 79% reported that the pandemic had impacted on their role as a trainer against a UK average of 78%; all LEPs in Wales were reported within the interquartile range.
- The extent to which trainees in Wales were able to access local teaching opportunities between March and the end of May 2020 was also on a par with the rest of the UK with this result being reported in the interquartile range.
- In terms of the overall LEP support provided for trainer roles during the pandemic, Wales was reported as a below outlier. Whilst the majority of LEPs' results for this indicator were within the interquartile range, Betsi Cadwaladr University Health Board was reported as a below outlier and Velindre NHS Trust was reported as an above outlier.
- Trainers in Wales and Scotland both reported being happy with the guidance that they had received from their Deanery around the support that was available to them during the pandemic, with this result being reported as an above outlier.
- 81% of trainees reported that they had been able to complete their planned rotations for 2019-2020. Given that there was widescale redeployment during the first wave of the pandemic this is an encouraging result. However, to obtain a greater understanding of the extent to which the pandemic has impacted upon the training experience, evidence from ARCP outcomes for specialty trainees has been obtained. In relation to foundation trainees, the indications are that there was minimal impact upon progression due to the fact that the curricular requirements for foundation trainees are focussed upon more generic competencies around patient management so redeployment will have had less of an impact.

Table three below provides a breakdown of the ARCP outcomes for Specialty Trainees for the 2019-20 training year. The chart provides a comparison of the standard ARCP outcomes alongside the two new COVID outcomes which were introduced in recognition of the impact that the COVID pandemic would have on education and training.

- Outcome 10.1 recognises that trainees have been progressing in their training but that the pandemic has resulted in a delay in the acquisition of competencies e.g. because of cancellation of professional exams. This outcome can be utilised for those trainees who are not at a critical progression point and enables them to progress with their training but provides flexibility to enable them to attain the competencies required at a later date.

- Outcome 10.2 also recognises that trainees have been progressing in their training but that the pandemic has resulted in a delay in the acquisition of competencies. However, trainees awarded outcome 10.2 are at a critical progression point and as such it would not be safe or possible for the trainee to progress and as such additional training time is necessary.

**Table Three: Overview of ARCP Outcomes by Specialty Group**

Specialty Group	Outcomes 1-8		Outcome 10.1		Outcome 10.2	
	%	Number	%	Number	%	Number
Anaesthetics	81%	224	19%	53	0%	0
Emergency Medicine	80%	60	19%	14	1%	1
General Practice	95%	482	1%	6	4%	18
Intensive Care Medicine	84%	21	16%	4	0%	0
Medicine	74%	309	25%	103	1%	6
Medicine (Craft Specialties)	93%	100	5%	5	3%	3
Obstetrics & Gynaecology	88%	91	12%	12	1%	1
Paediatrics	96%	133	4%	6	0%	0
Pathology	68%	25	14%	5	19%	7
Psychiatry	100%	93	0%	0	0%	0
Public Health Medicine	88%	14	0%	0	13%	2
Radiology	84%	70	14%	12	1%	1
Surgery	80%	277	18%	61	3%	9
<b>Totals</b>	<b>85%</b>	<b>1899</b>	<b>13%</b>	<b>281</b>	<b>2%</b>	<b>48</b>

As illustrated by table three above it is clear that there has been less of an impact upon ARCP outcomes for those trainees in Psychiatry, General Practice and Paediatrics training programmes. Perhaps predictably the most significant impact has been on Anaesthetics, Emergency Medicine, Intensive Care Medicine, Medicine and Surgical training programmes. The data within chart five above considers outcomes by specialty groups but a review of the data by training programme highlights that the impact has been the most significant on trainees within Acute Internal Medicine, Core Medical Training and Internal Medical Training programmes with the percentage of ARCP outcome 10.1s being 31.25%, 34.09% and 60% respectively. In terms of an impact upon the ability to progress the pandemic as indicated within table three there has been a more significant impact upon Pathology and Public Health Medicine. Monitoring of the ARCP outcome 10.1 and 10.2s is helpful in enabling HEIW to make plans on how to support trainees whose training progress has been adversely impacted by the pandemic and HEIW is taking active steps in this regard.

In addition, as illustrated by table four below the rates of COVID outcomes across the rest of the UK are broadly similar. This may provide scope for the four nations to collaborate around guidance production and discussions with Royal Colleges in order to continue to support a swift recovery of education.

**Table Four: UK COVID Outcomes**

UK Country	Outcome 10.1 (%)	Outcome 10.2 (%)
England	9.5%	2.8%
Northern Ireland	7.7%	1.7%
Scotland	9.6%	2.2%
Wales	9.0%	1.7%

However, given that trainees were over half way through their training year when the pandemic commenced and the fact that at the time of reporting it is predictable that pressures upon training are unlikely to ease until Spring 2021 at the earliest, a review of ARCP outcome data for the 2020/21 training year would be beneficial in order to understand the extent of the impact. Training programme structures within HEIW are taking proactive steps to mitigate the risks around progression. This is being achieved through mapping individual



trainee competency gaps thereby generating good quality data which can be utilised to support targeted training where required and planning for extensions. There is a particular need to monitor trainees on outcome 10.1, who may not be able to catch up in this training year given the ongoing pandemic, with a risk that more trainees will fail to progress at the next round of ARCPs than last year.

Overall Consideration

The 2020 National Training Surveys provide a wealth of data through their online reporting tool, providing opportunities to explore the results by different benchmark groups e.g. Country, LEP, Specialty. Whilst the points within this report provide an overview of some of the key results it is by no means a representation of all responses but an attempt to explore how Wales compares to other UK countries with commentary on LEPs in some areas. Given the wealth of data available on the survey tool it is difficult to gain an overall feel of the results by concentrating on the specific questions. However, consideration of the overall themes provides some insight. Charts five and six below provide an overview of the distribution of results reported as being either above outliers, within the interquartile range or below outliers. In considering these charts it should be noted that the number of questions within each theme is variable as indicated by the theme data labels on the relevant charts. Consideration of both sets of results highlight that workload pressures within Wales were not statistically different from the rest of the UK; nevertheless, the following themes merit further exploration:

- Bullying, undermining and patient safety (Trainee results)
- Clinical supervision in hours (Trainee results)
- Communications and teamwork (Trainee results) and Communication and leadership (Trainer results)
- Speaking up and having a voice (Trainee survey) and Reporting concerns/governance (Trainer survey)

Chart Five: Distribution of Overall Results for Wales by Theme (Trainee Survey)

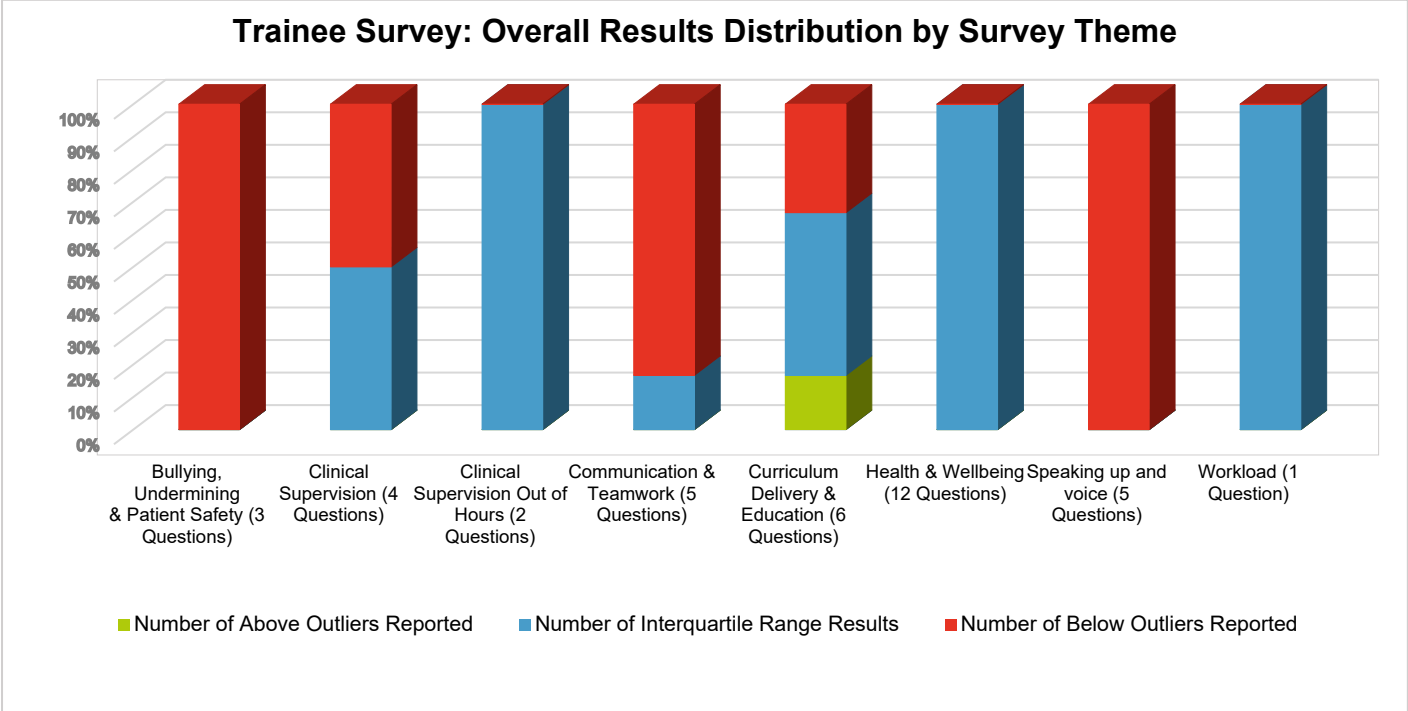
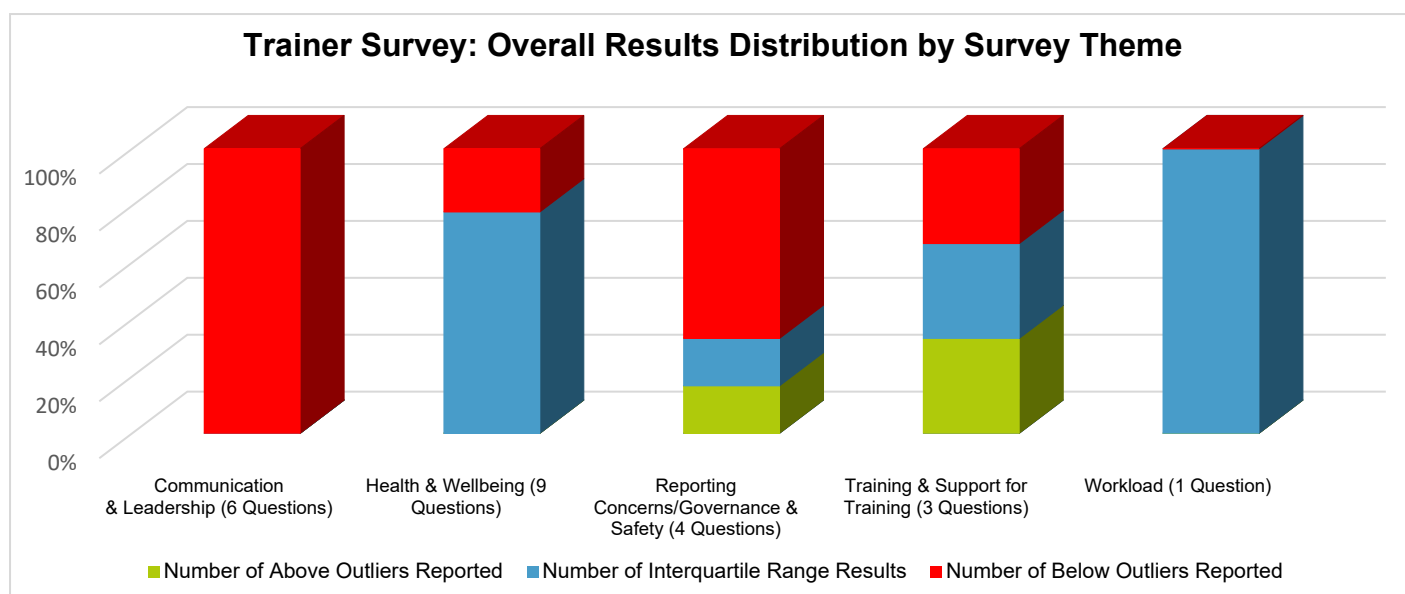


Chart Six: Distribution of Overall Results for Wales by Theme (Trainer Survey)





Whilst there are areas of concern highlighted within the results, it is extremely difficult to know how to best interpret this. In addition, whilst it is important to explore the areas of concern it is also important to acknowledge that a significant majority of trainees considered their experience to be acceptable. Whilst survey completion was not mandatory this year, over 50%, (1,358) of our trainees and nearly a third, (729) of our trainers responded and it is therefore important to ensure that this feedback is fully considered and utilised. It is possible that the results represent generalised background levels of anxiety, concern or unhappiness consequent upon a year of unprecedented challenges, though it is difficult to see why this should affect trainees in Wales more than in other areas of the UK. In addition, it is also possible that there has been some perception in rural areas that the degree of disruption to training has been out of keeping with the apparent need for it. One might also expect such an effect to be seen in the results for Scotland, as well as a concentration of below outliers in more rural LEPs, but this is not necessarily the case. Another consideration is that services within Wales were simply 'closer to the edge' than in the rest of the UK and the same degree of disruption has therefore caused a greater impact upon morale and wellbeing.

Whilst this survey is not directly comparable to results from other years in terms of the questions asked, it would be reasonable to assume that there would be some evidence of similar issues within the results of previous surveys. However, this is not necessarily the case with trainee results in Wales historically being in line with the rest of the UK, and having some of the highest rates of trainee overall satisfaction in recent years. Consideration of the following points would be prudent to consider the following in relation to these results:

- In the last few years GMC National Training Surveys have placed more of an emphasis upon wellbeing commencing with data capture around burnout. Given the pressures that a pandemic can place on all there has been an increased emphasis upon wellbeing in the 2020 survey. This reflects the importance of staff wellbeing and the need for effective support structures for all staff. The solutions to workplace wellbeing issues are often generic and therefore the benefit of a collaborative approach to this issue with defined roles and responsibilities is helpful. HEIW has a dedicated lead for wellbeing; intelligence generated from this workstream may well help to inform programmes of work to ensure trainee wellbeing is appropriately prioritised and supported. However, the results indicate that trainer wellbeing may be more of a concern and it may be helpful to share practice.
- Understanding of 'Reporting systems' and concerns about inadequate feedback within LEPs, has been evident in survey data in Wales for some time now. Trainees may have concerns relating to clinical incidents or patient safety which they are expected to report through LEP mechanisms. They may also have concerns relating to their training and sometimes these overlap. In the last year HEIW has developed guidance to help clarify to trainees the pathways available to them to report concerns. HEIW Open is a dedicated e mail line managed by the Quality Unit which enables trainees to report any concerns relating to their training. This has been launched in order to try and close the feedback

loop in relation to training concerns and also raise awareness of the routes available to trainees to raise clinical or patient safety concerns. These survey results predate the launch of HEIW open. The 2020 survey results suggest a greater issue with trainer concerns about local reporting mechanisms.

- Closely linked to reporting systems is feedback around the extent to which trainees and trainers feel heard. HEIW has been undertaking work around compassionate leadership and it would be helpful for HEIW's Board to consider to what extent this feedback may help address the points raised within this data set.
- Fair treatment regardless of background has been raised by trainees and trainers with the scores for both groups being reported as a below outlier. The progression of a dedicated workstream around differential attainment is a helpful starting point for trainees in addressing inequality. As part of this work broader discussions are being undertaken in order to fully understand the different data sets with a view to informing programmes of work where required.
- The GMC Trainee feedback provides an indication of the impact that the pandemic is having on the learning experience. In recognition of this HEIW has already taken active steps to maintain an oversight of ARCP outcomes and to collect other intelligence around competency gaps in order to audit in what areas the training experience has been compromised. This intelligence is being utilised by HEIW to inform decisions around where intensive support is necessary and to facilitate effective planning for extensions particularly for those trainees who are already in receipt of a COVID outcome.
- A comparative review of the results by specialty does not appear to indicate that there are significant differences between specialties or between trainers and trainees in Wales in many areas. Therefore, it may be reasonable to conclude that trainees and trainers in Wales are expressing their frustration with the NHS as a whole rather than their individual LEP or specialty. The causes of workplace frustration are multifactorial but inevitably the provision of adequate staffing and staff investment in terms of their development are likely to be high on the list. Given that HEIW has a remit for workforce planning and the commissioning of education and training for all healthcare professionals it is well placed to develop and implement strategies to respond to this. In order to explore this further it may be helpful to undertake an analysis of the GMC National Training Survey results alongside the NHS Wales staff survey results. Whilst the purpose of the two surveys may be different, given the emphasis that the GMC have placed on wellbeing there are likely to be significant areas of overlap which may provide further insights on working life in NHS Wales.
- As is standard practice the Quality Unit will explore the aforementioned themes through routine quality management. The survey results will be shared with LEPs and training programmes to support further exploration and feedback through the quality management framework. However, given that the results raise a number of themes some of which are linked to workplace culture it may also be prudent for HEIW's board to have a broader discussion with LEPs at an Executive level and Welsh Government to explore the messages within the survey, consider mutual sources of evidence and where possible consider whether there are any further programmes of work which would benefit from mutual collaboration.



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

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>2.2.3</b>
<b>Report Title</b>	<b>Health Professional Education Performance Summary Academic Year 2019/20</b>		
<b>Report Author</b>	Dawn Baker Lari		
<b>Report Sponsor</b>	Martin Riley		
<b>Presented by</b>	Martin Riley		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To inform the Executive Team of the current Key Performance Indicators being collected as part of the Health Professional Contract Management system. The reporting of key results and actions.		
<b>Key Issues</b>	<p>Student groups covered include nursing, midwifery, community nursing, all allied health professions and health science. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked.</p> <p>The key performance indicators include,</p> <ul style="list-style-type: none"> <li>➤ Achievement of commissioning targets (training fill rates)</li> <li>➤ Application rates</li> <li>➤ Attrition</li> <li>➤ Post-graduate education</li> <li>➤ Non-medical prescribing</li> <li>➤ Return to practice</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>➤ <b>Note</b> the contract performance across Wales</li> </ul>		

# HEALTH PROFESSIONAL EDUCATION PERFORMANCE SUMMARY 2020

## 1. INTRODUCTION

The annual performance management cycle undertaken by the Education, Commissioning and Quality Team (ECQ Team) culminates in the production of individual education provider year end performance reports. Student data is collected at the beginning of each cohort with monthly monitoring returns and a return for each graduating cohort. The August monthly returns – which picked up the last of the 2019/20 graduating cohorts was submitted to HEIW before the end of September. Since this date HEIW have compiled all the data, tested it and benchmarked where appropriate. These results have been used to create a Performance Report for each University.

This year, the COVID 19 Pandemic placed unprecedented challenges on universities, students, and service. In acknowledgement of these challenges, this year's reports continued to provide an overview of performance against contract metrics, but formal actions were only advised when necessary. Matters considered necessary included falling application rates or a rise in attrition. Each report was delivered and discussed with health school managers at the commissioner's individual annual performance business meetings in Autumn/Winter 2020.

Each university's performance report highlights not only their own performance but identifies the Welsh average, Commissioner targets and provides a scoring system on each area tested. Where performance is below the expected level an action is raised in the report for the university to address. Responses to these actions must be submitted to the Commissioner by a specified date with measurable activity and targeted improvements. These are discussed in future contract business meetings as a part of the continuous improvement agenda. This report summarises the All Wales position.

Components of the ECQ Team's performance and quality framework include,

- Individual university performance reports (based on HEIW KPI's and benchmarking)
- University self-assessment – based on a questionnaire devised by the ECQ Team (incorporating learning from the Medical Directorates Review systems)
- Feedback from student interviews
- Feedback from interviews with Practice Education Facilitators and Practice Assessors
- National Student Survey (NSS)
- In-year reports / conditions from the regulators (NMC, HCPC)

The Education Commissioning and Quality Team are currently engaged in the quality reporting aspects of the annual performance cycle. The ECQT co-ordinates yearly feedback sessions with Students, Practice Education Facilitators and Practice Mentors; offering a supportive environment to share positive aspects of the quality of education along with any concerns. During January and February of 2021, the ECQT are engaging with these groups virtually via online Teams meetings. This contributes to the formulation of the Annual Quality Report, that reviews the previous academic years delivery of quality education. The impact of the pandemic along with the tendering timetable of phase one of the strategic review of health education has

resulted in a delay to this year's quality meetings, therefore the annual quality report is scheduled for delivery in Q2.

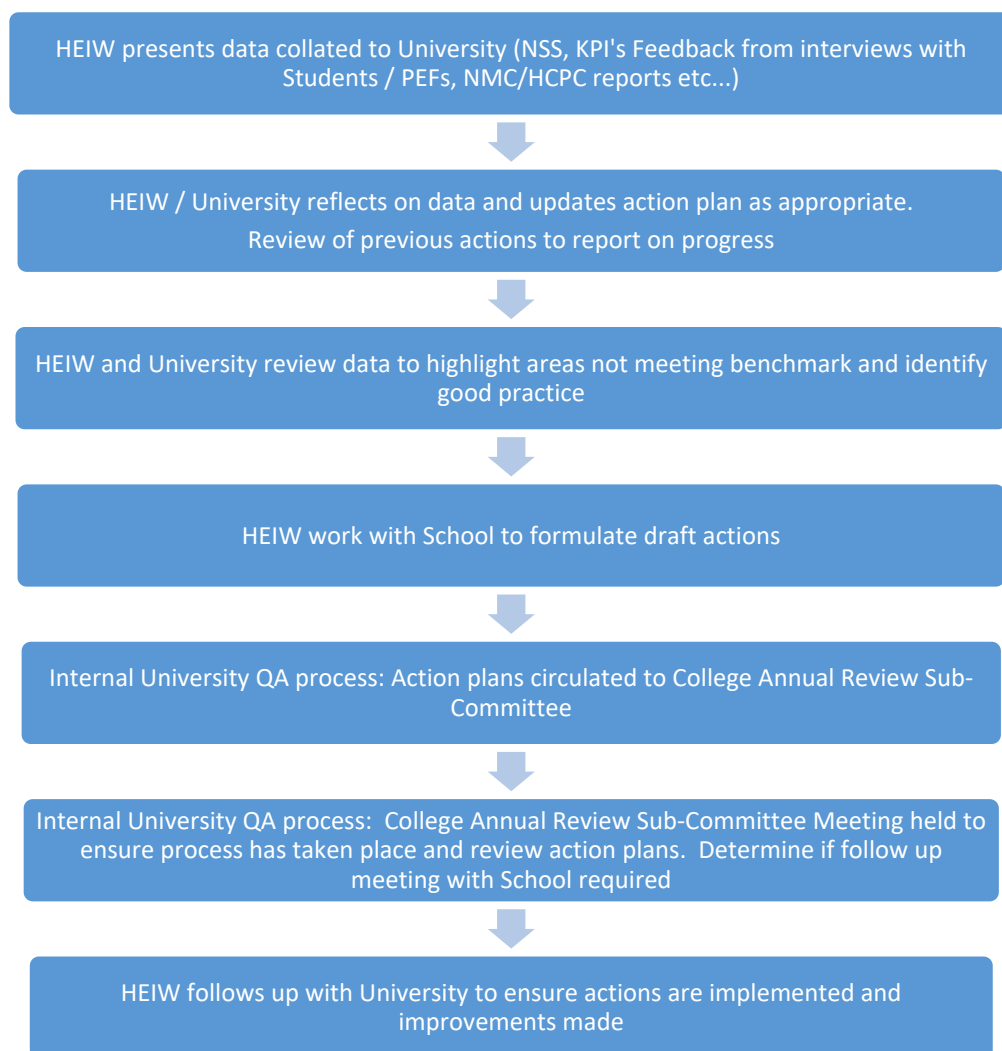
The ECQ Team are currently working in partnership with HEIW's Planning and Workforce teams to align and embed contract performance reporting into the wider organisational performance dashboard and framework.

## 2. IMPROVEMENT PROCESS MAP

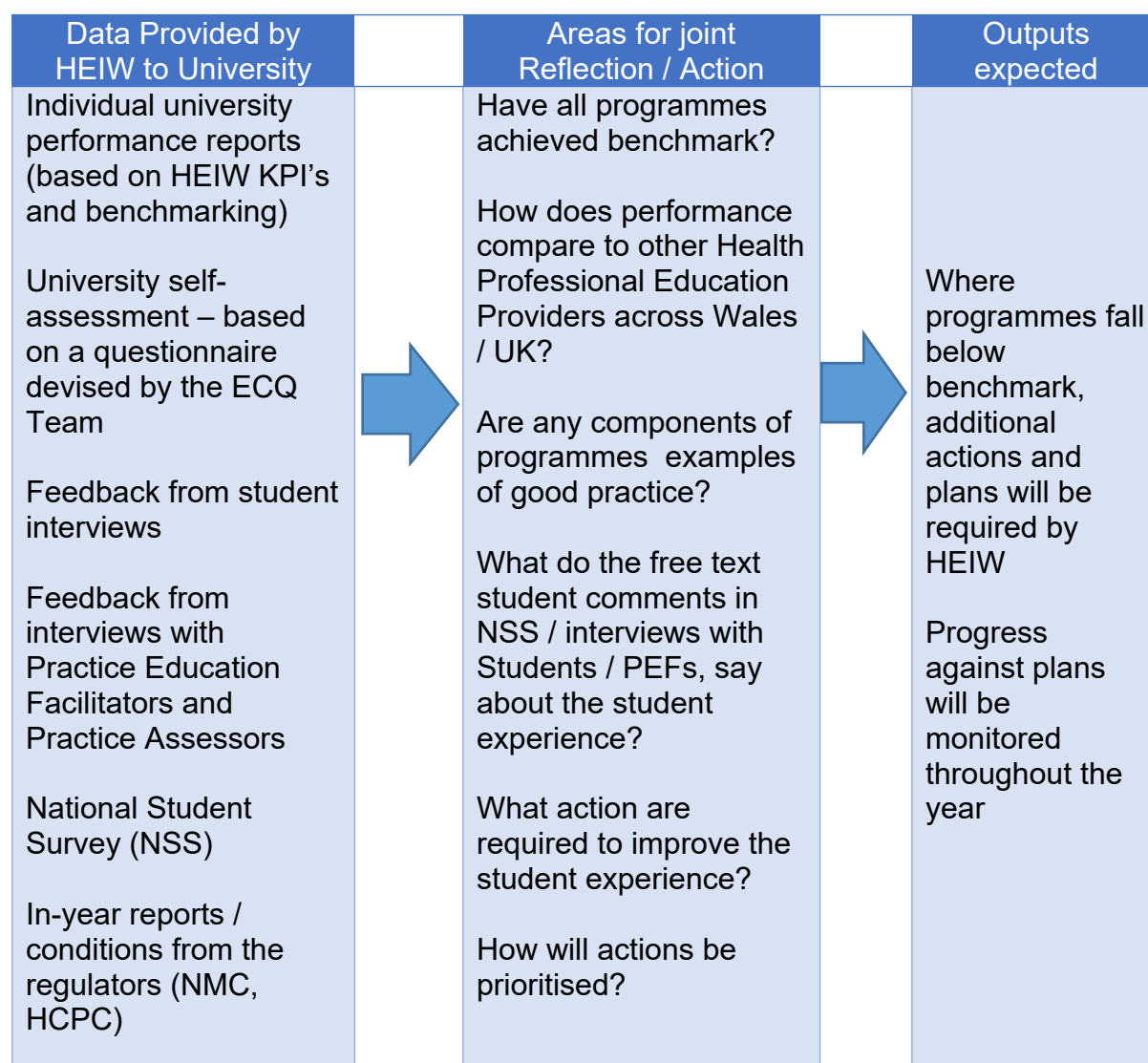
Universities will be provided with data for each area of focus (based on findings from HEIW's performance and quality framework) along with benchmark data, where available.

HEIW will prioritise areas to be addressed and Universities are expected to,

- Review the data
- Conduct self-reflection
- Produce an action plan to address these challenges
- Where benchmarks have been met or exceeded, Universities will be asked to share examples of best practice
- Where appropriate Universities should review previous action plans and report on progress



The Improvement flowchart:



### 3. COVID 19

Each University's report recognised the work of all contracted Welsh Universities to support service and students in their response to the COVID 19 Pandemic. The work undertaken by universities to minimise the disruption to education was swift and innovative, ensuring that the pipeline of graduates into the NHS has been maintained. Partnership working between HEIW, Service and Universities has had a significant positive impact on the quality of care provided during this unprecedented crisis, enabling the deployment of additional skilled staff in areas facing the greatest strain. Joint working led to the swift implementation of respiratory and critical care training for non-critical care staff, the deployment of students into practice along with COVID 19 placement recovery principles.

Key developments led by HEIW,

- Commissioned new 3 day courses for non-critical care staff (nurses, ODP's OT's and Physiotherapists) to increase their knowledge and confidence to support staff working in critical care. Over 900 staff from across Wales received this training.

- Development of a Covid Placement Recovery Group. Chaired by HEIW in partnership with Heads of Service and University staff. This group led on the production of a suite of information and guidance to support students
- Creation of a virtual placement group. This group is exploring opportunities to enable students to achieve learning outcomes in a simulated virtual environment.

#### 4. PROFESSIONAL GROUPS INCLUDED AND KEY PERFORMANCE INDICATORS

Student groups covered include nursing, midwifery, community nursing, all allied health professions and health science. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked.

The key performance indicators include,

- Achievement of commissioning targets (training fill rates)
- Application rates
- Attrition
- Post-graduate education
- Non-medical prescribing
- Return to practice

For the future plans are being developed to collect data and benchmark,

- Management of placements
- Managing Interruption of Studies (IoS)
- Differential attainment

#### 5. COMMISSIONING ACHIEVEMENT ACADEMIC YEAR 2019/20

In 2019/20, Welsh Universities achieved a **96% fill rate against pre-registration commissioning numbers** (up 2% from 94% the previous year). This covers nursing, midwifery, and allied health professionals.

The average achievement of successfully filling commissioned places for **full time and part time community nursing across Wales was 62%** down from 95% in 2018/19. However, it is important to recognise the impact of COVID on each Health Board's ability to release staff, along with the need to recall staff which would have had significant impact on last year's achievement rate.

The average achievement of successfully filling commissioned places for **community modules across Wales was 89%** with no change on the previous year. This is slightly below the target of 90% but up significantly from the 81% achievement rate in 2017/18. COVID has placed unprecedented challenges on service; the success of community nursing module fill rates is dependent on employers supporting the release of staff to undertake learning. Despite COVID the fill rate of nursing modules has remained steady.

The achievement of commissioning numbers is a critical success factor as it determines the maximum output that can be derived for the course. Commissioning numbers are based on needs identified in Health Board and NHS Trust workforce plans so achievement is vital. Where any commissioning targets are missed then the

Commissioner challenges the University and this is carefully monitored and, where appropriate, corrective action is identified and Universities are held to account against the action. For example, there is a UK wide issue surrounding filling LD nursing places. The ECQ Team made the two providers work together to devise an action plan to address this issue. Fill rates across LD nursing are now in excess of 90% compared to 70% 2 years ago.

## 6. COMMISSIONING FILL RATE DATA SUMMARY ACADEMIC YEAR 2019/20

Commissioning Achievement

2019/20

	Target	Actual
Pre-registration All Averaged	100%	96%
Pre-registration Nursing	100%	94.5%
Pre-registration Midwifery	100%	100%
Pre-registration AHP & Science	100%	98%
Community FT/PT*	90%	62%
Community Modules*	90%	89%

CU	CMU	SU	USW	BU	GU
92%	97%	99%	99%	96%	103%
86%	N/A	99%	98%	95%	N/A
100%	N/A	100%	100%	100%	N/A
96%	97%	98%	N/A	100%	103%
80%	N/A	100%	39%	N/A	70%
83%	N/A	77%	100%	96%	94%

# Percentages have been rounded

	Target	Actual
Return to Practice	120	72

CU	CMU	SU	USW	BU	GU
15	N/A	27	13	8	9

	Target	Actual
Non-medical Prescribing	100%	96%

CU	CMU	SU	USW	BU	GU
95%	N/A	84%	100%	100%	100%

### Attrition 2019/20

All Wales

University

	Target	Actual
Pre-registration Nursing	12%	10.2%
Midwifery	10%	8%
AHP	10%	7.25%

CU	CMU	SU	USW	BU	GU
14.3%	N/A	6.4%	10.2%	12.2%	N/A
5%	N/A	8%	8%	13.5%	N/A
7.7%	6.1%	N/A	N/A	6.7%	7%

### Advanced Practice 2019/20

	Target	Actual
Staff Utilising Funding	N/A*	634
% Split between organisations		

\*N/A suspended due to COVID 19

CU	CMU	SU	USW	BU	GU	England
214	24	81	93	67	42	116
26%	3%	12%	16%	12%	7%	18%

### Key

Unsatisfactory 1	Below level expected 2	Satisfactory 3	Good 4	Excellent 5
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COVID 19 Impacted programmes due to post registration staff restricted release or recall.

## 7. UPDATE AGAINST COMMISSIONING FILL RATE ACADEMIC YEAR 2020/21

The current 2020/21 Autumn intake indicates that Welsh Universities have achieved a 98% recruitment rate against pre-registration commissioning targets (up by 2% from the combined recruitment of the Autumn 2019 and March 2020 intakes). Of the 2,434, pre-registration places commissioned in autumn 2020 just 38 places were not recruited to by contracted universities. The full impact cannot be recorded for 2020/21 until the Spring intake is recruited.



## 8. ATTRITION

The **nursing attrition** rate target is set by the commissioner at 12%, Wales has achieved this for each of the last 10 years. There has been a marginal increase in student attrition for pre-registration nursing across Wales, from 9.34% in 18/19 to **10.2%** in 19/20. The pandemic has had the potential to severely impact attrition, but the small increase is within usual annual variances therefore reflecting that universities, regulators and HEIW have made successful adjustments to both the academic and placement elements of programmes that have supported students to remain safely in education.

The Welsh **midwifery attrition** rate target is set by the commissioner at 10%, the 19/20 rate averaged across Wales was just **8%**. The Welsh **AHP attrition** rate target is set by the commissioner at 10%. The rate over the last decade has been and remains consistently low. The 2019/20 rate is just **7.25%**. There is a significant range in AHP attrition across courses – from 2% to 10%. In 2019 there was some serious concerns around the attrition levels for ODP and Diagnostic Radiography delivered by Cardiff University, however actions set by the commissioner resulted in a falls from 16.1% to 9.9% for diagnostic radiography and from 26.1% to 10.3% for ODP. Examples of the action plans for these areas are enclosed as Appendix 1 and Appendix 2.

## 9. STUDENT DEMOGRAPHICS AND DEGREE OUTCOMES

14.4% of students who successfully gained a place on Welsh healthcare funded course in Autumn 2019 and Spring 2020 declared they were fluent in Welsh. A further 9.6% reported a basic understanding of Welsh. The **Welsh Language** components of the course are being strengthened in the new contract with,

- Assessment of Students' Welsh Language Skills Levels
- Simple Online Welsh Awareness Course
- Some health based online simple greetings learning - We will supply you with all of this.
- Encouragement of all students to sit the Coleg Cymraeg's Language Skills Certificate

School leavers remain the largest group enrolled on programmes; however, most students overall are aged 21 and over (64.2%). These 'mature' students tend to be domiciled in Wales are more likely to have 'roots' in Wales, be embedded into the local community and will therefore work locally on graduation.

- 89% of students recruited to study nursing and midwifery were domiciled in Wales.
- 56% of AHP students recruited to study, were domiciled in Wales. As in previous years allied health profession and science students tend to come from across the UK to study in Wales.
- Welsh universities are enrolling more students from ethnic groups than represented in the general Welsh population.
- An average of 35.2% of students enter healthcare courses with A levels as their highest qualification. Therefore 64.8% enter with 'other' qualifications including access courses, diplomas and first degrees in non-healthcare subjects, evidencing the wide entry gates to health professional registration.

- 2019/20 was another outstanding year for 1<sup>st</sup> class honours degrees with the Wales average again increasing, from 41% in 2018/19 to 42.5% in 2019/20. A further 34% of students qualified with a 2:1 and 13% with a 2:2.

Widening participation in health professional education is another key component of the strategic review. The lotting strategy is designed to diversify education across Wales meaning easier access for more remote potential students. In addition, there is a bigger emphasis on contextual admissions including,

- Applicants that have been in care
- Applicants who are young carers
- Applicants residing in areas of high socio-economic deprivation
- Applicants whose parents are not educated at HE level
- Applicants with protected characteristics underrepresented in Higher education

## 10. APPLICATION RATES

Application rates to pre-registration education programmes for the previous and current academic years remain buoyant. Utilising a simple application rate analysis, it is possible to note any areas of concern which may impact on the future sustainability of any profession Programmes with less than 3 applicants per place are noted as a concern by the commissioning team and duly monitored.

### Application rates for the academic year 2020/21

Greater than 5 applicants per place	Pre-Registration Nursing – Child Field Midwifery Physiotherapy Diagnostic Radiography Therapeutic Radiography Paramedics Healthcare Sciences – Neurophysiology Healthcare Science – Clinical Physiology Healthcare Sciences – Cardiac Physiology Healthcare Sciences – Radiotherapy Physics & Nuclear Physics Healthcare Sciences - Audiology
Less than 3 applicants per place	Pre-Registration Nursing – Adult, LD Podiatry Biomedical Sciences ODP Dietetics
Between 3 and 5 applications per place	Occupational Therapy Speech and language therapy Healthcare science – Respiratory and Sleep Science Nursing – Mental Health

## 11. RISKS, ISSUES AND MITIGATION

Where performance is below the expected level actions are identified within each University's performance report. The All Wales report captures the all Wales position

and identifies where there is variation in performance between universities. The full report contains each individual university outcomes, all actions identified within the individual reports along with each university's responses to those actions, an outline of actions can be found in the table below.

University	Action
Cardiff University	Further initiatives to increase ODP application rates
Cardiff University	Explanation for high attrition in the Spring 2018 cohort. Initiatives to increase student nurse retention and students to return from interruption of studies.
USW	Activities to increase applications to Adult and LD Nursing
Bangor University	Activities to increase applications to Adult, MH and LD Nursing
Bangor University	Initiatives to address retention and support for students to return from interruption of studies, with a focus on Autumn and Spring 2018 cohorts
Bangor University	Activities to assist student midwives to return from interruption of studies
Cardiff Metropolitan	Activities to increase applications to Dietetics
Cardiff Metropolitan	Activities to increase applications to Podiatry

There are no current significant risks in relation to performance. However, a fall in students opting for the NHS bursary illustrates the differential in support between those opting for NHS funding and those opting for the self-funded student loan route. Inadequate, non-repayable funding may impact on the number of mature, low income, debt averse BAME students or career changing students choosing to study health degrees, which may in turn impact on the sustainability of the future workforce for Wales.

University	% uptake of bursary
Bangor	95%
CMU	91%
Glyndwr	90%
USW	85%
Cardiff	76%
Swansea	95%
Wales Total	87%

## 12. FINANCIAL IMPLICATIONS

There are no direct financial implications.

## 13. RECOMMENDATION

The Committee is asked to:

- **Note** the contract performance across Wales

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓		✓
<b>Quality, Safety and Patient Experience</b>			
The delivery of high quality education is critical to patient care, the relationships with the university sector underpin this education delivery and as a result these arrangements play an essential role in improving patient care and safety.			
<b>Financial Implications</b>			
There are no financial consequences of establishing these forums			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no legal consequences of establishing these forums			
<b>Staffing Implications</b>			
There are no staffing consequences of establishing these forums			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Non known			
<b>Report History</b>	Nil		
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Appendix 1 - Operating Department Practice School of Healthcare Sciences Recruitment and Attrition Action Plan</li> <li>Appendix 2 - Cardiff University School of Healthcare Sciences BSc (Hons) Diagnostic Radiography &amp; Imaging Attrition Report December 2019</li> </ul>		

# **Operating Department Practice School of Healthcare Sciences**



## **Recruitment and Attrition Action Plan**

**Authors;**

**Mr Paul Hennessy, Professional Head ODP**

**Mr Alex Bradbury, Programme Manager BSc(Hons) ODP**

This paper has been produced in response to the 2019 University Performance Report published by Health Education and Improvement Wales in September of 2019. Highlighted within the above-named report is the significant under performance of BSc (Hons) in Operating Department Practice (ODP) against the metrics of Application rates, Recruitment, Attrition, and Value for Money. The draft report identifies 2 key actions for the programme team:

- **Action point 5; Under recruitment of ODP commissions**
- **Action point 7; Attrition action plan for Diagnostic Radiography and ODP**

In preparation of this paper discussions between the ODP and Diagnostic Radiography & Imaging management teams, Director of Recruitment and Admissions and HCARE Marketing have taken place to identify common issues and suggest potential common and cost-effective solutions.

## **Background**

### ***Student Expectation vs Reality***

Whilst not a requirement, applicants are encouraged wherever possible to obtain some degree of insight into the role through observational or work experience placements. However, due to access restrictions often around age, not all those wishing to do so are able to undertake such placements. Additionally, applicants who do manage to obtain either work or observational experience are often and understandably exposed to the more attractive elements of the role and therefore again not really understanding the full day-to-day role and experiences of the operating department practitioner.

The All -Wales nature of provision, and limits to placement area capacity, is highlighted at all stages of application and selection process. Additionally, the principle that allocation of students to placement areas are determined by a combination of capacity, All- Wales provision and curriculum requirements, is repeatedly highlighted through the application and selection process.

Issues surrounding mental health and wellbeing of students have grown significantly in the last number of years and the input from the University support services has been exemplary. However, in many situations' recommendations surrounding location of placement to enable access to and use of support services have not always been actionable due to the issues of supported placement capacity and All Wales requirements.

### ***Widening Access and Participation***

ODP has historically been a programme that has drawn significant portions of its cohorts from more mature applicants who enter via the non-traditional background of education (BTEC / Access courses). Whilst we excel at meeting the widening access agendas, there are challenges to recruiting a high number of applicants from this demographic. Despite repeated iteration of the demands of a programme at Open days, School/ College engagement events and during the interview process itself, many of the affected students find it difficult to balance personal family / caring commitments and their study which can impact on their academic and clinical performance. This sub-set also often underestimate the significant financial shock associated with having to give up existing employment as anecdotally, the financial support available does not fully make up the resulting shortfall in

household income. Within ODP, the majority of students withdrawing or requesting Interruption of Study identify the Personal/Family issues as primary reasons with mental health/ financial concerns often identified as contributing factors.

Recent years have also seen a significant shift in the ethnic diversity of applicants and successful starters, which rightly reflects the diversity of the communities and patient groups we serve. This change has brought with it new issues surrounding culturally appropriate support e.g. access to Halal food stuffs, nature of accommodation provided, access to religious education particularly for students placed away from Cardiff.

During Confirmation and Clearing (A'Level results week), all commissioned programmes are under understandable pressure to fill any vacancies against targets. This has meant making offers to applicants who have not had the chance to really investigate the nature and makeup of the programme or the profession of ODP. These applicants are then expected to make a quick decision as to whether to accept the offer of a place or not, and thus calls into question whether a truly informed choice has been made.

As with many other Healthcare programmes, the increased commissioned numbers present a significant challenge in terms of student clinical experience as many clinical placement providers have identified they are at maximum capacity. This is in part due to students from other professional groups often competing for clinical experiences, which is further exacerbated with the limited number of appropriately qualified staff to supervise. Ultimately, has had a negative impact on both their overall clinical experience and evaluation of placements.

### ***North, West and Central Wales***

These areas remain a challenge in terms of recruitment. Whilst commissioned numbers for 2019/20 across the 4 constituent Health boards account for 53% (n=26) of places, applications from these regions account for only 13% of all applications received. Attempts to significantly increase applications in these areas have been unsuccessful to date.

<b><i>Postcode</i></b>	<b><i>Applications</i></b>	<b><i>Offers</i></b>	<b><i>Enrolled</i></b>
<b><i>LL</i></b>	<b><i>3</i></b>	<b><i>2</i></b>	<b><i>2</i></b>
<b><i>SA</i></b>	<b><i>7</i></b>	<b><i>6</i></b>	<b><i>4</i></b>
<b><i>SY</i></b>	<b><i>3</i></b>	<b><i>3</i></b>	<b><i>0</i></b>
	<b><i>n=13/107 (12%)</i></b>	<b><i>n=11/68 (16%)</i></b>	<b><i>n=6/39 (15%)</i></b>

Business Objects reporting data for 2019 admissions cycle

## Actions

All areas highlighted within the Performance review are clearly interrelated. Arguably, the very low application/commission ratios are the crux of the issues with recruitment and attrition as such low application rates mean a very small pool to draw from. Moreover, the small size of commissioned cohorts means a single student loss equates to 2% attrition against commission. For ODP to move into the Amber category an uplift of 50% in applications is required. Clearly such an uplift is not a realistic target over a single admissions cycle. Consequently, the actions identified below are aimed at producing a sustainable increase in application numbers through an increased awareness of the profession, and by extension, the programme.

## Recruitment

In addition to supporting the **ongoing** activities of the College Marketing team the full programme team **will continue** to be actively involved in recruitment, profile raising and engagement activities. This includes;

- Provision of an Offer Holder Day for prospective students;
- Attendance at colleges/schools/careers fayres etc., throughout Wales;
- Participation in Seren Network<sup>1</sup> events;
- Development of new ideas for National ODP day engagement activities and events;
- Build on the increasing success of public engagement activities e.g. Super Science Saturday at the National Museum of Wales, with future activities currently under development in partnership;
- Continuing to work with clinical partners in highlighting the role of the profession of ODP and training opportunities within Service provision, on a more locally focused basis particularly for areas with low application rates;
- Engagement with Cardiff University widening participation events;
- Ongoing Engagement with existing CU based social media platforms and external platforms such as PipCast;
- Assisting in the development of marketing materials and media that highlight the activities of the programme with particular focus on the use of simulation.

Additional marketing activities have been secured including traditional Billboard advertising and digital/social media campaigns in Cardiff and beyond.

In addition to the University level engagement activities, the programme team is also looking to engage at a programme level with both compulsory education and POCET providers with Health related BTEC courses of study to highlight the role and profession of ODP as a career option.

Whilst there are ongoing discussions regarding our current admission selection methods, any change in this area will need to be supported by a robust evidence base. Under consideration are two key options;

- Retaining the Multiple Mini Interview (MMI) structure with;
  - the addition of a group discussion component which has shown to be effective within Midwifery and Occupational Therapy who recruit high calibre candidates in a

<sup>1</sup> <https://gov.wales/seren-network>



very competitive environment. The purpose of this would be to drill down on the applicants' understanding of the profession and its demands;

- developing a greater level of involvement of the existing student body in the MMI process to help further enthuse/excite and inform applicants;
- A return to more conventional interview methods, as there is a perception that the current MMI structure precludes a more detailed “drilling down” into applicant responses, perceptions etc., due to the limited time spent with individuals.

In the more immediate timeframe, the following activities will continue/be added in for this admissions cycle;

1. Shortlisting of applications on the basis of personal statement is discontinued with ***all applicants meeting entry criteria are invited to interview***. Whilst this is not expected to impact directly on the number of applications per-se it will provide the admissions team with a larger potential offer pool;
2. ODP will remain 'open' in UCAS Extra beyond 15 January in order to accept additional applicants;
3. We have changed our deferral policy. All requests are to be received no later than 31<sup>st</sup> July. We believe this will stop the August deferral requests where we have little chance of filling a place;
4. We will continue to cross-sell to other programmes at confirmation to applicants who did not make the grades for their chosen programme. For the 2018/19 admissions cycle this process captured 3 applicants.

**It should be noted that at the time of writing, applications for the 2020/21 admissions cycle are currently showing a 52% increase (n=+22) on the same time last year. This is suggestive that actions identified and undertaken in previous action plans would appear to be bearing fruit**

## Attrition

### ***C22 Curriculum development and re-validation***

The structure of the re-validated programme, which includes increased contact with personal tutors/support services through revised scheduling, along with increased frequency of site visits, will enable the team to address issues and concerns in a more timely and proactive manner. Furthermore, the transition of the September 2018 cohort to this revised provision was actioned, in part, to maximise the impact of this development.

Additionally;

- The revised structure has seen a significant reduction in the assessment load which has often been cited as a cause of stress and exercising a negative impact on student wellbeing;
- The programme team will continue to participate in regular student-staff panel meetings and encourage student engagement in Programme management team meetings (through the cohort reps);
- Regular informal discussion groups with individual cohorts to address any current issues or concerns have now also been introduced. These are separate from the organisation and management sessions undertaken as part of block weeks and are intended to provide

students with an environment to identify and if wanted discuss issues particularly from their wider placement experiences, be they clinical, academic or pastoral.

### ***Student Information and Support***

The programme team ***will continue to;***

- ***iterate at all stages of the application and selection process***, to facilitate informed decision making on the part of applicants;
  - the reality of programme demands including placement at locations distant from Cardiff;
  - the academic and practice demands of the programme;
  - direction to appropriate and current information on funding etc;
- ***work with student support services*** to ensure timely identification and where necessary intervention in the support of students;
- ***develop educational activities*** that will provide a realistic preparation for the experience of clinical practice.

In recognition of the issues that placement on an all-Wales basis presents for ODP students from Cardiff University the Learning in Practice coordinator for the programme recently made approaches to the Chaplaincies at both Bangor and Aberystwyth Universities' with regards to Cardiff students accessing their services. Additionally, the school is currently investigating the inclusion of an Ecumenical component to the Freshers /Induction week activities to help address any issues of a religious nature that may impact on student experience, particularly whilst on placement.

The programme team continue to engage on a regular basis with all our clinical partners through increased frequency of clinical site visits to support both staff and students in the workplace.

### ***Support for Service Partners***

The role of clinical placement experiences in attrition has been the subject of much investigation and discussion and issues that impact on the quality (perceived or otherwise) of placements risk a negative overall impact.

As is the case for our colleagues in Diagnostic Radiography and Imaging, service managers are becoming increasingly reticent to increase the number of students in their departments, with some even requesting a decrease in numbers due to staffing and supervision issues. This can lead to a perception of disorganised management of placements resulting in a subsequent negative impact on service workforce need, education and training plan for 2020/21 and NSS scores.

Whilst we recognise the programme has faced significant challenges in recruiting to commissions, there exists a significant disparity between what the service identifies it can support against these commissioned numbers. The under-recruitment to date has somewhat ameliorated the issues of staffing pressures and associated support/management of clinical placements. However, ***we will continue to plan and allocate based on attaining the commissioned number of students***. This clearly presents an issue of potentially significant tension.

To address the issues of capacity/placement support;

- One of the original objectives of the C22 development and validation was to increase available capacity through a change in focus from area of practice to clinical specialty. However, for reasons still not clear with service, this increase has failed to materialise. Considering this, we are currently identifying a range of alternatives including the use of non-traditional placement areas/ specialties that would facilitate some of this increase and thereby improve the overall placement experience;
- Internal School discussions with other HCARE professions who have experienced and addressed similar issues are ongoing with the aim of identifying options and long-term sustainable approaches to this particular problem;
- Closer involvement by Service Managers in the development of the workforce planning numbers within Health Boards ***has been agreed by Clinical Partners at the School Partnership Board*** level so that an appropriate balance between service need and ability to support placements can be achieved.

## Conclusion

In summary, the ODP team recognises the significant issues and challenges surrounding the recruitment to, and attrition from the programme and the associated impact on service delivery. The team is committed to remaining actively engaged with profile raising activities which we view as vital to increased public awareness of and interest in the profession of ODP. We will also continue to identify and apply proven, and if necessary, novel, approaches to the issue of attrition. For both areas this work will be undertaken wherever possible in partnership with our clinical partners. It must however be recognised, that all actions and activities will be subject to the constraints of available resources.

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# Cardiff University

## School of Healthcare Sciences

### BSc (Hons) Diagnostic Radiography & Imaging

#### Attrition Report December 2019

##### Authors:

Hywel Rogers (Professional head)

Julia Kennedy (Programme manager)

Martyn Floyd (Deputy programme manager)

##### Attrition in Diagnostic Radiography Degree Courses

Attrition is an ongoing problem nationally and a shared Solutions Consultancy Report identified published in 2006 (Staying the course: Reducing attrition in diagnostic radiography programmes) that attrition within radiography undergraduate programmes was multifactorial, with no one single cause. Drop out was most common during level 4 and especially during or just after the first clinical placement.

The SCoR Approval and Accreditation Board Annual Report (2018) confirms that student attrition throughout the UK in 2017 was 17.24% with the highest programme reporting 44% attrition.

##### Experience of issues within the programme

1. Due to radiation protection restrictions, many applicants have not had the opportunity to observe the full role of the radiographer when they attend for a work experience placement. They often do not seem to appreciate the very technical nature of the profession and the required balance against care of the patient.
2. Those applicants who do find work experience often apply on a minimum of experience, often having been exposed to the more exciting and attractive modalities and therefore again not really understanding the full day to day role of the radiographer.

3. Despite reiteration at open days and interviews, many applicants do not fully appreciate the significant academic and clinical commitment to meet the competencies required for registration as a radiographer. Students who struggle academically, appear to have poor appreciation of the academic knowledge that is expected of a radiographer, especially anatomical knowledge which is probably the most extensive of all the allied health professionals educated at the School.
4. Despite extensive support from personal tutors and university support facilities, we have several students who have withdrawn or taken IOS with significant mental health issues, this reflects the increase in mental health issues throughout the student body.
5. Some mature students having entered via the non-traditional background of education (BTEC / Access courses) do not realise the clinical demand of differing clinical placements and then find it too difficult to balance personal family / caring commitments and their study which can impact on their academic performance.
6. Several withdrawals and academic failures have been attributed to our diverse student demographic. While the university encourages and promotes access to contextual candidates (lower socio-economic background and non-traditional access/lower grade acceptance) we have seen several withdrawals due to widening access.
7. Accepting candidates through the university clearing system means making offers to applicants who have not had the chance to fully investigate the nature and makeup of the radiography programme and indeed the profession. We expect these applicants, to make a quick decision as to whether to accept the offer of a place or not, which further limits their opportunity to find out as much as possible about the course and the profession.

## **Actions**

1. We have now developed our own Twitter account to promote radiography and radiography education in Wales. It is hoped that this will provide a platform to market our programme to a wider audience and thus allow us to have an increased number of applicants to choose from.

2. Course structure has been modernised in line with current trends in clinical practice. The increased module credit structure has enabled more appropriate assessments and support for students due to the integration of topics that are clinically related and relevant. The reduction in the number of modules per year due to increased credit weighting has enabled us to reduce the assessment load and bring the type of assessment more in keeping with modern diagnostic radiography practice. This will make assessment much more interesting for the students and enable them to appreciate the relevance to clinical practice. The previously validated programme, which ends in 2020, was heavily assessed.
3. Whilst regular student/staff panel meetings are arranged at school level, the programme has recently improved the communication between students and staff with a specific member of staff having allocated hours in the workload model to act as a student liaison for timetabled activities. This role means that any student or student representative has a named person to engage with and part of the role is dedicated to the support of students with personal or mental health issues. This is in addition to the personal tutor, and university support system and provides additional support for the student.
4. The increase in commissioned numbers has presented a challenge in terms of student clinical experience and support. Radiography departments have a high vacancy factor and therefore supervision and opportunities for students has been an issue as it has been increasingly restricted. Despite the actions taken to increase placement provision such as private institutions, satellite hospitals and flexible working, student clinical places are at maximum capacity which results in a number of students often competing for clinical experiences, which is further exacerbated with the limited number of radiographers to supervise. The subsequent reduction in individual opportunities for each student has had a subsequent effect on both their overall clinical experience and competence and also, due to the integrated nature of the academic and clinical aspects of the profession, their ability to apply the academic theoretical knowledge to practice. This risks a lack of confidence and interest in the profession. Radiology service managers are becoming increasingly reticent to increase the number of students allowed in their departments, with some even requesting a

decrease in numbers due to staffing and supervision issues. This is in direct conflict with HEIW's workforce need, education and training plan for 2020/21. Despite a good relationship between the programme and clinical managers, more needs to be done by all parties to encourage a more positive approach to increasing numbers in practice. This work is ongoing.



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>2.2.4</b>
<b>Report Title</b>	<b>Health Professional Education 2020 National Student Survey Summary</b>		
<b>Report Author</b>	Dawn Baker Lari		
<b>Report Sponsor</b>	Martin Riley		
<b>Presented by</b>	Martin Riley		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To inform the Education Commissioning and Quality Committee of the high-level outcomes of the National Student Survey 2020.		
<b>Key Issues</b>	Student groups covered include nursing, midwifery, all allied health professions, and health science. Student satisfaction scores for the academic year 2019/20 are higher than the UK average in five of six of HEIWs contracted universities, illustrating the high quality of commissioned health education programmes.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	The Committee is asked to: ➤ <b>Note</b> the National Student Survey (NSS) performance across Wales's commissioned health education programmes.		



# HEALTH PROFESSIONAL EDUCATION NATIONAL STUDENT SURVEY SUMMARY 2020

## 1. INTRODUCTION

The National Student Survey (NSS) is commissioned annually by the Office for Students (OfS) on behalf of UK funding and regulatory bodies – The Higher Education Funding Council for Wales (HEFCW), The Department for Economy Northern Ireland (DfENI) and the Scottish Funding Council (SFC). Undertaken independently by Ipsos MORI it offers final year students the opportunity to give honest feedback on their academic and placement experiences.

HEIW utilise this intelligence as part of its suite of performance and quality measurement process, All under-performance or areas where University scores are lower than expected is discussed in individual university contract meetings and actions are formulated (and monitored) to ensure that performance is improved.

Other components of the performance and quality framework include,

- Individual university performance reports (based on HEIW KPI's and benchmarking)
- University self-assessment – based on a questionnaire devised by the ECQ Team (incorporating learning from the Medical Directorates Review systems)
- Feedback from student interviews
- Feedback from interviews with Practice Education Facilitators and Practice Assessors
- In-year reports / conditions from the regulators (NMC, HCPC)

It assists prospective students to make informed decisions about where and what to study. It also acts as a rich information source for regulators and commissioners. As such, the scrutiny of annual NSS results contribute to the contract performance and quality management cycle undertaken by the Education, Commissioning and Quality Team. Utilising Power BI the teams Information Officer has built an interactive dashboard to visualise and track NSS metrics, allowing the data to be better digested and understood.

The new contract – coming into effect in September 2022 – has additional requirements for Universities to share data and provides HEIW with further enhanced information to drive improvement.

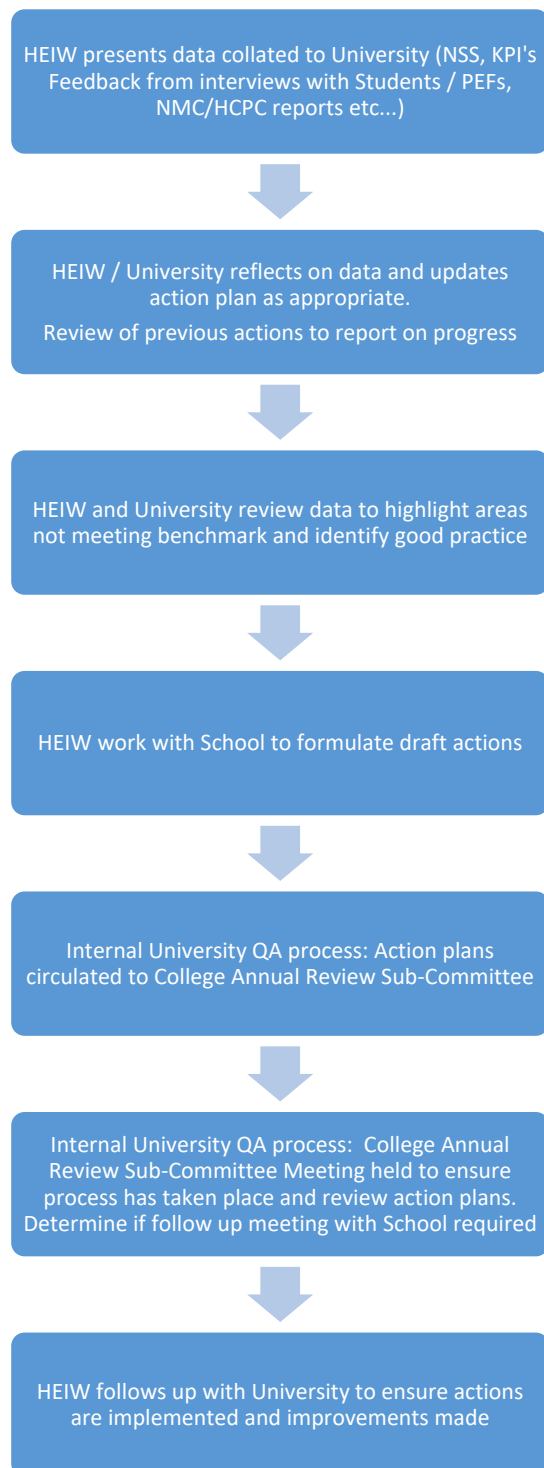
The NSS dashboard has been shared with workforce analytic colleagues to establish,

- If it needs to look any different
- whether there's anything that can be picked up to go into the HEIW performance dashboard
- whether anything from medicine is relevant / can be incorporated into it

## 2. IMPROVEMENT PROCESS MAP

Universities will be provided with data for each area of focus (based on findings from HEIW's performance and quality framework) along with benchmark data, where available. HEIW will prioritise areas to be addressed and Universities are expected to:

- Review the data
- Conduct self-reflection
- Produce an action plan to address these challenges
- Where benchmarks have been met or exceeded, Universities will be asked to share examples of best practice
- Where appropriate Universities should review previous action plans and report on progress



### 3. HEIW ACTIONS TO IMPROVE QUALITY

To assist with the quality management of Education Contracts HEIW is introducing a Head of Placement Experience and Improvement role that will provide additional assurances to the HEIW Executive Team surrounding the quality, appropriateness and safety of health professional student placements throughout Wales and will develop joint principles and reporting of outcomes with the quality assurance and quality management teams within the Medical Directorate. This role will work closely with University and Service to address any under-performance and quality issues that arise. In addition, key role benefits include the production of,

- a. National placement principles for healthcare practice education in line with contemporary policy themes and regulatory frameworks.
- b. An impact assessment on work required to enable expanded and sustainable student placement capacity across health profession programmes, given workforce sustainability, implementation of HEIW Placement Plans and COVID-19 recovery arrangements.
- c. A national assessment of the remit of Practice Education Facilitator roles supporting health profession education placements in Wales and the equity of role distribution across health and social care sectors and geographical boundaries.

Benefits of the role will also be in:

- Creating an expansion of criteria for HEIW evaluation of placement quality and student experience for the Education, Commissioning and Quality Team as part of the quality and performance arrangements in place for managing the £115m (annual investment) in Health Professional Education.
- Identifying systems and resources for delivery of training programmes and assessment sites.
- Enabling the identification of areas of concern within the quality of training and assessment processes.
- Raising the standards and standardise the development, delivery and assessment of placement learning.
- Provide clarity and establish a shared understanding of roles and responsibilities for placement learning across healthcare professions.
- Developing the “student voice” to inform improvements and innovation in placement areas

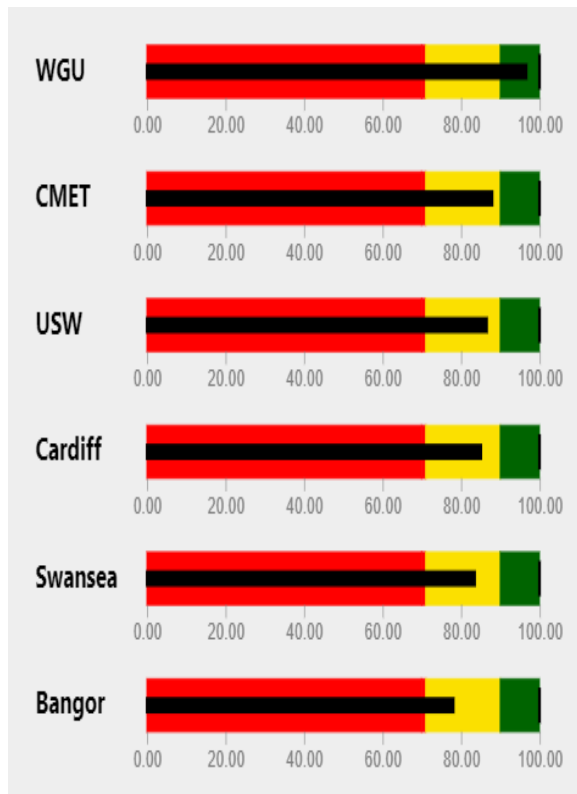
There is significant value in this role in creating health professional students with a greater understanding of their own professional identity and with a greater understanding and appreciation of what other clinical staff from differing professions bring to the multi-disciplinary team. There is value in this role in building on the links with social care outlined in the workforce strategy and aligning care closer to home as set out in a Healthier Wales as this role will be pivotal in opening up more diverse clinical placements in primary, community, social care settings as well as the independent and third sectors.

In the short term – should covid remain an issue – this role will be key as the strategic link between students, the Service, HEIW and Universities. Listening to student concerns and developing support mechanisms and policies to alleviate them will add further assurances for NHS Wales.

## 4. OUTCOMES

The results of the NSS are detailed in Appendix 1. The ECQ Team in collaboration with the workforce directrate analytics team are currently finalising a dashboard which delves into each area.

In summary overall satisfaction is shown in the table below,



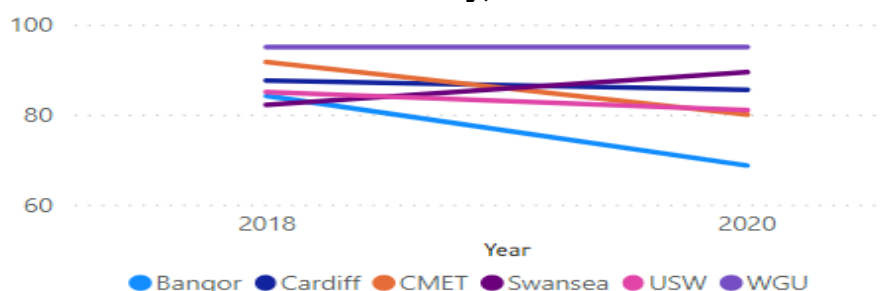
The table to the left indicates overall satisfaction with the quality of commissioned courses. The scores provide high-level indications of how well the university is performing in the delivery of high-quality health education.

It should be noted that the average satisfaction score in 2020 across all UK universities, for all programmes, both health and non-health in 2020 was 83%. Therefore, all but one commissioned university is performing above the UK average.

The ECQT have categorised performance using a RAG type system. The highest performing Universities receive a green score, indicating almost all students were satisfied with the quality of their course, a yellow score indicates a high proportion of students were satisfied and red an unsatisfactory proportion.

Of all commissioned Universities Wrexham Glyndwr (WGU) had the highest score, with 97% of students agreeing they are satisfied with the quality of their courses. Currently Bangor University holds the lowest score for overall satisfaction of all commissioned universities, with student satisfaction at 78%. Bangor University currently delivers Adult, Child, Mental Health and Learning Disability Nursing; Midwifery, Diagnostic Radiography and Physiotherapy programmes on behalf of HEIW. The 2019 results showed an 83% satisfaction rate in Bangor, indicating a 5% fall in the last year. This reduction in score will be discussed with the university at this year's quality contract meeting in the Spring of 2021 and the improvement mapping exercise will be implemented to pinpoint where the University needs to improve and the actions required. HEIW's student interviews focussed on this area and the ECQ Team will feed this into the process.

### Satisfaction with Course Quality, Trends:



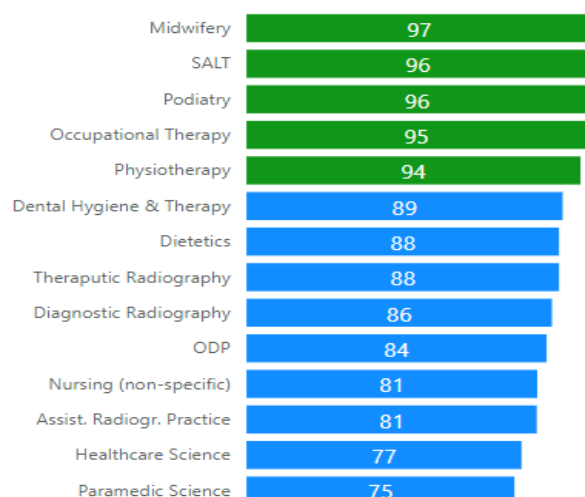
The above trend graph indicates a slight fall in student satisfaction between 2019 and 2020 across four of the six land-based universities. It is reasonable to surmise that the COVID 19 pandemic has had a direct effect on student satisfaction. On March 16<sup>th</sup> 2020 the UK Government advised against non-essential contact with others, which escalated to a UK lockdown on March 23<sup>rd</sup>.

This resulted in the sudden movement to emergency online learning, and the suspension of many student placements in service. The NSS collects its data between January 6<sup>th</sup> and March 31<sup>st</sup>, those that responded to the survey later in this period may have reflected the negative changes to the provision of education and placements. The ECQT is currently engaged in the quality review of programmes through direct student engagement.

Meetings with students has so far elicited that the quality of on-line education provision rapidly improved in the months following 'lockdown' and HEIW's intervention in placement support has allowed for the safe reopening of student placements. Swansea University has bucked this trend with a 5% increase in student satisfaction on the previous year. The ECQT will explore this positive outcome with the university at their spring 2021 quality contract meeting. With the universities consent, lessons learned, and best practice will be shared with other providers.

### Satisfaction with Programmes:

The data below is reflective of professions rather than individual University scores. Some programmes are offered by multiple commissioned providers and therefore provide an averaged satisfaction score across universities. The ECQT intensively monitors programmes with lower scores. Each programme is discussed with providers at their annual quality contract meeting, or before if necessary, setting actions to address issues. The focus will be on those programmes with scores below the UK average of 83. However, where a University scores highly, it will be important to understand what has worked so well and to share best practice across Wales.



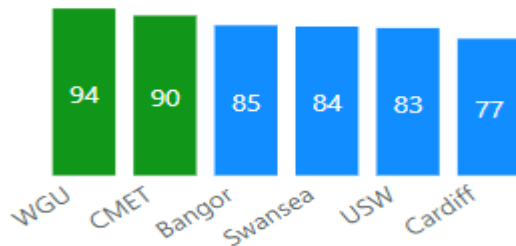
There are particular concerns with Paramedic and Healthcare Science. In recent student interviews, conducted by HEIW, some of the figures presented in the NSS were confirmed by students on the paramedic course. Concerns included, lack of access to tutors, no live lectures, too many powerpoint presentations and not enough

interactive group work. This will be raised as an urgent matter prior to the scheduled spring 2021 contract business meeting.

All areas of under-performance will be discussed in the Spring 2021 meetings and actions will be identified to ensure improvement.

In the NSS there are specific questions relating to NHS Placements. Scoring is as follows,

**NHS Placements**



The final metric that feeds into the NSS results is unique to clinical programmes. Students are asked to respond to the following:

- I received sufficient preparatory information prior to my placement(s)
- I was allocated placement(s) suitable for my course
- I received appropriate supervision on placement(s)
- I was given opportunities to meet my required practice learning outcomes/competencies
- my contribution during placement(s) as part of the clinical team were valued
- my practice supervisor(s) understood how my placement(s) related to the broader requirements of my course

This metric again, is jointly influenced by both university and service. As referred to in the Organisation and Management section, any disruption in service caused by unexpected pressures such as staff shortage will directly impact on that placement areas ability to host and support students. This disruption is then reflected in the NSS scores. Despite a challenging final quarter of 2020, the satisfaction scores for placement experience remain high. Outcomes for Wrexham Glyndwr and Cardiff Metropolitan University are exceptionally positive, although it is likely that the smaller number of students commissioned at these universities have resulted in a more personal experience. All Universities except Cardiff have achieved satisfaction rates at or above the UK average. The outcome from this metric will be discussed with Cardiff University at their individual quality contract meeting and improvement actions will be set.

This is an area where HEIW will, in future, place more emphasis on analysis and improvement. The need for HEIW to take a more strategic role in supporting students in placement was a theme that emerged from the KPMG Review and as such this has been strengthened both within the new contract and with the forthcoming appointment of the Head of Placement Experience and Improvement. This will enable HEIW, in partnership with the Practice Education Facilitators, to examine these areas more closely.

**Appendix 1** provides a little more detail from the key themes contained within the NSS, namely,

- Teaching
- Learning opportunities
- Assessment and feedback
- Academic support
- Organisation and management
- Learning resources
- Learning community
- Student voice

## **5. RISKS, ISSUES AND MITIGATION**

Where performance is below the expected level actions will be identified at each University's Annual Quality Contract Meeting and documented in their Annual Quality Report. In addition the appointment of the Head of Placement Experience and Improvement will more closely align the Practice Education Facilitators with HEIW and increase HEIW's ability to drive improvement and innovation.

The ECQ Team are learning from and sharing best practice with other directorates within HEIW to continually improve the education delivery, student support and challenge functions within Health Professional Education.

In addition a Placement Reference Group has been established, chaired by HEIW with key Service and University partners to support the students on placement during the covid pandemic. HEIW have produced a suite of materials to ensure students are safe and have quality experiences during their placements enabling them to achieve their learning outcomes. This group has been influential in listening to the student voice and providing guidance, leadership and implementing improvements.

## **6. FINANCIAL IMPLICATIONS**

There are no direct financial implications.

## **7. RECOMMENDATION**

The Committee is asked to:

- **Note** the National Student Survey (NSS) performance across Wales's commissioned health education programmes.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
			✓
<b>Quality, Safety and Patient Experience</b> The delivery of high quality education is critical to patient care, the relationships with the university sector underpin this education delivery and as a result these arrangements play an essential role in improving patient care and safety.			
<b>Financial Implications</b> There are no financial consequences of establishing these forums			
<b>Legal Implications (including equality and diversity assessment)</b> There are no legal consequences of establishing these forums			
<b>Staffing Implications</b> There are no staffing consequences of establishing these forums			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b> Non known			
<b>Report History</b>	Nil		
<b>Appendices</b>	Nil		

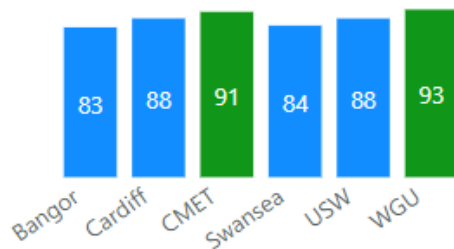


## APPENDIX 1 – NSS SCORING 2020

### Themes

The NSS's satisfaction scores are accrued through responses to questions across nine different fields.

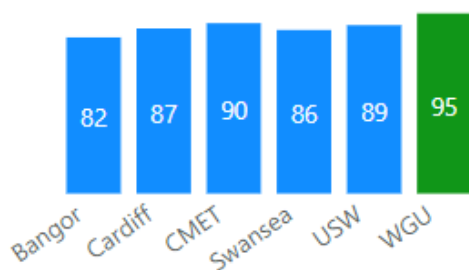
#### 1. Teaching on my course



The graph on the previous page indicates that the teaching on commissioned courses is of high quality, with all contracted universities offering a standard of teaching higher the UK average rate of student satisfaction. The metrics in the graph reflect the following student statements,

- staff are good at explaining things
- staff have made the subject interesting
- my course is intellectually stimulating, and
- my course has challenged me to achieve my best work

#### 2. Learning opportunities

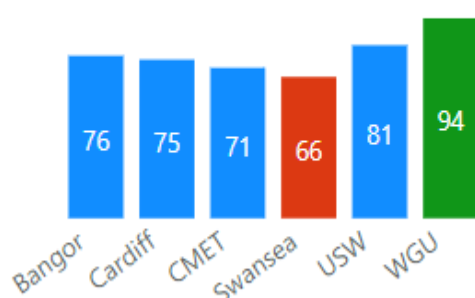


Bangor fall below the 83% threshold and this will be discussed with the University at the annual quality contract meeting and actions will be set to ensure a rise in performance for 2021.

The metrics reflect the following student statements

- the course has provided opportunities to explore concepts in depth
- bring information and ideas together from different topics and
- opportunities to apply what has been learned

### 3. Assessment and feedback

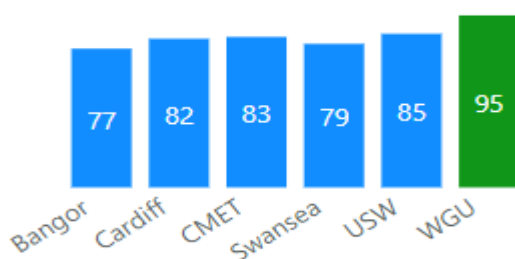


This is scored upon,

- the criteria used in marking being explained in advance
- the assessment being fair
- feedback being timely and
- the receipt of helpful comments on work

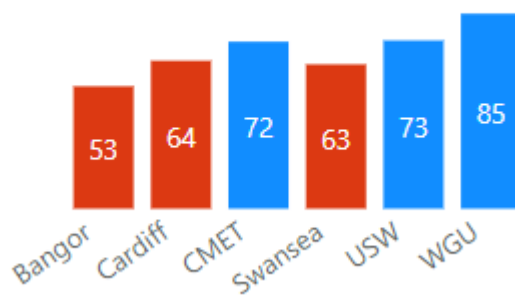
The graph indicates underperformance in this area for four of the contracted universities. This has been tested with virtual meetings chaired by the ECQ Team with students in each of the Universities. Feedback from students will help inform discussion with Universities and there will need to be significant improvement in this area. Action plans will be agreed and monitored. This has become even more crucial as students are now being supported virtually. However, it must be noted that students, in general, feel they have more access to personal tutors virtually than when they were undertaking face to face learning. The reasons for this, best practice and lessons learned will be discussed in the spring 2021 contract business meetings.

### 4. Academic support



The graph above demonstrates the level of academic support provided by HEIWs contracted universities. In 2020 WGU and USW offered particularly high standards of support. This metric reflects – the ability to contact staff when needed, sufficient advice and guidance in relation to the course, and good advice was provided when making study choices. The graph indicates that both Bangor and Swansea universities academic support falls short of the UK overall satisfaction score of 83; this will be further explored at each university's quality contract meeting, with improvement actions set.

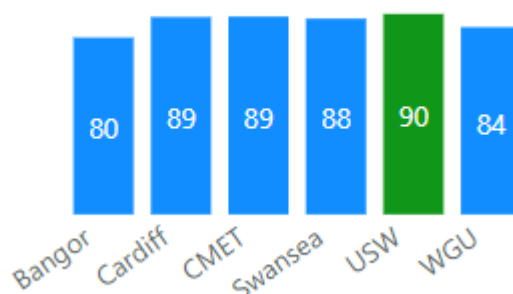
## 5. Organisation and management



The Organisation and Management outcomes have always proved challenging for universities offering health education programmes. Student responses which fuel this metric focus on - whether the course is well organised and running smoothly, the timetable works efficiently for, and any changes to courses or teaching have been communicated effectively. Health Education programmes are unlike other programmes; an extended academic year, a nine to five timetable and large parts of the programme spent on placement makes organising and managing a programme far more complex than a standard non-clinical academic degree.

The management of placements sits not only with the university but also with the placement provider and Practice Education Facilitators. Any disruption in service caused by unexpected pressures such as staff shortage will directly impact on that placement areas ability to host and support students. As such planning within the university can be quickly impacted, affecting placement allocation, and the notification period given to student advising them of those changes. Students tend to apportion responsibility for placement disruption to the university, resulting in poor scoring in the organisation and management metric of the NSS. This poor scoring has affected those universities with more programmes and students, illustrating the additional complexity of organising placements in service for larger numbers of students. Each year the ECQT discusses this aspect of the NSS with individual universities, with each university pro-actively addressing this metric within their sphere of influence. This year, these concerns will again be discussed with improvement actions set where feasible.

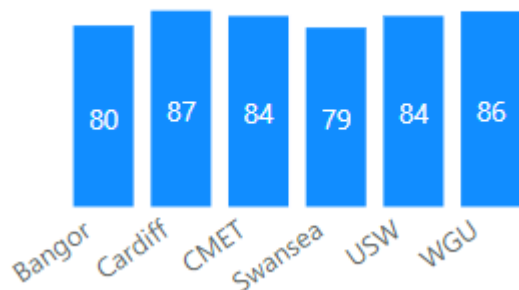
## 6. Learning resources



This metric encompasses the IT resources and facilities within the university that have supported learning, library resources and course specific resources such as simulation facilities. The high scoring across all commissioned universities reflects the substantial investment in resources made by educational institutions to support

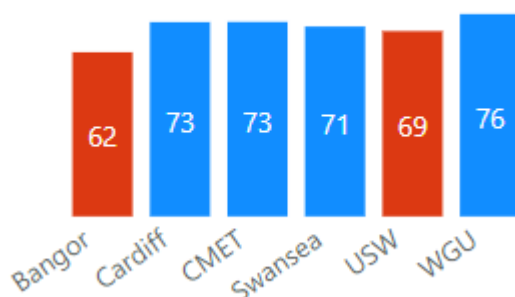
learning. It also reflects the significant investment HEIW has made in our partner universities simulation facilities; recognising that simulation offers our students the ability to apply theory and gain experience in skills in a safe environment.

## 7. Learning community



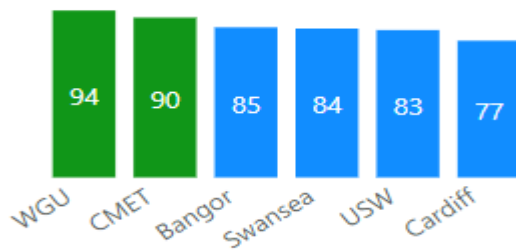
The above graph illustrates the feeling of community within the university, along with a reflection of whether students feel they have had the right opportunity to work with other students as part of their course. All but one university has a satisfaction score above the UK overall satisfaction score of 83, with Bangor marginally below at 80. It will be of interest to see whether HEIW's prescribed introduction of interprofessional education will further positively impact on this score in the graduating year 2022/23.

## 8. Student voice



The student voice is essential to continuous improvement. Therefore, it is disappointing to see the outcomes in the above graph. Each of the nine metrics contribute to the overall student satisfaction score, therefore it is in both the universities and commissioners' interest that these scores are improved upon. The metric reflects the levels of satisfaction with – having the right opportunities to provide feedback on my course, staff valuing students views and opinions about the course, how students feedback is acted upon and whether the students union effectively represents students' academic interests. The ECQT will raise the comparatively poor performance of this metric with each university at their individual quality contract meeting this coming spring. As commissioner there are additional plans in place to strengthen the student voice. The student health forum has been invigorated in the last year and plans to develop it further are in place. In addition to this the ECQT will, in future years, present at each university's induction week, explaining the role of HEIW in education and the students as course representatives in feeding back their views as part of the ECQTs quality management cycle.

## NHS Placements



The final metric that feeds into the NSS results is unique to clinical programmes. Students are asked to respond to the following – I received sufficient preparatory information prior to my placement(s), I was allocated placement(s) suitable for my course, I received appropriate supervision on placement(s), I was given opportunities to meet my required practice learning outcomes/competencies, my contribution during placement(s) as part of the clinical team were valued, my practice supervisor(s) understood how my placement(s) related to the broader requirements of my course.

This metric again, is jointly influenced by both university and service. As referred to in the Organisation and Management section, any disruption in service caused by unexpected pressures such as staff shortage will directly impact on that placement areas ability to host and support students. This disruption is then reflected in the NSS scores. Despite a challenging final quarter of 2020, the satisfaction scores for placement experience remain high. Outcomes for Wrexham Glyndwr and Cardiff Metropolitan University are exceptionally positive, although it is likely that the smaller number of students commissioned at these universities have resulted in a more personal experience. All Universities except Cardiff have achieved satisfaction rates at or above the UK average. The outcome from this metric will be discussed with Cardiff University at their individual quality contract meeting and improvement actions will be set.



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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>2.4</b>
<b>Report Title</b>	<b>HEIW Plan for Differential Attainment</b>		
<b>Report Author</b>	Colette McNally		
<b>Report Sponsor</b>	Pushpinder Mangat		
<b>Presented by</b>	Pushpinder Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To Update the Board of HEIW of the actions undertaken and planned to address Differential Attainment		
<b>Key Issues</b>	<p>The report describes all current matters related to Differential Attainment (DA).</p> <p>This includes</p> <ul style="list-style-type: none"> <li>• Providing an update on the historical background of DA</li> <li>• Placing it into context</li> <li>• Consideration of the impact of DA on individuals</li> <li>• Detailing HEIW's role in responding and addressing DA</li> <li>• Consideration of the outcomes of addressing this issue</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	The Committee is asked to <b>note</b> the approach taken by HEIW in addressing Differential Attainment for information.		

# HEIW PLAN FOR DIFFERENTIAL ATTAINMENT

## 1. INTRODUCTION

Differential attainment is defined by the GMC as the gap between attainment levels of different groups of doctors. In postgraduate medical training the research around differential attainment relates to ethnicity. In school aged children differential attainment research relates to gender and socio-economic status. Differential attainment relating to ethnicity is observed across higher education and many professions. Differential attainment is noted in workplace-based assessments, machine-marked tests and face-to-face assessments.

## 2. BACKGROUND

Differential attainment was first identified in postgraduate medicine in the 1990s. However, it was highlighted in 2013 when the British Association of Physicians of Indian Origin (BAPIO) brought a Judicial Review against the Royal College of General Practitioners' (RCGP) Clinical Skills Assessment (CSA) examination. The RCGP had been publishing differential attainment since the inception of the CSA and Applied Knowledge Test (AKT). Since that time the GMC have published differential attainment data annually for deaneries to review.

In all attempts of postgraduate medical exams in 2017 the pass-rates were:

- 75% for white, UK graduates
- 63% for Black, Asian and Minority Ethnic UK graduates
- 46% for white International Medical Graduates
- 42% Black, Asian and Minority Ethnic International Medical Graduates

The causes are complex. Research suggests that poorer relations with senior doctors and peers, the culture of medicine, assessment fairness, cultural differences, and personal wellbeing are all contributing factors. The impact on individuals is significant. Poorer scores at recruitment can lead doctors to work in areas where they are socially isolated from their support structures. Stress, burnout, and fear or not meeting expectations can result from poorer examination scores, along with the significant financial impact of paying to re-sit examinations. Ultimately, patient outcomes are best with the most functional team, so reducing stress and burnout and improving relationships between people in teams improves patient safety.

Simple interventions to improve trainees' relations with their colleagues can reduce the attainment gap. Mentoring and examination support can also help. Educators need to all be aware of the causes of differential attainment and their own role in reducing the gap. Ultimately, it is vital to support the development of compassionate leaders and create a culture where compassion and diversity are valued.

The Differential Attainment Programme Board - established late 2019 has met on three occasions to share good practice, plan future initiatives and to act as differential attainment champions to influence, enhance and advance the differential attainment agenda across stakeholder groups and the wider training community. Stakeholders within HEIW include Workforce, Dental and Pharmacy Deaneries and Nursing

Directorate. External Stakeholders include Medical Schools, Academy of Medical Royal Colleges, Health Boards, and their Education representatives and the BMA.

A leadership fellow appointed August 2019 has shared qualitative research which has informed the DA strategy.

Wales DA data has been considered extensively and shared with Specialty Schools in HEIW and Associate Medical Directors from the Local Education providers. HEIW professionalised the Training Programme Director role with differential attainment as part of the job description

Heads of Specialty schools have been asked to:

- Identify those who may be at risk of not progressing normally before starting their training (using recruitment scores and identifying those new to the UK).
- Review risks for progression at each Educational supervisor-trainee meeting so that difficulties can be identified and discussion can happen early with trainees.
- Have a strategy for supporting those at risk but not showing signs of needing support.
- Have a strategy for supporting trainees not progressing as expected.
- Have a strategy to ensure all educators are trained in differential attainment.

For any trainee identified by the above measures the Training Programme Director will refer to the Professional Support Unit (PSU) with the consent of the trainee. The unit will provide one-to-one assessment and support where needed.

In addition, the unit will be providing workshops for Trainees and Educational Supervisors in the following areas:

- Differential attainment.
- Active bystander training.
- Holding crucial conversations.
- Examination preparation
- Mentor and mentee training
- Welcome to UK practice.
- Unconscious bias training (external provider).

The Medical Deanery has a programme to deliver over 40 such workshops from Jan – July 2021. The workshops are intended to rapidly skill-up educators in how to minimise differential attainment.

Differential Attainment is incorporated into the Strategic Equality Plan, Educator Training and recognised within PSU support.

Data to recognise DA will be obtained through the commissioning of Undergraduate Health Education. Contextual admissions will be embedded as standard in HEIs student recruitment process with a reduced entry tariff to be applied to students that hold protected characteristics, are young carers or have been in care or are from a socio-economically deprived backgrounds.



The Medical Director sits on the Race Equality Action Plan Steering Group where he presented the concept, of DA. This has been adopted in part by both Health and Education Workstreams.

### **3. PROPOSAL**

That the HEIW Board note the approach taken by HEIW in addressing Differential Attainment for information.

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

It is a moral societal obligation to address inequities in our systems if we are to be seen as a fair society. It is a risk to HEIW's reputation if we do not address this. It is also a requirement of the GMC that we seek to address differential attainment.

### **5. FINANCIAL IMPLICATIONS**

There are no obvious financial implications in implementing this

### **6. RECOMMENDATION**

The Committee is asked to **note** the approach taken by HEIW in addressing Differential Attainment for information.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
The best patient outcomes are observed in those cared for by the most functional teams. Improved wellbeing of individuals will improve the performance of the team.			
<b>Financial Implications</b>			
The current approach has no financial implications. If the number of workshops currently being delivered within the medical deanery is required on an ongoing basis in a face-to-face format there will be modest associated costs. It is anticipated that the initial training of the majority of educators will mean that just annual updates will be needed rather than a full programme.			
<b>Legal Implications (including equality and diversity assessment)</b>			
None.			
<b>Staffing Implications</b>			
None			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>			
<b>Appendices</b>			



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Health Education and  
Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Health Professional Education Contracts Phase 1: Evaluation Framework</b>		
<b>Report Author</b>	Martin Riley		
<b>Report Sponsor</b>	Eifion Williams		
<b>Presented by</b>	Eifion Williams		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To update the Education, Commissioning & Quality Committee on the processes implemented to ensure that a robust evaluation of every lot / sub-lot is undertaken to assist in ensuring that the most appropriate education provider is awarded the contracts.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Evaluation Team composition</li> <li>• Evaluator training</li> <li>• Evaluation questions based on key themes</li> <li>• Risk mitigation</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	
<b>Recommendations</b>	The Education, Commissioning & Quality Committee is asked to discuss and note the development and planning of the evaluation framework		

# HEALTH PROFESSIONAL EDUCATION CONTRACTS PHASE 1: EVALUATION FRAMEWORK

## BACKGROUND

Phase 1 of the Strategic Review – Pre-Registration Health Professional Education – has successfully reached the tendering phase. The deadline for submission of bids against the lots / sub-lots was 27<sup>th</sup> January 2021.

Through HEIW's extensive stakeholder engagement and researching of international best practice, the following key themes have emerged:

- HEIW developing its role in supporting newly qualified staff;
- HEIW further developing a strategic role in Placement provision;
- Local/regional approach to commissioning where appropriate;
- Building resilience in the system;
- Using modern technologies to enhance teaching, Student support and Placement preparation;
- Integrate the digital environment into learning;
- Develop education and training across the whole career pathway;
- Establishing an enhanced approach to inter-professional education;
- Developing flexible routes;
- Closer collaborative working arrangements with relevant partners;
- Improving responsiveness to the needs of NHS Wales/Welsh Government policy;
- Supporting Students from disadvantaged backgrounds;
- Distance and Dispersed Learning; and
- Compassionate Leadership.

The Education, Commissioning and Quality Team believes these aims are best achieved by working in partnership with Health Boards, NHS Trusts, Social Care Wales, Health Service Providers and a market of high quality, committed, and sustainable Education providers (Eps). This Procurement is therefore designed to select high quality, appropriate EPs who can demonstrate delivery of quality and partnership working with Health Service Providers that will allow them to meet the needs of Health Care Services and Service Users - both now and in the future.

The Bidder's ability to address the key themes will form an integral part of the Evaluation. This paper sets out, for the Executive Team, how the evaluation work has been formulated and the processes undertaken to ensure the most appropriate Eps are awarded each lot.

## THE EVALUATION PANELS

The value and length of the contracts plus the diversity of the key themes requires a broad spectrum of expertise. Therefore, diverse evaluation teams are necessary to enhance decision making which:

1. Ensures robust processes and scrutiny to assist in securing the most appropriate providers for each lot / sub lot
2. Reduces the risk of challenge / risk of successful challenges to decisions
3. "Buy-in" / Ownership from the Service

Teams will comprise:

- HEIW
- Health Boards & NHS Trusts
- Service Users
- Academic Staff from England
- Commissioners from NHS England / HEE
- Ex-Students

During the stakeholder engagement phase the Deputy Director, Education, Commissioning and Quality visited each Health Board Executive Team. During these meetings a request was made for Health Board staff to help shape the evaluation questions and for staff to be released to support the evaluation of these contracts. Each Health Board were keen to support this, as they saw value in being part of the decision-making process. 61 members of the evaluation panels (57%) are clinical leads within Health Boards and NHS Trusts in Wales.

HEIW ran three events attended by 107 evaluators. The evaluators are from the following organisations and a range of professional backgrounds, cutting across sectors:

Organisation	Number of representatives
Aneurin Bevan University Health Board	12
Betsi Cadwaldr University Health Board	9
Cardiff and Vale University Health Board	9
Coleg Cymraeg	1
Cwm Taf Morgannwg University Health Board	7
English HEI / HEE	11
Ex Students	4
HEIW	22
Hywel Dda University Health Board	9
Newport Council	1
NHS Collaborative	2
Powys Teaching HB	1
Public Health Wales	3
Service User Group	3
Shared Services	1
Swansea Bay University Health Board	9
Welsh Ambulance Services NHS Trust	2
Other	1
<b>Grand Total</b>	<b>107</b>

Feedback from the evaluation training days has been positive. Evaluators have been split to make up lot specific teams as below.

<b>Evaluation Area</b>	<b>Lot Number/Name</b>	<b>Panel Date</b>	<b>No Evaluators</b>
<b>Speech and Language Therapy</b>	11a South, West and Mid-Wales 11b North Wales	22/02/2021	6
<b>Operating Department Practitioners</b>	15a South East Wales and Powys 15b South West and West Wales 15c North Wales	23/02/2021	6
<b>Student Wellbeing</b>	Generic Panel	24/02/2021	7
<b>Dietetics</b>	12a South, West and Mid-Wales 12b North Wales	25/02/2021	6
<b>Podiatry</b>	10 All Wales	26/02/2021	6
<b>Radiography and Oncology</b>	9 All Wales	26/02/2021	6
<b>Welsh Language</b>	Generic Panel	26/02/2021	4
<b>Physiotherapy</b>	7a South East Wales 7b South East Wales 7c South West and West Wales	01/03/2021	8
<b>Physiotherapy</b>	7d North Wales 7e North Wales	02/03/2021	8
<b>Compassionate Leadership</b>	Generic Panel	01/03/2021	5
<b>Dispersed Learning: Nursing</b>	3a Powys 3b Hywel Dda	04/03/2021	10
<b>Occupational Health</b>	Generic Panel	04/03/2021	3
<b>Nursing Distance Learning</b>	4 Distance Learning	05/03/2021	10
<b>Practice placements</b>	Generic Panel	05/03/2021	5
<b>Occupational Therapy</b>	6a South East Wales 6b South East Wales	08/03/2021	7
<b>Occupational Therapy</b>	6c South West and West Wales 6d North Wales and Powys	09/03/2021	7
<b>Partnership Working</b>	Generic Panel	10/03/2021	5
<b>Paramedic Science</b>	13a South, West and Mid-Wales 13b North Wales	11/03/2021	8
<b>Physicians Associates</b>	17a South, West and Mid-Wales 17b North Wales	12/03/2021	3
<b>Nursing (Adult, Child &amp; Mental Health)</b>	1a Cardiff and Vale including Velindre (Full Time Only) 1b Cardiff and Vale	15/03/2021	14
<b>Nursing (Adult, Child &amp; Mental Health)</b>	1c Aneurin Bevan Full Time Only 1d Aneurin Bevan and Powys	17/03/2021	14
<b>Nursing (Adult, Child &amp; Mental Health)</b>	1e Cwm Taf Morgannwg 1f Swansea Bay	19/03/2021	14
<b>Nursing (Adult, Child &amp; Mental Health)</b>	1g Hywel Dda North 1h Hywel Dda East, South and West	24/03/2021	14

<b>Evaluation Area</b>	<b>Lot Number/Name</b>	<b>Panel Date</b>	<b>No Evaluators</b>
<b>Nursing (Adult, Child &amp; Mental Health)</b>	1i BCU West 1j BCU Central/East 1k BCU Central/East	26/03/2021	14
<b>Equality and Diversity</b>	Generic Panel	16/03/2021	5
<b>Recruitment and Selection</b>	Generic Panel	18/03/2021	8
<b>Diagnostic Radiography</b>	8a South East Wales 8b South West and West Wales 8c North Wales	22/03/2021	6
<b>Nursing Learning Disability</b>	2a North Wales 2b South East Wales and Powys 2c South West and West Wales	29/03/2021	8
<b>Midwifery</b>	5a South East Wales 5b South East Wales and Powys 5c South West Wales 5d North Wales	31/03/2021	7
<b>Practitioner Training Programme Healthcare</b>	18 All Wales	06/04/2021	5
<b>Dental Hygiene &amp; Therapy</b>	16a South, West and Mid-Wales 16b North Wales	07/04/2021	4
<b>Biomedical Sciences</b>	14 All Wales	08/04/2021	8

## **PRE-QUALIFICATION QUESTIONNAIRE (PQQ)**

Bidders were invited to respond to the PQQ via the qualification envelope in Bravo eTender Wales, together with any requested supporting information, to the Organisation by the Tender Response Date. Responses to the PQQ are currently being assessed and this work will be completed by 12<sup>th</sup> February 2021. Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in responses, within the specified timescale, will mean that a Bidders submission may be excluded.

Bidders were advised neither to make any assumptions about their past or current relationships (if any) with the Commissioner, nor to assume that such prior business relationships will be taken into account in the evaluation procedure, unless they are (1) expressly referenced in the appropriate section of the PQQ and (2) relevant to the question being answered.

All documents requested were attached to the Bidder's PQQ responses. Bidders must pass all the pass/fail questions in order to pass to the next stage. In the event that a Bidder is unable to pass any of the questions, or provide a detailed reason as to why a pass cannot be given, the Organisation may either exclude the Bidder from further participation in the selection process or, at their discretion, seek clarification. In the case of the latter, a failure by the Bidder to provide a satisfactory response within any deadline specified by the Organisation in the request for clarification may result in its disqualification from the selection process. The PQQ questions are detailed in **Appendix 2**.

Bidders needed to only complete the PQQ once – even if they bid for more than one lot / sub-lot.

## EVALUATION QUESTIONS & SCORING METHODOLOGY

The following scoring methodology – based on the emerging key themes – has been agreed. Please note that the weightings are slightly different for the distance learning and dispersed learning lots.

	Evaluation Criteria	Weighting
1	Recruitment and Selection	20%
2	Practice Placements	25%
3	Inter-Professional Education	15%
4	Partnership Working & Implementation	10%
5	Compassionate Leadership & Improvement	5%
6	Occupational Health	5%
7	Student Wellbeing	5%
8	Equality & Diversity	5%
9	Digitalisation and Technology	5%
10	Welsh Language	5%

Each area above comprises of a series of questions, with a specified maximum word count, that each bidder will need to address. The questions are set out in **Appendix 1**. The ECQ Team in collaboration with other staff in HEIW wrote the evaluation questions. However, evaluators on the first evaluator training day were invited to form sub-groups, chaired by the ECT Team to review and influence the evaluation questions.

This process assisted in ensuring that all questions are relevant and shaped to elicit the maximum benefit. The opportunity to help shape the questions was welcomed by the evaluators and increased “buy-in” to the process.

The evaluation questions 6-8 are designed to be primarily generic and have therefore been submitted once per bidder and they will be applied to all lots / sub-lots that the bidder tendered for. This reduces duplication, simplifies the process increases the efficiency of the HEIW teams co-ordinating the evaluation.

The following scoring methodology will be applied to each submitted answer.

Score	Criteria for awarding score
0	Response completely fails to meet tender requirements as set out in the Specification or Bidder does not provide a response.
1	Response significantly fails to meet the tender requirements as set out in the Specification, containing significant shortcomings and/or is inconsistent with other areas of the Bidder's tender submission.
3	Response meets the tender requirements as set out in the Specification in some areas but does not meet the requirements or fails to provide appropriate evidence in all aspects of the requirement.
5	Response meets the tender requirements as set out in the Specification in most areas but does not meet the requirements or fails to provide appropriate evidence in all aspects of the requirement.
7	Response meets the tender requirements and provides appropriate evidence as set out in the Specification in all aspects of the requirement.



Score	Criteria for awarding score
10	Response meets the tender requirements as set out in the Specification in all material respects, provides appropriate evidence and exceeds some or all of the requirements.

Individuals will score separately and submit their results to procurement. However, a consensus score must be agreed for each element of the evaluation scoring matrix by all individuals. Therefore, if there are differing individual scores for any question an Evaluation Panel will be convened to discuss any differences and a consensus score will be agreed. Therefore, the final decision on the award of each lot / sub-lot will be a team decision across Commissioner, Service, Academic colleagues and where appropriate ex-students and Service Users. This will protect individuals and ensure that the best bid wins the contract.

## FINANCIAL IMPLICATIONS & RISKS

All evaluators have,

- No contracts (honorary or otherwise) with Universities
- All signed a declaration of interest form
- All signed a confidentiality agreement drafted by our solicitor (from Legal and Risk Services, NWSSP) and
- All undertaken evaluator training

HEIW has identified funding to backfill the time spent on evaluation by the evaluators. Payments will be made directly to individuals working outside NHS Wales. For those staff working within NHS Wales payment will be made to the Health Board / Trust for backfill arrangements.

However, due to covid some NHS Wales evaluators are concerned that they will not have time within their core hours to undertake the evaluation. All evaluators that have expressed this concern (5 to date) are very keen to remain part of the evaluation panels. Therefore, to help mitigate this risk HEIW are writing to each Health Board/Trust asking them to pay additional hours to staff that need to undertake some or all of the evaluation in their own time. HEIW were already reimbursing organisations for the backfill elements so this does not represent an additional financial pressure on HEIW nor cost the Service additional money. It does however, safeguard evaluators and evaluator time.

Funding identified in 20/21 to support evaluators totals £200k. This estimate was based on a scenario where multiple bidders submit tenders for each lot and sub-lot. In reality, certain sub-lots may only attract one bidder. Whilst the evaluation panel must ensure it's a high-quality bid, is fit for purpose and addresses the key themes, only having one bid to evaluate will reduce evaluators time and potentially the need for some evaluation panels.

Therefore, a prudent estimate of total cost is in the region (depending upon the number of bids submitted) £120k - £160k.

All panels reviewing generic themes will sit in February and March and all but 3 lot specific panels are also scheduled for February and March. However, due to timings 3 panels are scheduled for the first week of April. Most of the evaluation groundwork for these panels will have been undertaken in March but there will be a few days for a few evaluators that need to be accounted for in April '21 which is in the next financial

year. The cost of this is expected to be under £10k. Finance Business partners have been made aware of this position.

RECCOMENDATION

The Education, Commissioning & Quality Committee is asked to discuss and note the development and planning of the evaluation framework

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Financial Implications			
Legal Implications (including equality and diversity assessment)			
Staffing Implications			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History			
Appendices	Appendix 1: Evaluation Criteria Appendix 2: PQQ Questions		

## APPENDIX 1: EVALUATION CRITERIA

Question	Evaluation Criteria	Percentage Weighting All lots except Lot 3 and 4	Percentage Weighting Lot 4 Distance Learning	Percentage Weighting Lot 3 Dispersed Learning
	<b>Recruitment and selection</b>  <b>The successful education provider must demonstrate an ability to recruit Students, using a values based approach, who have the ability to become registered, confident, proficient practitioners who are able to work effectively as part of a multi-disciplinary team caring for individuals accessing healthcare in Wales.</b>	20%	20%	20%
1	<b>Please describe how you will meet the Specification set out in Section 4 clearly addressing:</b>  a) Your Programme marketing approaches b) Institution marketing approaches c) The tools and processes used to select a Student to ensure they hold necessary academic aptitude and potential to achieve. d) The tools and processes used to select a Student to ensure they hold the suitable values and characteristics including compassion, resilience, academic aptitude, commitment, and motivation including involvement of Service, Service Users and the Commissioner in the recruitment process.  (Max word count 1,500)	a)2.1% b) 2.1% c) 3.0%  d) 6.8%	a)2.1% b) 2.1% c) 3.0%  d) 6.8%	a)2.1% b) 2.1% c) 3.0%  d) 6.8%

2	<p><b>Please describe how you will meet the widening access requirements set out in the Widening Access Sections 5, 6, &amp; 7 of the Specification clearly addressing the following:</b></p> <ul style="list-style-type: none"> <li>a) Entry Tariffs – detailing the standard entry tariffs and expected range of adjustments via contextual admissions</li> <li>b) Socio economic deprivation – specifically addressing how the additional funding will be used.</li> </ul> <p>(Max word count 1,000)</p>	a)2.4% b) 3.6%	a)2.4% b) 3.6%	a)2.4% b) 3.6%
	<p><b>Practice Placements</b></p> <p>Practice Placements must offer a broad range of learning experiences and environments alongside robust academic learning opportunities as these are critical to Student development. Practice Placements must respond to workforce planning requirements as guided by the Commissioner’s annual placement plan and must also include opportunities in primary, community, social care sector, independent providers and the third sector.</p>	25%	20%	20%
1	<p><b>Please describe how you will meet the Specification set out in Section 10 (Practice Placements) clearly addressing:</b></p> <ul style="list-style-type: none"> <li>a) How you will form effective partnerships with Placement Providers across all sectors in Wales (primary and community care, secondary care, social care, voluntary organisations and the independent sector), as guided by the Commissioner’s placement plan, including how you will work with other EPs to exchange placement areas.</li> </ul> <p>(max word count 1000)</p>	a)12.5%	a)10%	a)10%
2	<p><b>Please describe how you will meet the Specification set out in Section 12 (Placement Management) clearly addressing:</b></p> <ul style="list-style-type: none"> <li>a) How you will provide Student support, supervision and assessment in enabling Students to meet their learning outcomes.</li> <li>b) How you will share Student information with the Placement Provider, notify Students of Placements and make adjustments for Students.</li> <li>c) How you will ensure Students receive meaningful feedback following every Placement and how will you facilitate the use of the Commissioners Student placement feedback form.</li> </ul> <p>(max word count 1000)</p>	a)7.5% b)2.5% c)2.5%	a)6.0% b)2.0% c)2.0%	a)6.0% b)2.0% c)2.0%

	<b>Inter-professional education</b>  Inter-professional education takes place when ‘two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes’ (WHO, 2010). For Students, IPE facilitates the delivery of generalist skills and core common education across professions; allowing Students to work collaboratively with the professional groups that they are likely to work with in their future careers.	<b>15%</b>	<b>10%</b>	<b>10%</b>
1	<b>Please describe how you are able to meet the requirements of the Specification set out in Section 9 (Inter-professional Education) clearly addressing:</b>  a) The range of IPE opportunities you will offer (that meet with the WHO 2010 definition), across all levels of the Programme(s), constituting a minimum 20% of the learning including the subjects you intend to deliver inter-professionally b) The range of Student groups that Students will study inter-professionally from your own institution and through partnerships with other Education Providers and how you will forge and manage those partnerships c) How you will assess your IPE provision, including formative and summative assessments. (max word count 1500)  d) How you will incorporate immersive simulation IPE activities and ensure a minimum of four weeks of placement is inter-professional. (max word count 1000)	a)5.3%  b)2.6%  c)2.6%  d)4.5%	a)3.5%  b)1.75%  c)1.75%  d)3.0%	a)3.5%  b)1.75%  c)1.75%  d)3.0%
	<b>Partnership Working, Performance Management and Programme Implementation</b>  Working collaboratively, the Commissioner and appointed EP will ensure that pre-registration health education Programmes meets both the needs of Students and the workforce requirements of NHS Wales. To enable this the quality of pre-registration Programmes will be continuously assessed by the Commissioner.	<b>10%</b>	<b>10%</b>	<b>10%</b>

1	<p><b>Please describe how you will meet the requirements of the Specification as set out in Section 24 (Performance Management, Information and Audit) clearly addressing:</b></p> <p>a) Your approach to ensuring successful validation of accreditation by EP's Board and validation with PSRB by August 2022 to train the maximum number of Students identified in each Lot and/or Sub-lot you are bidding for.</p> <p>(Max word count 700)</p>	a)6%	a)6%	a)6%
2	<p><b>Please describe how you will meet the requirements of the Specification as set out in Section 25 (Data Reporting Requirements) clearly addressing:</b></p> <p>a) The processes you will put in place to meet the Commissioners' data sharing (Student information) and data performance requirements sections 25.5.1 to 25.5.4 of the Specification.</p> <p>(Max word count 500)</p>	a)4%	a)4%	a)4%
	<p><b>Compassionate Leadership and Improvement</b></p> <p>To become an effective practitioner, Students should be given the opportunity to learn about and demonstrate compassionate leadership skills that include managing self and others, effective communication skills, team working and understanding the healthcare environment. As quality improvement is directly related to the service delivery, levels of patient satisfaction, efficiency and outcomes; Programmes are required to furnish the Student with the principles of service improvement methodology and the opportunity to undertake a quality improvement plan.</p>	5%	5%	5%
1	<p><b>Please describe how you will meet the requirements of the Specification as set out in Section 23 (Compassionate Leadership and Improvement) clearly addressing:</b></p> <p>a) How you will provide level 4 (level 7 for PG Dip) Students with an understanding of compassionate leadership models and evidence base, ensuring Students undertake the Improving Quality Together bronze basics e-learning package (or equivalent) and support them to develop and reflect on their own leadership skills</p> <p>b) How you will provide level 5 and 6 (level 7 for PG Dip) Students with support to reflect on their collective compassionate leadership skills and identify a plan to strengthen their leadership skills as they progress through the remainder of the Programme.</p> <p>(max word count 500)</p>	<p>a)1.25%</p> <p>b)1.25%</p>	<p>a)1.25%</p> <p>b)1.25%</p>	<p>a)1.25%</p> <p>b)1.25%</p>

2	<p><b>Please describe how you will meet the requirements of the Specification as set out in Section 23 (Compassionate Leadership and Improvement) clearly addressing the following:</b></p> <p>a) How you will support Students at levels 5 and 6 (PG Dip level 7) to undertake a service improvement plan utilising Improvement Academy Wales' resources</p> <p>b) Your leadership academy (or similar) plans and how you will identify and nominate aspiring leadership talent.</p> <p>(max word count 500)</p>	<p>a)1.5%</p> <p>b)1.0%</p>	<p>a)1.5%</p> <p>b)1.0%</p>	<p>a)1.5%</p> <p>b)1.0%</p>
	<p><b>Occupational Health</b></p> <p>It is the Education Provider's responsibility to provide a professionally delivered Occupational Health Service that confirms, prior to enrolment, that Students have good health to manage the rigours of their course, making recommendations for adjustments where required, and supports Student wellbeing, health and safety during their studies in the Education Provider's setting and whilst on Placement.</p>	5%	5%	5%
1	<p><b>Please describe how you will meet the Specification set out in Section 17 (Occupational Health) clearly addressing:</b></p> <p>a) How you will screen all Students in line with HEOPs recommendations prior to enrolment, assess Students immunisation and vaccination status prior to Placement and provide ongoing surveillance and management of Students with blood borne viruses. Please also confirm whether you will directly provide or commission impartial and confidential occupational healthcare for Students with access to an accredited specialist in Occupational Health (Occupational Physician)</p> <p>b) How you will provide clinical placement advice and prophylaxis in relation to clinical exposures.</p> <p>(max word count 500)</p>	<p>a)3.5%</p> <p>b)1.5%</p>	<p>a)3.5%</p> <p>b)1.5%</p>	<p>a)3.5%</p> <p>b)1.5%</p>
	<p><b>Student Wellbeing</b></p> <p>It is the Education Provider's responsibility to provide a comprehensive range of professionally delivered Student wellbeing services that incorporate when appropriate peer support. Services must be free, impartial, non-judgemental, and confidential.</p>	5%	5%	5%

1	<p><b>Please describe how you will meet the Specification set out in Section 18 (Student Wellbeing) clearly addressing:</b></p> <ul style="list-style-type: none"> <li>a) The services you will offer and routes of access</li> <li>b) How you will market the services</li> <li>c) Any services solely for pre-registration Health Care Students</li> </ul> <p>(max word count 1000)</p>	<p>a)3.5% b)0.5% c)1.0%</p>	<p>a)3.5% b)0.5% c)1.0%</p>	<p>a)3.5% b)0.5% c)1.0%</p>
	<p><b>Equality, Diversity and Inclusion</b></p> <p>HEIW aims to ensure that equality of opportunity is actively embedded in all that we do. The appointed Education Provider is expected to provide Programmes where diversity is valued, and equality and inclusion is a core aspect of how education is delivered.</p>	5%	5%	5%
1	<p><b>Please describe how you will meet the Specification set out in Section 20 (Equality, Diversity and Inclusion) clearly addressing:</b></p> <ul style="list-style-type: none"> <li>a) The data collection methods you will use to inform your Equality, Diversity and Inclusion Summary Report, which you will present annually at the Contract Business Meeting (Quality)</li> <li>b) how the health school/department/institution will address discrimination towards individuals or groups (Staff, Students, Service Users) with protected characteristics in the academic setting and in Placement and how will you address any variation in experience, perceptions or attainment for different groups with protected characteristics including from differing socio-economic background.</li> </ul> <p>(max word count 1000)</p>	<p>a)0.75%  b)4.25%</p>	<p>a)0.75%  b)4.25%</p>	<p>a)0.75%  b)4.25%</p>
	<p><b>Distance Learning, Digitisation, Technology and Clinical Simulation</b></p> <p>Delivering education with digital technology enhances Programmes by providing Students with further opportunities to engage in learning. Education Providers must utilise technology to deliver education that is accessible in the Students' home or when on Placement. In addition to this, simulation-based education provides a safe and effective learning environment for Students.</p>	5%	5%	5%



	Digital Readiness should prepare the Student healthcare workforce to deliver the digital future through education and training Services. Education Providers must provide every opportunity for Students to build knowledge and skills relating to digitalisation and technology.			
1	<p><b>Please describe how you will meet the Specification set out in Sections 15 (Digitalisation &amp; Technology – Access to Digital Learning) and Section 16 (Digitalisation, Technology &amp; Clinical Immersive Simulation) clearly addressing the following:</b></p> <p>a) How you will deliver education via on-line learning platforms and opportunities both synchronous and asynchronous that facilitates Student learning closer to home, reducing the need for the Student to travel and in remotely supporting Students on placement</p> <p>b) How you will embed the appropriate mandatory and optional learning from the mandated list of eLearning disseminated to Education Providers on an annual basis by HEIW.</p> <p>(max word count 750)</p>	<p>a)2.8%</p> <p>b)0.7%</p>	<p>a)2.8%</p> <p>b)0.7%</p>	<p>a)2.8%</p> <p>b)0.7%</p>
2	<p><b>Please describe how you will meet the Specification set out Section 16 (Digitalisation, Technology &amp; Clinical Immersive Simulation) in clearly addressing:</b></p> <p>a) How you will ensure that Students gain an appropriate level of digital literacy. How you will include the following in the curricula - genomics, data analytics and AI making Students aware of the possibilities of digital health care technology, ethics and patient safety considerations</p> <p>b) How you will incorporate both taught and independent immersive simulation activities.</p> <p>(max word count 1000)</p>	<p>a)0.75%</p> <p>b)0.75%</p>	<p>a)0.75%</p> <p>b)0.75%</p>	<p>a)0.75%</p> <p>b)0.75%</p>
	<p><b>Welsh Language</b></p> <p>The Welsh Language (Wales) Measure of 2011 was passed by the National Assembly for Wales and was given royal assent on the 9<sup>th</sup> February 2011. HEIW is therefore committed to the principle of treating the Welsh and English Languages on a basis of equality.</p>	<b>5%</b>	<b>5%</b>	<b>5%</b>
1	<p><b>Please describe how you will meet the Specification set out in Section 19 (Welsh Language) clearly addressing:</b></p> <p>a) How you will approach the Welsh Language when developing or revising a course/Programme</p>	<p>a)2%</p> <p>b)1.2%</p>	<p>a)2%</p> <p>b)1.2%</p>	<p>a)2%</p> <p>b)1.2%</p>

	<p>b) How you will assess the Welsh Language needs of staff and how you will provide them with Welsh language and culture learning opportunities</p> <p>c) How you will ensure opportunities to learn Welsh are offered at all levels of ability and at all levels of your Programmes.</p> <p>(max word count 1000)</p>	c)1.8%	c)1.8%	c)1.8%
	<b>Distance Learning, Digitisation &amp; Technology (Additional Questions for Distance Learning Lot 4 only)</b>	<b>0%</b>	<b>10%</b>	<b>0%</b>
1	<p><b>Please describe how you will meet the Specification set out in Section 21 (Distance learning) clearly addressing the following:</b></p> <p>a) Proposed methods of education delivery (both synchronous and asynchronous) and hours of academic/placement learning</p> <p>b) How you will deliver simulation experiences</p> <p>c) How you will deliver education and placements that meet with professional regulators requirements</p> <p>d) How you will support Students in placement settings</p> <p>e) Your methods for marketing and recruiting to the distance learning commissions.</p> <p>(max word count 1000)</p>		<p>a)6%</p> <p>b)1%</p> <p>c)1%</p> <p>d)1%</p> <p>e)1%</p>	
	<b>Dispersed Learning Lot (Additional Questions for Dispersed Learning Lot 3 only)</b>	<b>0%</b>	<b>0%</b>	<b>10%</b>
1	<p><b>Please describe how you will meet the Specification set out in Section 22 (Dispersed learning lot) clearly addressing the following:</b></p> <p>a) The proposed location of spoke units, hours of academic learning in the spoke units/online</p> <p>b) How you will deliver simulation experiences</p> <p>c) How you will deliver education and placements that meet with professional regulators requirements</p> <p>d) How you will support Students in placement settings</p> <p>e) Your methods for marketing and recruiting in the lot area.</p> <p>(max word count 1000)</p>			<p>a)3%</p> <p>b)2%</p> <p>c)3%</p> <p>d)1%</p> <p>e)1%</p>

## APPENDIX 2 - PQQ QUESTIONS

PQQ Question	Guidance
1. Are you a Small, Medium or Micro Enterprise (SME)?	For information only.
2. Relevant classifications (state whether you fall within one of these, and if so which one) a) Voluntary Community Social Enterprise (VCSE) b) Sheltered Workshop c) Public service mutual	For information only.
3. Are you bidding as the lead contact for a group of economic operators?	For information only.
4. Are you or, if applicable, the group of economic operators proposing to use sub-contractors?	For information only.
5. If applicable, is your organisation registered with the appropriate professional or trade register(s) in the member state where it is established?	For information only.
6. Is it a legal requirement in the state where you are established for you to possess a particular authorisation, or be a member of a particular organisation to provide the services specified in this procurement?	For information only.
7. Contact details of who to contact regarding queries relating to this tender: Name: Designation: E-mail: Tel No. (Office): Tel No. (Mobile): Fax No.	For information only.
8. Please provide copies of Certificates of Incorporation (where appropriate).	For information only.
9. Please provide details of significant pending developments, changes in financial structure or ownership, prospective take-over bids, buy-outs and closures, etc. which are currently in the public domain or planned and likely to impact upon the organisation during or immediately after the conclusion of the procurement.	For information only.
10. Please provide the name of the Bidder in whose name the tender will be submitted.	For information only.
11. Please provide the VAT registration number for the Bidder.	For information only.
12a. Please confirm is your organisation: i) a public limited company ii) a limited company iii) a partnership iv) a public research university v) a public university vi) college vii) other (please specify).	For information only.
12b. Please provide your company registration number (if applicable).	For information only.
13. Is the Bidder proposing to deliver the Services: (i) itself, or (ii) as prime contractor and intends to use third parties to provide some elements of the Requirement, or (iii) is the Bidder a consortium?	For information only.

<b>Capacity and Capability</b>	<b>Guidance</b>
1a. Bidder must confirm they are able to establish and deliver non-medical professional accredited higher or further education provision.	<p>Pass = Bidder is able to deliver non-medical professional accredited higher or further education provision.</p> <p>Fail = Bidder is not able to deliver non-medical professional accredited higher or further education provision.</p>
1b. If appropriate, please advise on whether you have the appropriate ability and capacity to accredit new course programmes internally by July 2022, or whether you are suitably affiliated with an Education Provider who will accredit the new programme on your behalf?	Not Scored - For Information Only
2. Please provide evidence of experience of delivering a requirement of a similar nature to the brief.	<p>Pass = Bidder demonstrates sufficient evidence of experience of delivering a requirement of a similar nature to the brief.</p> <p>Fail = Bidder does not demonstrate sufficient evidence of experience of delivering a requirement of a similar nature to the brief.</p>
<p>3. If you are bidding as, or on behalf of, a consortium, you should provide details for all consortium members. Select "Yes" if this applies to any consortium member.</p> <p>3a. Has your organisation had a contract cancelled, or not renewed, for breach of contract or failure to meet requirements within the last three years?</p> <p>3b. If you answered 'yes' to question 3a, please provide details including name of customer, reasons for cancellation and any action taken to avoid this happening again.</p>	<p>If you fail to provide convincing evidence that you have taken appropriate action to ensure the problems will not be repeated, you may not be selected to tender.</p> <p>Pass = Bidder has not had a contract cancelled or not renewed for breach of contract or failed to meet requirements within the last three years and have not demonstrated they have taken appropriate action to ensure problems will not be repeated.</p> <p>Fail = Bidder has had a contract cancelled or not renewed for breach of contract or failed to meet requirements within the last three years, or, if answered 'yes' has demonstrated they have taken appropriate action to ensure problems will not be repeated.</p>
<b>Economic and financial Standing</b>	<b>Guidance</b>
<p>1a. What was the profit or loss (EBIT*) reported by the Bidder for the last two (2) financial years?</p> <p>*Earnings Before Interest and Tax.</p> <p>1b. If your organisation was not profitable in either of the last two financial years (i.e. reported a negative EBIT) please explain why and provide evidence of how your organisation will be able to continue trading. Details you may like to provide include: (for Noting Only)</p> <ul style="list-style-type: none"> <li>• Explanation of why the reported EBIT is affected by exceptional items e.g. changes to accounting practice</li> <li>• Projected profit / loss</li> <li>• Availability of assets to meet continued loss</li> <li>• Projected cash flow</li> </ul> <p>Please Note: The buyer may make an exception if you can explain why these losses should not be seen as representing a significant risk to your financial stability.</p>	<p>Pass = Profitable in each of the last two reported financial years, or Bidder has reasonably demonstrated why they have not been profitable in the last two financial years.</p> <p>Fail = A reported loss in either of the last two financial years, or Bidder has been unable to reasonably demonstrate why they have not been profitable in the last two years.</p> <p>Please note: the trust may not select a Bidder if they are unable to reasonably demonstrate why they have not been profitable in the last two financial years</p>

<p>2a. Please provide your Acid-test ratio from your last set of accounts, or recent management accounts, if available. This ratio is defined as: = (Cash + Accounts Receivable + Short Term Investments) divided by (Current Liabilities)</p> <p>Please note, Bidders must provide the underlying metrics of how the ratio stated was arrived at.</p> <p>2b. Identify the data source for the Acid-test ratio calculation you provided at 2a. i.e. "published accounts" with a date or dated management accounts.</p>	<p>Please Note: The buyer may make an exception if you can explain why these losses should not be seen as representing a significant risk to your financial stability.</p> <p>Pass = Ratio greater than 1, or Bidder has reasonably demonstrated why they have not been in a positive liquidity position.</p> <p>Fail = Ratio less than 1, or Bidder has been unable to reasonably demonstrate why they have not been in a positive liquidity position.</p>
<p>3. Dun &amp; Bradstreet is an external credit reference agency that produces a financial credit rating score for organisations. The score returned, will be expressed as a score out of 100:</p> <ul style="list-style-type: none"> <li>• 39 to 100 (lower risk of failure)</li> <li>• 38 or less (higher risk of failure)</li> </ul> <p>Please confirm your Dun and Bradstreet number.</p>	<p>Pass = Score returned between 39-100.</p> <p>Fail = Score returned 38 or less</p>
<p>4. Please provide a copy of the latest set of audited accounts.</p>	<p>For information only</p>
<p><b>Management/Governance</b></p>	<p><b>Guidance</b></p>
<p>1. Please provide confirmation that you have the following organisational policies:</p> <ul style="list-style-type: none"> <li>- Health &amp; Safety</li> <li>- Data Security/Information Governance</li> <li>- Complaints and Resolutions</li> <li>- DBS/Staff check protocols</li> <li>- Human rights, equality and diversity needs</li> </ul>	<p>Pass = Bidder confirms they have the stated (in date) organisational policies.</p> <p>Fail = Bidder does not confirm they have the stated (in date) organisational policies.</p>
<p>2. Please provide a copy of the faculty's medium-term plan and a detailed narrative regarding the future areas of growth, investment and research and development plans relevant to this tender. Please ensure that this is at the lowest level possible i.e. show plans for the provision of Pre-Registration Nursing and/or Occupational Therapy and/or ODP for example.</p>	<p>For information only.</p>
<p>3. Please provide your policy in relation to counter fraud and detail procedures that are in place to check the identity and authenticity of Students and their documentation.</p>	<p>For information only.</p>
<p><b>Equal Opportunities</b></p>	<p><b>Guidance</b></p>
<p>1. Bidders are required to abide by the Equality Act 2010 and the Public Sector Equality Duty (2011). Please confirm your organisations commitment to the aforementioned Act and Duty.</p>	<p>Pass = Bidder confirms it's organisations commitment to abide by the Equality Act 2010 and the Public Sector Equality Duty (2011).</p> <p>Fail = Bidder does not confirm it's organisations commitment to abide by the Equality Act 2010 and the Public Sector Equality Duty (2011).</p>
<p>2a. In the last three years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal, or any other court (or in comparable proceedings in jurisdictions other than the UK)?</p> <p>2b. If you answered 'yes' to 2a please provide a summary of the finding or judgement and explain what action you have taken to prevent similar unlawful discrimination from reoccurring.</p>	<p>Pass = Bidder confirms they have not been found to have unlawfully discriminated in the last three years.</p> <p>Fail = The Trust will not select a Bidder to tender if it has been found to have unlawfully discriminated in the last three years unless it has provided evidence that it has taken appropriate action to prevent similar unlawful discrimination reoccurring.</p>

<p>3a. In the last three years, has your organisation been the subject of formal investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in a jurisdiction other than the UK), on grounds of alleged unlawful discrimination?</p> <p>3b. If you answered 'yes' to 3a provide a summary of the nature of the investigation and an explanation of the outcome (so far)</p> <p>If the investigation upheld the complaint against your organisation, provide an explanation of what action (if any) you have taken to prevent unlawful discrimination from reoccurring.</p>	<p>Pass = Bidder confirms they have not been the subject of formal investigation by the Equality and Human Rights Commission or its predecessors on ground of alleged unlawful discrimination.</p> <p>Fail = Bidder confirms they have been the subject of formal investigation by the Equality and Human Rights Commission or its predecessors on grounds of alleged unlawful discrimination and does not provide explanation of action taken to prevent unlawful discrimination from occurring.</p>
<p>4. Please provide up to date copies of your organisations:</p> <ul style="list-style-type: none"> <li>a. Equality and Diversity policy</li> <li>b. Strategic Equality Plan</li> <li>c. Fitness to Practice Procedure</li> </ul>	<p>Pass = Bidder submits up to date copies of the requested policies.</p> <p>Fail = Bidder does not submit up to date copies of the requested policies.</p>
<b>Sustainability</b>	<b>Guidance</b>
<p>5a. Has your organisation:</p> <ul style="list-style-type: none"> <li>(i) been convicted in the last three years following prosecution under environmental legislation by any environmental regulator or authority (including local authority) or;</li> <li>(ii) had any notice which has not been challenged or withdrawn served upon it in the last three years by an environmental regulator or authority (including local authority)?</li> </ul> <p>5b. If your answer to 5a is "yes" give details of the prosecution or notice and details of any remedial action or changes you have made as a result of prosecution or notices served.</p>	<p>Pass = Bidder confirms they have not been convicted under environmental legislation by any environmental regulator or authority and has not had a notice challenged or withdrawn by an environmental regulator or authority in the last three years.</p> <p>Fail = The Trust will not select a Bidder to tender if it has been prosecuted or served notice under environmental legislation in the last three years unless there is clear evidence that decisive action to remedy the situation has been taken.</p>
<b>Health and Safety</b>	<b>Guidance</b>
<p>6. Please provide details of any health and safety certification that your organisation holds, e.g. ISO 18001 or equivalent standard. Please include a copy of any certificate. If no accreditation is held, please confirm that you have Health and Safety policy.</p>	<p>Pass = Bidder confirms they have Health and Safety accreditation and/or a Health and Safety policy.</p> <p>Fail = Bidder does not have a health and safety policy.</p>
<p>7. Please confirm that your organisation has reviewed your Health and Safety Policy within the past two years.</p>	<p>Pass = Bidder has reviewed their Health and Safety policy within the last two years.</p> <p>Fail = Bidder has not reviewed their Health and Safety policy.</p>
<p>8a. In the last three years has your organisation been convicted following prosecution or had any notice(s) which has not been challenged or withdrawn served upon it by the Health &amp; Safety executive?</p> <p>8b. If your answer to 8a was "yes" provide details of the prosecutions or notice(s) served and give details of any remedial action or changes to procedures you have made as a result of the prosecution or notice(s) served.</p>	<p>Pass = Bidder confirms they have not been convicted following prosecution or had any notice(s) which has not been challenged or withdrawn served upon it by the Health and Safety executive, or has provided sufficient detail of any remedial action or changes to procedures as a result of prosecution or notice(s) served.</p> <p>Fail = Bidder confirms they have been convicted following prosecution or had notice(s) which has not been challenged or withdrawn served upon it by the Health and Safety executive, or does not provide sufficient detail of any remedial action or changes to procedures as a result of prosecution or notice(s) served.</p>

<p>9a. The minimum required insurance level for Employer's Liability is as follows: £5 million or the statutory minimum required in England and Wales from time to time (whichever is the highest).</p> <p>Please provide confirmation you have this insurance in place and provide documentary evidence of such policies, (these should be provided in PDF format in the general attachment area).</p>	For information only
<p>9b. The minimum required insurance levels for Public Liability Insurance is as follows: £5 million each and every event, including for death and personal injury to all third parties including (without limitation) damage to tangible and other property of third parties (including of the contracting authority).</p> <p>Please provide confirmation you have this insurance in place and provide documentary evidence of such policies, (these should be provided in PDF format in the general attachment area).</p>	For information only.
<p>9c. The minimum required insurance levels for Professional Indemnity insurance is as follows: £5 million each and every event, of professional indemnity insurance is in place.</p> <p>Please provide confirmation you have the insurance in place and provide documentary evidence of such policies (these should be provided in PDF format in the general attachment area).</p>	For information only.
<b>Incidents and Disputes</b>	<b>Guidance</b>
<p>10a. Are there any material pending or threatened litigation or other legal proceedings connected with similar projects against the Bidder and/or any of its named consortium members (sub-contractors) that may materially affect delivery of the Services?</p> <p>10b. Has there been any material litigation or other legal proceedings connected with similar contracts against the Bidder and/or any of its named consortium members (sub-contractors) in the last three years that will materially affect delivery of the Services?</p>	<p>Pass = Bidder confirms there is no material pending or threatened litigation or other legal proceedings connected with similar projects against the Bidder or any of its named consortium members.</p> <p>Fail = The Trust will not select a Provider to tender if its answer is "Yes" to this question.</p>
<b>Cyber Security</b>	<b>Guidance</b>
<p>11. Velindre NHS Trust requires your organisation to achieve and maintain Cyber Essentials, which involves formal self-assessment.</p> <p>Please Note: your organisation shall be solely responsible for all costs it incurs in getting and maintaining relevant Cyber Security Certification. Neither the Trust nor any NHS commissioner shall be liable or responsible for any such costs howsoever incurred.</p> <p>11a. Please indicate whether you have undertaken a formal self-assessment and comply with this requirement. Please declare whether you do and attach any relevant certification.</p>	<p>Pass = Bidder confirms they will seek to meet this requirement.</p> <p>Fail = Bidder confirms they will not seek to meet this requirement.</p>

11b. If you do not comply with Cyber Essentials standards, please confirm that you will seek to meet this requirement.	
12. Bidder must confirm it holds ISO 27001 or will commit to achieving and maintaining by the service delivery date of 1st August 2022.	<p>Pass = Bidder confirms it holds ISO27001 or commits to achieving and maintaining by 1st August 2022.</p> <p>Fail = Bidder confirms it does not hold ISO27001 and will not commit to achieving and maintaining by 1st August 2022.</p>
<b>Welsh Language</b>	<b>Guidance</b>
13. Please confirm that you currently meet, or will meet if you are successful, the requirements of the Welsh language measure.	<p>Pass = Bidder confirms they currently meet, or will seek to meet if successful, the requirements of the Welsh language measure.</p> <p>Fail = Bidder does not confirm they currently meet, or will seek to meet, the requirements of the Welsh language measure.</p>
<b>Grounds for Mandatory Exclusion</b>	<b>Guidance</b>
<p>14. The buyer will not select you to tender if any of the mandatory grounds for exclusion apply unless you have included an adequate explanation and/or mitigating factors.</p> <p>You should check the full text of Regulations 57(1) and (2) of the Public Contracts Regulations 2015 and take legal advice where appropriate. The buyer may make its own checks and will require you to provide a record of convictions by responding to the questions listed in Exclusion - Grounds for Mandatory Exclusion.</p> <p><a href="https://www.gov.uk/government/publications/procurement-policy-note-0215-public-contracts-regulations-2015">https://www.gov.uk/government/publications/procurement-policy-note-0215-public-contracts-regulations-2015</a></p> <p>If you are bidding as, or on behalf of, a consortium, you should check with all members of the consortium whether or not these grounds for exclusion apply. Select "Yes" if these grounds apply to any consortium member.</p> <p>NB: If any of the mandatory grounds for exclusion become applicable after data has been submitted for a contract, you must inform the buyer. Failure to do so may cause any contract awarded to be terminated.</p>	<p>These details will be used to decide whether the conviction disclosed is one of the types listed in Regulation 57 which requires you to be excluded. If such a conviction exists, your organisation will be automatically excluded unless you can demonstrate evidence of your acceptability despite the existence of these grounds for exclusion. This would include adequate evidence of 'self-cleaning' (see Regulation 57 (13)- (17)).</p> <p>The measures you have taken will also be evaluated taking into account the gravity and particular circumstances of the criminal offence or misconduct.</p>
<b>Grounds for Discretionary Exclusion</b>	<b>Guidance</b>
<p>24. The buyer will not select you to tender if any of the discretionary grounds for exclusion apply, unless you have included an adequate explanation and/or mitigating factors</p> <p>You should check the full text of Regulations 57(8) of the Public Contracts Regulations 2015 and take legal advice where appropriate. The buyer may make its own checks and will require you to provide a record of convictions by responding to question Grounds for Discretionary Exclusion.</p> <p><a href="https://www.gov.uk/government/publications/procurement-policy-note-0215-public-contracts-regulations-2015">https://www.gov.uk/government/publications/procurement-policy-note-0215-public-contracts-regulations-2015</a></p>	<p>These details will be used to decide whether the conviction disclosed is one of the types listed in Regulation 57 which requires you to be excluded. If such a conviction exists, your organisation will be automatically excluded unless you can demonstrate evidence of your acceptability despite the existence of these grounds for exclusion. This would include adequate evidence of 'self-cleaning' (see Regulation 57 (13)- (17)).</p> <p>The measures you have taken will also be evaluated taking into account the gravity and particular circumstances of the criminal offence or misconduct.</p>



<p>If you are bidding as, or on behalf of, a consortium, you should check with all members of the consortium whether or not these grounds for exclusion apply. Select "Yes" if these grounds apply to any consortium member.</p> <p>NB: If any of the discretionary grounds for exclusion become applicable after data has been submitted for a contract, you must inform the buyer. Failure to do so may cause any contract awarded to be terminated.</p>	
<b>No PO No Pay</b>	<b>Guidance</b>
25. Bidder must confirm that you will adhere to the No PO No Pay policy	NHS Wales introduced the No PO No Pay Policy in June 2018. With the exception of a few areas all invoices MUST quote a valid Purchase Order Number. All suppliers to NHS Wales must adhere to the No PO No Pay policy unless the category of spend is subject to an exception. If an exception to the policy applies, the buyer will inform bidders. Failure to agree to the No PO No Pay Policy will result in the Bidders exclusion from the tender process
<b>Modern Slavery</b>	<b>Guidance</b>
<p>26a. Are you a relevant commercial organisation as defined by section 54 ("Transparency in supply chains etc.") of the Modern Slavery Act 2015 ("the Act")?</p> <p>26b. Please provide a slavery and human trafficking statement. The statement must include all required information as outlined in Section 54, Part 6 of the Modern Slavery Act 2015 (the Act).</p> <p>Further information on Section 54, Part 6 of the Modern Slavery Act 2015 (the Act) can be found at the following link:</p> <p><a href="http://www.legislation.gov.uk/ukpga/2015/30/section/54/enacted">http://www.legislation.gov.uk/ukpga/2015/30/section/54/enacted</a></p>	For information only
<b>Wellbeing of Future Generations (Wales) Act 2015</b>	<b>Guidance</b>
27a. Please provide a statement detailing how you will assist NHS Wales in meeting its obligations under the Well-being of Future Generations (Wales) Act 2015.	For information only
<b>Zero Hours Contracts</b>	<b>Guidance</b>
What policy and processes do you have in place for moving workers on zero hours contracts on to regularised hours contracts when they are working regularised hours? Do these processes include regular reviews and opportunities for staff to request a change of contract?	For information only
<b>Towards Zero Waste</b>	<b>Guidance</b>
Bidder must confirm that you have read, understood the Welsh Government's policy "Towards Zero Waste" and will assist NHS Wales in meeting its obligations under the attached document entitled 'Towards Zero Waste'.	For information only



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Phase 2 of the Strategic Review of Health Professional Education (SRHPE)</b>		
<b>Report Author</b>	Christine Love		
<b>Report Sponsor</b>	Angela Parry/Martin Riley		
<b>Presented by</b>	Angela Parry		
<b>Freedom of Information</b>	Closed		
<b>Purpose of the Report</b>	To update the executive team regarding the adjustment to the timeframes and process for phase 2		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Analysis of the work required for phase 2 has determined that this phase will be far more complex than phase 1</li> <li>• current draft timeframe is overly ambitious and will require the support of additional staff resources</li> <li>• Fragile contractual arrangements leaving HEIW vulnerable</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	✓
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Consider/Approve</b></li> </ul>		

# **UPDATED TIMEFRAME AND PROCESS FOR PHASE 2 OF THE STRATEGIC REVIEW OF HEALTH PROFESSIONAL EDUCATION (SRHPE)**

## **1. INTRODUCTION**

Phase 1 of the strategic review predominantly encompassed undergraduate preregistration health professional programmes and although a large project in terms of commissioning processes and contractual arrangements there is one model. This however is not the case for the second phase.

Phase 2 encompasses a range of education programmes, of which some are:

- Established Wales based post graduate education programmes,
- programmes delivered from English university's
- potential new education programmes to support workforce development and the transformation and delivery of healthcare services.

In terms of governance and contract management, there is a mixed model:

- Several of the existing Wales based education programmes have time limited contracts in place e.g. Clinical psychology PhD, SPQ's etc
- WEDS now HEIW have used the existing contracts held with universities to commission advanced and extended practice education since the introduction of funding from Welsh Government. The value of this education has increased considerably over the past few years and has grown from £500k in 2016, now stands at £1.5m per annum and will increase to £2m per annum from 2021. Post registration education funding is key in supporting the transformation agenda, and there is a need to ensure that robust contracts are in place given the growth in investment.
- Post graduate education commissioned from England there is no formal contract in place as we buy 1 or 2 places on a course. However, this is increasing year on year and there is scope to tender for some of this education to be delivered from Welsh university's or within Wales and there is now a need to have some form of contractual arrangement in place as this provision is growing rapidly.
- We hold an MOU with HEE West Midlands for the healthcare science training programmes. Once again scope to tender for delivery for some of the sciences within Wales and formal contracts in place,

Phase 2 provides the opportunity to have in place a robust contractual arrangements and governance structure to ensure that the education is of high quality, fit for purpose and reliable. It also allows a process to be established where this becomes core business for HEIW. It will allow annual planning for new post registration education provision, that will feed into the training plan and IMTP to support services as they shape and evolve. It will also bring efficiencies with regard to how and what we commission in terms of post graduate education.

## **2. BACKGROUND**

There have been lessons learnt from how phase 1 has been accomplished in terms of resources, timeframes and ambitions etc and this has been fully recognised by the team within the directorate. What looked at the outset as a large but straight forward procurement exercise has resulted in the commissioning team using this opportunity

to really drive forward the development of ambitious quality contracts that will be fit for purpose for 10 years. Huge attention and time therefore from the team has been placed on this project and although core business has continued it has had an impact on its development and some adjustments have had to be made e.g.

*There is an urgent need to support the service with their placement requirement during Covid 19, Ideally, we should have undertaken more development work in this area over the summer. We need to fully establish a placement reference group. Outputs from this group could include the resource is hub for placement providers Resources around online consultation guidance for students, development of a system for students to have access to IT on placement Pre organised NADEX accounts.*

*Had we had time to scope wider we could have worked more closely with health boards and employment services to ensure processes were in place to monitor job vacancies for graduating students. This would have ensured a smoother process before the appeals outcomes and easier decision making.*

Analysis of the programmes that form Phase two of the review has demonstrated that the scale of this procurement exercise is significant perhaps more so than phase 1. It will be a complex process, where “one size will not fit all” as in the case for phase one. The team want to mitigate against any disruption or development to core business, therefore we are proposing a different approach and timeframe as previously reported.

- Phase 1 of the SRHPE first started back in April 2016 pre HEIW with the work required to place extension on our existing contracts with the universities.
- 2018 saw the tendering exercise which resulted in the commissioning of KPMG to undertake a pre-market consultation which commenced March 2019
- KPMG report did not scope/cover in any detail the programmes that form phase 2 (**HEIW phase 2 Scoping report appendix 1**).
- Phase 2 will require the same governance structure however due to the complexities and number of programmes involved there will be far more task and finish groups needed in this phase. (**Draft Governance framework Appendix 2**)
- Phase 2 deserves sufficient time for the project to provide the best outcomes for NHS Wales

The value of the contracts within phase 2 will be difficult to fully understand as new programmes will be procured. However, the table below provides an idea of what it costs to run several established programmes that are in phase 2.

	Annual costs 20-21
<b>Medical Illustration *</b>	301,202.00
<b>Clinical Psychology**</b>	5,102,270.00
<b>STP Scientists*</b>	3,521,063.00
<b>Community Nursing*</b>	6,227,814.00
<b>Advanced Practice</b>	1,500,000.00
<b>Genomics</b>	238,680.00
<b>Sonography*</b>	793,814.00
<b>Non Medical Prescribing</b>	500,000.00
<b>Reporting radiography</b>	40,000.00
<b>HSST</b>	£89,100
<b>TOTAL</b>	18,313,943.00

- \*\*Clinical psychology costs include all the faculty costs and trainee salaries
- starred programmes\* have salary contributions included
- STPs are paid at band 6, these numbers will increase year on year- 3 year programme
- trainee medical illustration are band 5 trainees. 2 year programme we need to agree if this will continue as evidence suggests not..... but replace with something else e.g. modules to support qualified photographers to operate in a health environment
- 2/3rds back fill is paid to sonography students at current banding. 2 year programme...plans for imaging academy to take this forward with academic partner so may be costs savings here also talking about reporting radiography too
- Community nursing includes SCPHN where salary at current banding is paid. DNs etc have no back fill.
- Approx. £250k is spent outside of Wales on advanced/extended practice education as we do not have that provision available to us in Welsh HEI's.

### 3. PROPOSAL

Due to the significance and magnitude of this work, including its overly ambitious original timeframe outlined in table below. Plus, the overlap of the work with phase 1 the commissioning team would like to propose to the executive team that there is a need to significantly revise the timeline proposed in the executive paper presented in May 2021.

Key Action	Date
Roadmap creation	May 20 - June 20
Determine Appropriate Procurement Route(s) (FA vs Contract)	July 20
Documentation preparation	October 20 – December 20 Mid-March 21 – May 21
Engagement	May '21 – July '21
Approvals (HEIW Exec Board, Velindre & WG)	August 21 – September 21
Place OJEU Notice to trigger procurement	Mid-September 2021 – end October 21
Evaluation of bids	November '21 – December '21
Award sign-off / ratification procedures	January '22 – February '22
Award of Framework Agreement	March 2022
Run Mini Competitions (where applicable)	April 2022
Mini Competition Award for Academic Year 22-23	June 2022
New education programmes commence	September 2022

#### Revised Draft timeline and Process

- Timespan of the project has now been adjusted to 5 years in length
- The formation of a Project board by February 2021.

- The procurement process will be phased over three sub phases. This will enable the procurement process to be divided into more manageable chunks thus reducing the complexity. A RAG rated grid detailing this can be found in **Appendix 3**.
- There is also approximately £250k spent annually on advanced/extended practice education in English universities (**Appendix 4**) which will require scoping to determine if this provision can be delivered in Wales.
- A 5-year timescale will ensure there is rigor applied, to the project, sufficient staffing resources are in place, and sufficient time is given for premarket consultation and procurement processes across each sub phase and a new Project Manager post can be appointed to.

#### 4. GOVERNANCE AND RISK ISSUES

- To do nothing will leave HEIW in a vulnerable position, especially where we have no proper contractual arrangements in place.
- There are time limited contracts that will need re tendering for
- Potential TUPE issues and programme disruption with the Clinical Doctoral programme, as faculty are UHB employed and HEIW funded. Only an education provider will be able to bid for a tender.

The above risks can be mitigated by robust project management and planning. The highest risks have been identified in the RAG rated spread sheet, and would be those who the project team would prioritise to reduce any vulnerability for HEIW.

This project links to strategic objective:

- 2.2 Develop an education strategy drawing on the outcome of the strategic review of health professional education and the draft Workforce Strategy.
- 4.5 Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.

The commissioning team are already at full capacity with core business and phase 1 work. A more realistic timeframe is required now the size of this project is evident which will ensure that risks are mitigated to the fulfilment of our strategic objectives in a timely and planned manner and the project has the necessary time.

Insufficient resources to drive this project forward will result in delays to the procurement process and delays to the introduction of new roles and new education provision in Wales.

There will be for the minimum the requirement to:

- Recruit and appoint a programme manager at band 8a/b subject to evaluation to project manage phase 2 on a fixed term contract for 3 years with the option to extend 1-2 further years. (business case to go via Welsh Gov)
- a need to extend the 2 secondments (band 7 and 4) from NWSSP procurement currently supporting phase 1 from May 31st, 2021 for an initial further 2 years
- A need to secure legal advice

## 5. FINANCIAL IMPLICATIONS

### 1. Project manager and procurement staff costs

		FINANCIAL YEARS COSTINGS					
		JAN 21 - MAR-21	APR 21 - MAR 22	APR 22 - MAR 23	APR 23 - MAR 24	APR 24 - MAR 25	APR 25 - DEC 25
Band 8a	£	14,364	£ 58,030	£ 58,610	£ 59,196	£ 59,788	£ 45,289
Band 8b	£	16,740	£ 67,630	£ 68,306	£ 68,989	£ 69,679	£ 52,781

		June 21 - May 22	June 22 - May 23
Gemma Roscrow	Band 7	£ 51,312	£ 51,825
Francesca Harvard-Evans	Band 4	£ 26,915	£ 27,184

\* costs have been uplifted by 1% each year

### 2. Legal cost

It is very difficult to provide an accurate estimate of the legal fees for the Phase 2 project, given that Phase 2 is to encompass many different types of arrangements (i.e. “mini projects”) to be put in place during the next five years. Further, that at this moment in time, the Phase 2 project is very much in its infancy and it is not yet known which model of service would best suit a particular programme.

To assist with estimating the costs, having liaised with NWSSP legal colleagues I have set out a very crude estimate of the likely level of legal fees. However, this quote will be subject to review and may change as and when each section of the project is being /has been worked up. It may also be the case that some of the legal work for one of the sections is also relevant to another section – for example, consideration of, say, a procurement law issue may cut across more than one of the section. If this occurs, there will be a proportionate amendment to the fees quoted below.

please note, legal advice/supports hourly rate is £99 and for the purposes of this quote a working day is 7.5 hours. A full breakdown of costs can be found in appendix 5. Summary below. For clarity sections refer to those in scoping report

- Section 1 Non-Medical Prescribing the legal work is likely to be in the region of between £17,820 to £29,700).
- Section 2 - Post Registration Programmes the legal work is likely to be in the region of between £22,275 to £37,867
- Section 3 - Healthcare Science Programmes Total estimated costs are likely to be in the region of circa £18,562.50 to £28,597.50.
- Sections 5 ( Biomedical Science PTP), 6 (Higher Specialist Scientific Training programme (HSST) and 7 (Advanced/Extended Practice) Total estimated costs are likely to be in the region of circa £18,562.50 to £28,597.50.

## 6. RECOMMENDATIONS

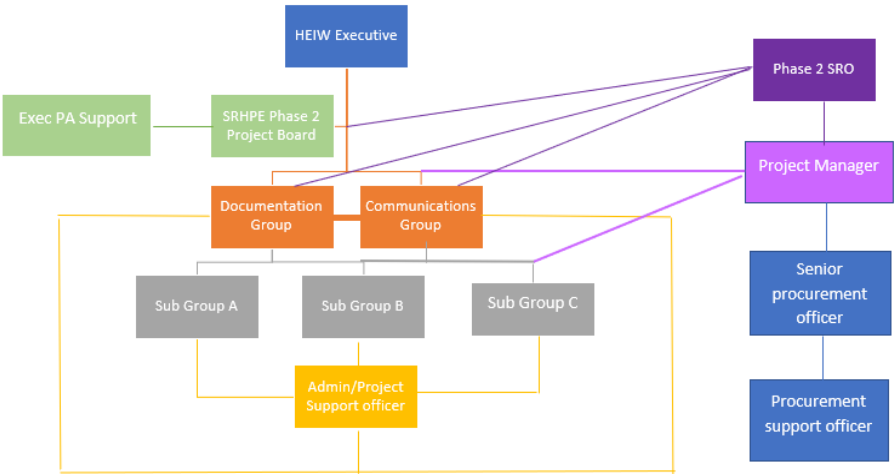
- Agree the revised 5 year timeframe and new approach
- Agree proposal for project manager post fixed term 3 years with option to extend up to 2 further years
- Agree extension of 2 secondments (band 7 and 4) from NWSSP procurement for a further 2 years from 31.05.2021
- Agree estimated legal costs

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓		
<b>Quality, Safety and Patient Experience</b>			
Ensuring highly skilled workforce informing/ undertaking high quality and safe health care to the Welsh population.			
<b>Financial Implications</b>			
The additional Project manager post was not budgeted for at the beginning of the financial year as it was not known at the time that it would be required. Extensions to secondments have not been budgeted for beyond May 2021.			
<b>Legal Implications (including equality and diversity assessment)</b>			
None			
<b>Staffing Implications</b>			
Temporary increase in Nursing Directorate establishment			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<ul style="list-style-type: none"> <li>• Long term: appropriately educated workforce to meet the current and future health needs of the population</li> <li>• Prevention: Well educated workforce that supports people to keep healthy, well and at home</li> <li>• Integration: multi professional working for a healthier Wales</li> <li>• Collaboration: Development of education to support the development and diversification of the multi-disciplinary team.</li> </ul>			
<b>Report History</b>	The Strategic review of Healthcare Education in Wales Phase two. Executive report May 2021		
<b>Appendices</b>	Appendix 1: Phase 2 Post graduate Education scoping report V9 Appendix 2: Draft Governance framework Appendix 3: Rag rated phasing grid Appendix 4: Post Graduate Taught Education Funded in English universities Appendix 5: Legal Costs		



Appendix 2: Draft Governance framework

Strategic Review of Health Professional Education Phase 2  
Governance Framework Draft 1



## Appendix 5: Legal costs

### A. Section 1 - Non-Medical Prescribing

Proposal to procure multi Lot/Regional services contracts.

This piece of legal work is likely to include: -

a) Procurement planning stage (i.e. pre-contract notice)

- provision of legal advice in relation to the working up of the proposed model of services, including procurement pre-planning work (eg market/stakeholder engagement); (say, between 3-5 days )  $(22.5 (7.5 \times 3) \times £99 = £2,227.50 \text{ to } 37.5 \times £99 = £3,712.50)$
- provision of legal advice in connection with the proposed procurement route/procurement process; (say, between 3-5 days)  $(£2,227.50 \text{ to } £3,712.50)$
- drafting of bespoke contract terms and conditions; (between 5-10 days)  $(£3,712.50 \text{ to } £7,425)$ .
- legal advice/approval of draft tender documents including the Invitation to Tender, service specification(s), evaluation criteria, pricing structure, OJEU notice. (between 7-10 days).  $(£5,197.50 \text{ to } £7,425)$ .

Please note, legal advice may be required with regards to any potential TUPE issues. As with Phase 1, one of my colleagues from the L&R Employment Team would assist. For the purposes of this quote, I have estimated 1 day's work.  $(£742.50)$ .

b) During and following the formal tender stage

- legal advice in relation to any clarification queries raised by bidders during the formal tender stage; (say, 1-2 days)  $(7.5 \text{ to } 15 \text{ at } £99 = (£742.50 \text{ to } £1,485))$ .
- legal advice in relation to any queries raised by client during the tender stage/award of contract stage; (1-2 days)  $(£742.50 \text{ to } £1,485)$
- potentially, legal advice in relation to queries raised by disgruntled bidders following decision to award contract; (1 day)  $(£742.50)$
- assistance with engrossment and execution of original contract documentation (depends upon number of contracts awarded). (between 2-4 days).  $(£1,485 \text{ to } £2,970)$

Subject to receipt of fuller instructions, as a ball park figure I anticipate that in respect of Section 1 the legal work is likely to be in the region of between £17,820 to £29,700).

Please note, the above quote includes Legal and Risk's attendance at Project Board meetings and Task and Finish group meetings.

### Section 2 - Post Registration Programmes

Section 2 appears to cover a number of potential models for the different services required, including (i) procurement of services contracts, (ii) inter authority arrangements (eg potential arrangements with the National Imaging Academy) and (iii) potential insourcing to HEIW of existing service provision.

It is very difficult to provide an accurate estimate of legal fees, given that Section 2 is very much in an embryonic form and a number of different service models are being considered for the number of different programmes.

Legal work likely to include:-

- a) provision of legal advice in relation to the working up of the different proposed models of services, including procurement pre-planning work and any associated market/stakeholder engagement); - between 3-5 days  $(£2,227.50 \text{ to } £3,712.50)$

b) For those services to be competitively procured, provision of legal advice in relation to:-

- Pre-planning work, including any associated market/stakeholder engagement;
- with the proposed procurement route/procurement process;
- drafting of bespoke contract terms and conditions;
- draft tender documents including the Invitation to Tender, service specification(s), evaluation criteria, pricing structure, contract notice;
- any clarification queries raised by bidders during the formal tender stage;
- any queries raised by client during the tender stage/award of contract stage;
- queries raised by disgruntled bidders following decision to award contract;
- engrossment/execution of original contract documentation (depends upon number of contracts awarded).

Say, between 20-35 days (£14,850 to £25,987.50)

c) Inter authority arrangements:-

- Consideration of legal basis upon which arrangements are being put in place (eg consideration /identification of appropriate statutory powers and/or consideration of any procurement law issues).
- Drafting of appropriate legal agreements to be put in place between HEIW and other public sector body.
- 

Say, between 5-7 days (£3,712.50 to £5,197.50)

d) Insourcing arrangements

- Consideration of TUPE – say, between 2-4 days. (£1,485 to £2,970)

As a ball park figure I anticipate that in respect of Section 2 the legal work is likely to be in the region of between £22,275 to £37,867

### Section 3 - Healthcare Science Programmes

Proposal – *“based on current knowledge and understanding, it is recommended to procure non-committal contracts for this education provision.”*

Given the preliminary stages of this matter, it is not known, at this stage, whether the proposal will incorporate framework agreement type of arrangements, low value directly awarded contracts and/or a mixture of both.

Accordingly and depending upon which model of services is deemed the most appropriate per programme, legal advice may include the following:-

- Consideration of appropriate type of arrangement per service/programme, including any associated market /key stakeholder engagement; (say – 2-4 days) (£1,485 to £2,970).
- If low value directly awarded contracts – consideration of procurement law issues/HEIW's contract standing orders and/or governance matters; (say 1 day) (£742.50)
- If proposal is to competitively procure contracts/framework agreement, legal advice in relation to the procurement process, including approval of ITT, service specification, pricing structure, evaluation criteria, contract

- notice, dealing with legal queries during and post tender exercise.(between 15-20 day) (£11,137.50 to £14,850)
- Drafting appropriate legal agreement (eg framework agreement and/or services contract). (between 5-10 days) (£3,712.50 to £7,425)
  - Engrossment/execution of original legal agreements. (between 2-4 days depending upon number of agreements to be prepared for signature). (£1,485 to £2,970)

Total estimated costs for Section 3 are likely to be in the region of circa £18,562.50 to £28,597.50.

Sections 5 ( Biomedical Science PTP), 6 (Higher Specialist Scientific Training programme (HSST) and 7 (Advanced/Extended Practice)

I understand the proposals for Sections 5, 6 and 7 at this stage are similar to the proposal for Section 3. Accordingly the legal fees are likely to be in the region of those quoted for Section 3. That said, if any of the legal work/legal issues undertaken for Section 3 is relevant to any of Sections 5, 6 and /or 7, the legal fees will be reduced accordingly. By way of example only, if the legal agreement(s) for Section 3 can be utilised for Sections 5,6 and /or 7.

Kindly note, the figures quoted are estimates only, and we will of course, provide you with costs updates along the way and as the legal work progresses. The final costs invoiced will be based upon the actual work carried out and, therefore, may be less than the estimated figures provided.

# HEIW Health Professional Education and Training Services Phase 2)

OVERVIEW OF CURRENT AND FUTURE POST GRADUTE  
EDUCATION REQUIREMENTS  
NWSSP-PROCUREMENT SERVICES - COMMISSIONING

NWSSP PROCUREMENT SERVICES

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# Section 1

## Non-Medical Prescribing

### Current Provision

#### Background



Non Medical



Welsh Blood Service

Prescribing Education - NABT Report 2018.p

The current postgraduate training of non-medical prescribing for HEIW take place at five Universities located within Wales; and covers the following qualifications:

1. Independent prescribing
2. Supplementary prescribing
3. Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners (Limited Prescribing) V100/V150
4. PGCert (L7) 60 credits Blood Component Transfusion (NABT) (Swansea University Only)

#### PGCert (L7) 60 credits Blood Component Transfusion (NABT)

The Blood Component Transfusion sits under this heading due to its links to non-medical prescribing, however, it is considered that this qualification should sit under a separate group, in the future, for the following reasons:

- The programme is not delivered by a University;
- The programme is not regulated;
- The programme is written and delivered in the main by the Welsh Blood Service;
- It has been criticised historically as being over engineered as NHS England have a similar education module that is delivered by means of an online learning programme;
- The qualification is currently affiliated with Swansea University and would require a separate type of contractual arrangement; and
- It is understood that there are historical issues between Swansea University and Welsh Blood with regards to the fact that Welsh Blood don't receive any monetary value for the delivery of the course as this is held by Swansea University who accredit the course
- Emergency Blood - E learning modules in England are free, anybody can log on, any member of staff can access and once completed go on to prescribe blood products. May be an opportunity to piggy back of RCN accredited modules within NHS England.

*NB. The following information relates to the remaining qualifications and is not associated with NABT.*

Universities – the provision of non-medical prescribing qualifications is via five (5) universities located throughout Wales: University of South Wales; Cardiff University; Swansea University; Glyndwr University; and Bangor University. These Universities also deliver current undergraduate courses, however, there is no direct link in the delivery of the

postgraduate qualifications: there is no regulatory or professional body requirement for students to receive pre and post registration education from the same academic institution.

Credits - The courses are accredited by the NMC & HCPC, however, neither of these bodies mandate the number of credits the course needs to be set at. The number of credits are determined by the Universities and historically there was a discrepancy with Cardiff and Swansea University providing a 60 credit module, however, this has been changed to 40 credits for Cardiff in line with Bangor, USW and Glyndwr, in recent years, to fall in line with the majority of provision delivered across the rest of Wales. Community prescribing is delivered as part of the specialist prescribing which is only 10 credits (district nurses). Where prescribing is embedded in the SPQ – HEIW does not determine whether the student does that module or not - HEIW simply funds it and it is for the individual student/service area to decide whether to undertake the prescribing or not – this is not commissioner controlled.

Student Placement - When determining which University to commission postgraduate education from, there is an element of pragmatism applied and the following factors considered:

1. Health board/university footprint & location (regionalised strategy);
2. Viability of student numbers to ensure sufficient cohort sizes and financial sustainability for Universities; and finally
3. Student preference (if region and availability allows such a choice).

Placement Numbers – Each University has a maximum number of annual student admissions for these qualifications, stipulated by the regulator. HEIW and finance determines the annual allocation for non-medical prescribing based on their IMTP and then works with Universities to determine if they are able to meet the needs in line with their regulatory limit on annual admissions. If the number of admissions is above the regulated limit the University would need to work with the regulator in order to increase their admission limit\*. Health Boards and Universities work collaboratively to recruit students onto prescribing programmes. Currently there may be an element of ‘horse trading’ in the flexibility of numbers committed to with each University within a region dependent on Health Board requirements and preferences of students, therefore any future contracts will need an element of flexibility in relation to the management of placements.

*\* As non-medical prescribing is an NMC/HCPC accredited programme, Universities are only able to deliver education to cohorts of certain sizes. If commissioning numbers were to increase above the Universities’ approved numbers, they would be required to modify their accreditation with the NMC/HCPC in order to teach increased student numbers.*

Current commissioned numbers are 333 based on funding of £500k and Health Board needs however this number has a range over recent years of just over 200 up to 333. Typically, there is not a huge variation in the annual demand (currently) in terms of non-medical prescribing, however, the numbers of the three individual qualification programmes will vary year on year. The annual placement numbers are understood in July of each year and then follow the following timetable:

<b>Stage</b>	<b>Timeline</b>
Training Plan Finalised	July
Welsh Government Budget Approval	October



Health Board & Universities advised of student numbers	Feb/March
University Confirmation on final student numbers	June

The course commences at the start of the academic year (September). Some universities have multiple intakes - see below.

Current Independent Prescribing Intakes By Universities – HB's prefer multiple intakes at least 2 intakes a year.

- Cardiff January and September
- Swansea Sept and March
- Bangor Sept and March
- Glyndwr April, May, September
- USW September

There is an option to undertake Community Prescribing as a module in Specialist Practice Qualification programme.

Pricing – Current costing is set at £1,500\*\* per student. This calculation is set by HEIW and increased annually. The fixed price per student is set for all Universities, however as it is a contract fee it is lower to the value set by Universities for privately funded students (from £1,800 up to £2,500).

\*\* Universities normally charge fees that are based per 10 credits. There is currently no consistency in the universities regarding the credit value of the prescribing courses, which range from 40-60 credits in value.

### **Future Requirement for Qualifications**

There will always be a requirement for non-medical prescribing and there are many providers of such qualification however, akin to undergraduate qualifications, there is a requirement for close geographical delivery to the placing Health Board therefore a future regional lot model is the preferred option.

Delivery - There is a potential opportunity for the delivery of the teaching to take place as a hybrid model of land based and distant learning. The postgraduate qualification is easier to deliver online due to the student familiarity with previous undergraduate education model.

Future Demand - a significant number of external factors may affect the future demand of non-medical prescribing courses and render it difficult to know what Health Boards will require in terms of the prescribing in the future:

1. NMC has not issued any guidance on what is required for future nurses to become full prescribers, however, they have amended the nursing curriculum from September 2020; therefore, students graduating in 2023 will have increased prescribing knowledge. It is therefore reasonable to assume 3,000 nursing students per annum are unlikely need to undertake the full 40-credit study post-graduation. Currently unknown how Universities will change their programmes to meet the needs of the future nursing cohorts.
2. HCPC review course provision periodically and there may be an increase in additional health professionals needing to study non-medical prescribing courses. Equally physician's associates are likely to be given prescribing rights. Also, policies

e.g. Healthier Wales may require more prescribers in a community setting and therefore there could be an increase in numbers of students.

3. Prescribing courses will become more accessible to other professions due to:
  - a) the relaxation of the rules in supporting studying students; and
  - b) historically, Doctors could only provide student support; however, this has changed to enable any health professional accredited in prescribing to provide support. This could potentially affect those studying in primary care settings where previously there have been difficulty at times securing Doctors or GPs to support students.

All of the above factors may either result in an increase or decrease in the future demand levels for this course therefore a significant level of flexibility will need to be built into the tender process and contract award to allow annual adjustments to be made in line with changing demand.

### **Actions**

#### **PGCert (L7) 60 credits Blood Component Transfusion (NABT)**

Verify with Welsh Blood on whether there is an absolute requirement for the affiliation with Swansea University to provide the PG Cert (L7) 60 credits Blood Component Transfusion (NABT) course or whether this could be delivered by a different University/means (virtual/online module).

- Engagement pre-autumn 2020 with Universities currently providing non-medical prescribing courses to determine:
  - How Universities currently deliver the 3 prescribing courses: whether as individual courses or one course with breakaway points?;
  - How they will meet the needs of post 2023 nursing cohorts who may be required to attain a reduced number of credits as they would have attained a level of prescribing qualification as part of the undergraduate qualification, whilst also maintaining the current 40 credit qualification for all other professions requiring the full postgraduate qualification?;
  - How Universities will meet the needs of potentially significant increase/decrease numbers as a result of prescribing courses becoming more accessible to other health professions?; and
  - Whether non-medical prescribing is delivered as one, multi-disciplined, course by the University with different exit points, or, whether supplementary and community prescribing are distinct courses in their own right?
- Engagement with NMC/HCPC to understand:
  - What the expectations will be in terms of nursing requirements post-graduation (2023)?; and
  - HCPC potential amendments to professions that:
    - allow non-medical prescribing?; and
    - write prescribing standards into their pre-registration education therefore also requiring a reduced post-graduation qualification in non-medical prescribing?

**Upfront liaison with the both Regulators and Universities is fundamental to future-proofing tender exercises for 2022 onward contracts.**

### **Recommendations (pre-response to actions)**

Based on HEIW's current knowledge of commissioning non-medical prescribing courses and with the exception of PGCert (L7) 60 credits Blood Component Transfusion (NABT), Procurement Services suggest procuring this requirement akin to phase 1 pre-registration programmes i.e. regional lots based on the geographical location of the Health Board. Ensuring delivery against the needs of the local health boards and populations across Wales, however, the contracts will be required to be more flexible to factor in uncertainties and specific nuances involved with such a course i.e. changing regulatory landscape on number of nurses and other professions that may/may not require such qualifications in the future. Engagement, as detailed above, is therefore vital to determine the most appropriate contract award.

## Section 2

### Post Registration Programmes

#### Current Provision

##### Background

There are three Post-Registration Programmes currently delivered that have ring-fenced funding to cover cost of fees. Two Programmes are pre-registration programmes and three planned delivery/future requirements for HEIW covering the following qualifications:

1. Medical Ultrasound PG Cert/Dip (**University West of England**)
2. Part Time PF/Cert/Dip/MSc Genomic Medicine (**Bangor & Swansea University**)
3. Clinical Endoscopist Training (**Swansea University**)

##### **Pre-registration training programmes (Inc salary backfill costs)**

4. Clinical Psychology – Pre Registration Doctoral programme (**Bangor University & C&V/Cardiff University**)
5. Clinical Photography (**Cardiff University**)

The above courses are highly specialised and as a consequence, HEIW commissions a significantly low number of places annually based on Health Board workforce requirements contained within IMTPs.

##### **Medical Ultrasound PG Cert/Dip**

##### **Current Provision & Understanding**

- The course is currently commissioned from the University West of England, with an annual range of between 8 – 15 PGCert places
- The budget for this course is funded separately from Advanced Practice, with two thirds salary payments for individuals to study modules, certificates or diplomas over the course. The purpose of the course is to increase the sonography skills among Health Professionals - in particular, radiographers and midwives to support the Gap and Grow initiative.
- Originally, eight places were commissioned by HEIW, the numbers have now increased to 15 commissioning places. HEIW anticipates that the number of places commissioned will continue to increase due to an increasing demand for sonography courses – there is a current anticipated growth to 22.
- There is an additional requirement for participants to be supervised by an appropriate Health Professional.
- The National Imaging Academy Wales are in the process of developing the ability to deliver this education for NHS Wales, however, it is anticipated this will begin in September 2022. Due to this uncertainty, HEIW are in the process of extending their current provision with UWE via a Single Tender Action (STA) until 2022 to ensure continuity of education provision.
- The National Imaging Academy Wales will require an academic partner to provide the course with case accreditation. If this opportunity comes to fruition then HEIW could potentially fund more places as there would not be a requirement to backfill staff as per the current model, who typically earn Band 6 or 7 salaries.

##### **Actions:**

- Engagement with the National Imaging Academy to establish whether they will be delivering programme from 2022.

### **Part time PG Cert/Dip/MSc Genomic Medicine**

#### **Current Provision & Understanding**

- The course is currently commissioned from Bangor University and Swansea University following an Expression of Interest released to the market by HEIW some years ago; with 8 places currently at Bangor and 12 at Swansea taking the annual requirement for 20 places.
- Ring fenced budget was allocated to HEIW by Welsh Government for a number of education options to deliver this education. HEIW are uncertain on the ratio of commissioning modules vs MSc provision.
- The Universities are currently not required to provide detailed backing when invoicing for this programme. However, from this financial year 20/21, they will be required to do so.
- Even though HEIW commission 8 places per annum with Bangor University they do not recruit enough students. Formal contract management could seek to resolve this issue for HEIW.
- It is understood that other Universities may be in a position to deliver this requirement due to Genomics forming part of the new curriculum for pre-registration nursing standards.
- In terms of future requirement, HEIW would not want to be prescriptive in terms of module combinations and would want the appointed education provider to work with the relevant Health Board to determine this.

#### **Actions:**

- HEIW to review current provision to determine funding of current placements and the breakdown of delivery to determine breakdown of student numbers achieving PGCert/Dip/MSc.
- Summary required of money spent annually to ensure university budget meets multiple forms of training.
- Centralised process required for Health Boards benefit.
- Engagement with current providers Bangor and Swansea Universities
- Further internal discussions within HEIW on the future delivery of this qualification are required followed by discussions between HEIW and Procurement Services to establish an appropriate route to market.

### **Clinical Endoscopist Training**

#### **Current Provision & Understanding**

- The course is currently commissioned from Swansea University; with 6 current places.
- Though the course is commissioned by HEIW they do not manage the delivery of the programme which is delivered by Health Board staff.

- It is understood that other HEI's could deliver this course albeit those within Wales i.e. Bangor deliver a course at a reduced level 6 whereas the current provision in Swansea is set as a level 7 qualification. It is assumed that BCUHB access and fund the course at Bangor University. Clarity is also required to determine whether the Bangor programme is JAG accredited and mirrors the course delivered at Swansea.
- The delivery of the course by the Health Board resulted in a mark reduction in the cost of this course, there is a high likelihood that the cost would double if the course was to be delivered by a University.
- The Clinical Endoscopist Training is a new course commissioned by HEIW at the end of 2019. The course is written and delivered by Health Board staff in health board premises and accredited by Swansea University.
- Health Board staff who deliver the course are consultant nurses and medics who likely have honorary contracts with the University. The National Endoscopy Programme funded by Welsh Government also fund the clinical sessions from the Health Board staff in delivery of the programme. HEIW's funding for this course is generally low due to only needing to pay for course accreditation and Health Board staff's time.
- HEIW have initially commissioned six places to support the national programme, however, future demand is anticipated to grow.
- Provision is ideally required across All Wales (North & South) however; it is currently unclear how this should be commissioned. HEIW need to further discuss strategy moving forward.

#### **Actions:**

- HEIW in conjunction with Health Boards need to determine future plans for course commissioning and recruitment strategies.
- Understanding required to determine the differences between level 6 and level 7 training in order for HEIW to establish their future requirement.
- Confirm whether the Bangor programme is JAG accredited and similar in terms of outcomes with the programme at Swansea.
- Clarification required internally within HEIW.

### **Clinical Psychology Doctoral programme**

#### **Current Provision & Understanding**

- Currently, Clinical Psychology is collaboratively provided in North Wales (Bangor University & Betsi Cadwaladr UHB) and South Wales (Cardiff University & Cardiff and Vale UHB).
- The courses are funded differently in the North and the South.
  - The current procurement of this education is quite nuance due to the delivery of education by Health Board staff and the payment method by HEIW for the delivery of this qualification. C & V Health Board receive the full payment and pay Cardiff University for the accreditation of the course whilst Bangor University receive the payment and pay BCUHB for the delivery of the education. For both programmes, faculty staff are employed by the Health Board. HEIW has a contract with Bangor for the programme

and a Service Level Agreement with Cardiff and Vale for the South Wales programme.

- There is an appreciation that if the course was directly procured from a University that 40% of costs would be absorbed into the Universities general running costs and would reduce the overall budget for the delivery of the course
- In terms of future requirement, there is a current consideration in relation to the employment of all associated HB members of staff that deliver/manage this qualification. If these talks come to fruition all that would be required by HEIW in the future is the procurement of an academic partner to provide accommodation and accredit the qualification.
- There is also an anticipation that numbers will increase as there is a significant amount of vacancies for Clinical Psychologists.

**Actions:**

- Further discussion required with the Executive Team at HEIW on future provision of this course. Depending on outcome of discussions and Board approval, there may only be a requirement to procure an accredited partner. If approved this model of delivery could also be applicable for other CAP/psychology programme.
- Understanding of future commissioning numbers and demand required.

**Clinical Photography**

**Current Provision & Understanding**

- The course is currently commissioned by Cardiff University; with 5 current places, though there has been numbers as low as 2 historically.
- The current workforce is unregulated and operates under the Royal Society of Clinical Photography. The Professional Standards Authority recommends that only medical illustration practitioners who are regulated on an accredited Register e.g. The Academy for Healthcare Sciences are employed.
- There is a current lack of knowledge as to the continued employment of participants once fully qualified.
- This course is an employed model of delivery with staff employed by Health Boards and involves taking clinical photographs for patient care and Health Board PR work.
- Cardiff University provide this course via a part time distance learning model of delivery which is a level 7 PgCert.

**Actions:**

- Determine whether there is a continued requirement to commission this course in the future

New and future provision for post registration programmes:

1. Reporting Radiographer Training
2. CAP programmes and other DClin Psy routes, counsellor/neuro/forensic
3. Orthoptists

### **Reporting Radiographer Training**

#### **Understanding of Requirement for Additional Provision**

- Cardiff University is the only provider in Wales with the ability to deliver a reporting radiographer training programme, at a cost of £40k for 11 modules and 10 Post Graduate Certificates.
- There is additional funding available for this course via the Advance Practice budget.
- As it stands, HEIW allocate places to each Health Board who nominate individuals to enrol on the course. The Health Board provides these names to HEIW. HEIW then informs the University of the individuals they are sponsoring.
- There is an anticipated continued demand for this course and an equal anticipation that the course could be delivered in the future by the National Imaging Academy Wales however; talks with the academy about this are not as advanced this is as those with the ultrasound programme.

#### **Actions:**

- HEIW to further understand the future needs for reporting radiographer training, including whether provision is required from multiple universities across Wales. The commissioning numbers are confirmed on an annual basis and therefore future provision would need to have flexibility.
- HEIW to understand the National Imaging Academy's ambitions of delivering this training in the future.

### **CAP programmes and other DClin Psy routes, counsellor/neuro/forensic**

#### **Understanding of Future Provision**

- There is a current national shortage on Clinical Psychologists.
- An appetite within Wales to introduce the CAP role and commission other education relating to the psychology workforce and mental health provision in general, for example CBT training.
- There is a requirement to work closely with the Head of Nursing and Midwifery who is lead for mental health within HEIW and the psychology workforce to determine what this provision looks like in the future.
- It is realistic to assume that the CAP programme could be delivered alongside the Clinical Psychology Programme.
- If both faculties who deliver the Doctoral programme TUPE into HEIW, there would only be a need to procure the accreditation of the programme.

#### **Actions:**

- Commissioner to work closely with Head of Nursing and Midwifery and the Psychology workforce.
- Discussion with HEIW's Executive Team re TUPE as per Clinical Psychology.

### **Orthoptists**

#### **Understanding of Future Provision**



- There are only two providers in the UK who deliver Orthoptists courses; the University of Sheffield and the University of Liverpool.
- Due to the location of the Universities running this course are outside of Wales, HEIW have not been able to commission this course historically due to the current restrictions associated with the award of a bursary which requires the recipient to live in Wales for 5 years; 3 years of training and then working within NHS Wales for 2 years. HEIW have no arrangement with those Universities for them to specifically recruit individuals who wish to live and work in Wales. Plus, due to GDPR, Universities are unable to disclose to HEIW if they currently have students domiciled in Wales studying this qualification who could benefit from receiving the Bursary Scheme.
- Workforce data available currently shows orthoptists employed within the NHS in terms of demographics, are young, with little turnover and the evidence is suggesting that we would not need to commission for 10 years.
- Engagement with the Head of Optometry within HEIW has taken place and it is clear there are sufficient applicants for the newly qualified posts within Wales. The education issues for this profession lie with post graduate workforce and lack of progression routes for staff. It was therefore determined that there are insufficient numbers of training placements required to commission a pre-registration programme for Wales for this profession.

#### **Actions:**

- Head of Optometry to undertake further engagement around a possible future post graduate education offer for advanced or extended practice.

Universities – the provision of post registration programmes qualifications is via five (5) universities located within Wales: Cardiff University; Swansea University; Bangor University; Wrexham Glyndwr University, plus a number of Universities in England, including University West of England. Some of these Universities also deliver current undergraduate courses however, it there is no direct link in the delivery of the postgraduate qualifications: there is no regulatory or professional body requirement for students to receive pre and post registration education from the same academic institution.

#### Procurement Activity Summary

- Medical Ultrasound PG Cert/Dip – potential to **transfer education** requirement to the National Imaging Academy with an academic provider accrediting the programme
- Part Time PF/Cert/Dip/MSc Genomic Medicine – requirement to understand future funding arrangement and for HEIW to work with **procurement** on the best route to market to secure a future provision
- Clinical Endoscopist Training – A provider/s will be required for the accreditation element of the programme.
- Clinical Psychology Doctoral programme – current talks between the service and HEIW on a potential TUPE into HEIW may remove a future requirement to undertake a procurement for this requirement. HEIW to provide further advice to procurement on the **transfer** of the training. Provider/s will be required for the accreditation element
- Clinical Photography – continued requirement to be determined with the service and **procurement** advised of a requirement to procure clinical photography training

- Reporting Radiographer Training – this is an additional requirement, due to additional funding provided that currently falls within the Advanced and extended practice umbrella of education. There is a consideration that this training could be provided in the future by the National Imaging Academy, further discussions are required to appraise this opportunity as the qualification that would be attained would be below the level currently achieved therefore this needs to be worked through with the service and the academy. HEIW to provide further advice to procurement on the **transfer** of the training.
- CAP programmes and other DClin Psy routes, counsellor/neuro/forensic – future provision, opportunity to be worked up with the service and Kerri, Head of Nursing and Midwifery and lead in HEIW for mental health. HEIW to provide further advice to **procurement** on the provision of the training.
- Orthoptists – HEIW to undertake further engagement, if requirement is determined to procure post-registration training, HEIW to work with **procurement** on the best route to market.

### **Recommendations** *(pre-response to actions)*

- For the post-registration programmes listed above there is a requirement to undertake and complete actions to further advance Procurement Services understanding of these requirements and therefore will enable further scoping of potential future routes to market.

## Section 3

### Healthcare Science Programmes

#### Current Provision

##### Background

HEIW commission education and training for 21 Healthcare Science Programmes which are highly specialised MSc programmes. These programmes are accredited by the National School of Healthcare Science, which is part of Health Education England and regulated by the Health and Care Professions Council. Due to the specialised nature of programmes, the number of student commissions are therefore relatively low (between 0 – 2 places per annum) (for 18 of the 21 courses). Three courses have a definite annual requirement, namely:

- M.Sc. Clinical Science in Neurosensory Sciences – Audiology - English University
- M.Sc. in Clinical Science - Medical Physics-Radiotherapy Physics – Swansea University
- M.Sc. in Clinical Engineering - Rehabilitation Engineering - English University

Healthcare Science programmes are a growing area of post-graduate education required by NHS Wales. In addition, due to the limited nature of access to these programmes HEIW will fund student accommodation as well as course fees when the trainee is attending university in England.

The majority of the 21 courses are delivered in England and are procured via a memorandum of understanding (MOU) with the HEE West Midlands, which was renewed in 2019. The MOU acts simply as a financial transaction with payment made by HEE West Midlands who holds the contracts with the English Universities that trainees are placed with. The universities provide the academic element of the courses with the majority of the training undertaken with NHS Wales Health Boards. There is a fragility around a number of the courses delivered in terms of the lack of supply within the UK, with the majority of the courses only provided by one or two universities currently therefore if a University ceases its provision this would severely affect the ability of HEIW to source such training/qualifications. In addition, it is understood that English Universities are moving toward an apprentice route to training at level 7 however, NHS Wales would wish to purchase a qualification rather than an apprentice route.

The current spend is c£130k per trainee over the three years of the programme.

HEIW undertakes its own recruitment process for these programmes, working in collaboration with the National School. Once recruited, students receive their academic education via the university and their practice experience within their workplace which is typically a Welsh Health board.

HEIW are not actively involved in contract management of Healthcare Science Programmes because the majority of training is delivered within the Health Board itself.

##### Universities

There are a limited number of universities in the UK with the ability to deliver such specialised programmes. Within Wales, Cardiff University and Swansea University deliver

MSc Genomic Counselling and MSc Medical Physics which are the only STP programmes delivered in Wales. All other programmes are delivered in England.

All trainees are employed within Welsh health Boards, despite delivery not always being delivered within Wales. The majority of practice training is completed within Welsh Health Boards with the aspiration that trainees will remain in Wales post qualification..

### Placement Numbers

Relatively low placement numbers for the majority of courses (18) with just 3 courses having a definite annual requirement.

### Pricing

HEIW pay the university directly for the education, in addition to paying students accommodation/other fees where applicable.

## **Future Requirement for Qualifications**

### Delivery

It is acknowledge that current and future delivery of such qualifications is fragile, which combined with the English Universities potentially moving towards apprenticeship model rather than just the qualification. There is a clear driver here for HEIW to pursue an alternate arrangement and find a means of encouraging all or some of the delivery of the 21 qualifications within a Welsh University.

HEIW would like delivery of healthcare science courses to be within Wales, however, the team are cognisant of the nature of such specialist courses which are not always available within Wales. There is a potential opportunity for HEIW to review Phase One undergraduate qualifications with a view of bolting on the post registration education for Health Care Sciences. Therefore allowing placements to study close to the placement Health Board and ensuring future delivery by linking with the undergraduate delivery of education.

### Future Demand

## **Actions**

- Further engagement required to establish whether some healthcare science courses should be included within phase 1 as this will enable buying power to be utilised.
- Further engagement to determine the health board requirements for healthcare science courses.
- Further engagement required with universities to establish their aspirations of delivering such specialised courses.
- Scoping exercise to be undertaken to determine availability of accessible courses across the UK.

## **Recommendations** *(pre-response to actions)*

- Where there is a clear link to phase 1 undergraduate programmes, inclusion of such courses into the lotting strategy may resolve issues regarding course viability.

## **Recommendations** *(post-response to actions)*

- As a result of further engagement undertaken in September 2020, it has not been achievable to include healthcare science provision in to phase 1. Further engagement will need to be undertaken in order to determine an appropriate

procurement route given the very small commissioning numbers for these courses. Based on current knowledge and understanding, it is recommended to procure non-committal contracts for this education provision.

## Section 4

### PTP Clinical Engineering Programme

#### **Current Provision**

##### Background

Clinical engineering PTP training is currently an employed model of study delivered on a part time basis in blocks of academic learning. Health Boards within Wales do not like this model of education delivery and would prefer students to receive their education on a full time basis via the university, becoming employed by the Health Board only after graduation and registration.

##### Universities

The University of the West of England provide the PTP Clinical Engineering programme, however, Swansea University delivers a Clinical Science (Medical Physics), MSc therefore there is question as to whether Swansea University could deliver the engineering programme within Wales.

##### Student Placement

Student placements are undertaken across Wales as a result of the employed model of studying.

##### Placement Numbers

2 to 3 places are commissioned each year, however, if a different model of delivery was implemented e.g. via the traditional undergraduate route as opposed to the employed model of study, then Health Boards would be in a position to increase commissioning numbers due the reduction in costs released from non-payment of salary.

#### **Future Requirement for Qualifications**

##### Delivery

There is an aspiration for this programme to be owned and delivered by the University (therefore returning to the UCAS model), also, as with the Health Science Programme there is potential for this programme to be combined with the undergraduate programme. Further engagement required between HEIW and Universities to determine their willingness to provide the PTP Clinical Engineering course via a traditional undergraduate route to study as opposed to an employed model of delivery. HEIW's future preference is either to have a singular provider for NHS Wales with a long-term contractual commitment or have a number of providers for HB's across Wales with a long-term contractual commitment.

##### Future Demand

Further engagement required with Health Boards and the marketplace to ascertain the possibility of this course to be delivered within Wales.

### **Actions**

- Further engagement with the market to determine whether they would want to deliver a Clinical Engineering undergraduate programme.
- CL to hold urgent discussions with wider project team to determine whether PTP Clinical Engineering should be included within phase 1 of the re-procurement of the pre-registration Health Professional Education & Training.

### **Recommendations** *(pre-response to actions)*

- Due to the low number of places commissioned, Procurement Services would recommend this requirement is included and procured within the Phase 1 tender exercise.

### **Recommendations** *(post-response to actions)*

- As a result of further engagement, clinical engineering has been incorporated into the lotting strategy for Phase 1.

## Section 5

### Part time Biomedical Science PTP

#### Current Provision

##### Background

Biomedical Science PTP delivered part time is a new requirement for HEIW that has not previously been commissioned, therefore the likely number of placements is unknown at this stage.

##### Universities

Cardiff Metropolitan deliver a range of specialisms of biomedical science courses which results in registration with both the HCPC and IBMS.

Bangor University also deliver a biomedical science course, however, IBMS registration is only achieved post-graduation.

Preference is either to have a singular provider for NHS Wales with a long-term contractual commitment or have a number of providers for HB's across Wales with a long-term contractual commitment.

##### Placement Numbers

To be determined via Health Board engagement.

#### Future Requirement for Qualifications

##### Delivery

Delivery would be required in both North and South Wales.

##### Future Demand

#### Actions

- Discussion required internally within HEIW to determine whether this should be included in phase 1.
- Engagement with Health Boards and Universities to determine requirement.

#### Recommendations *(pre-response to actions)*

- Inclusion within phase 1 lots and/or contract award to ensure local delivery across Wales if there are sufficient student numbers.

#### Recommendations *(post-response to actions)*

- As a result of further engagement undertaken in September 2020, it has not been achievable to include part time Biomedical Science provision in to phase 1. Further engagement will need to be undertaken in order to determine an appropriate procurement route and the anticipated commissioning numbers for this course. Based on current knowledge and understanding, it is recommended to procure non-committal contracts for this education provision.

## Section 6

### Higher Specialist Scientific Training programme (HSST)

#### Current Provision

##### Background

HSST programmes are very specialised courses which are currently delivered by English Higher Education Institutions (HEI), contractually via the MOU with HEE West Midlands. As there are such small student numbers for these programmes there is rationale to link this post graduate requirement to the undergraduate requirement where there are high commissioning numbers.

##### Universities

No current Welsh provision for HSST programmes – delivery provided by English HEIs.

##### Placement Numbers

There are currently 13 courses in the HSST programme with placements numbers ranging annually between 0 -1.

##### Pricing

#### Future Requirement for Qualifications

##### Delivery

Delivery of education in Wales is the preferred option for HEIW, however, in order to make courses financially viable, it is believed there may be a need to link this element of post-graduate training to the phase 1 undergraduate tender opportunity.

##### Future Demand

#### Actions

- Engagement internally at HEIW to discuss whether this requirement can be bolted on to phase 1 lots.
- Engagement with health boards to determine commissioning numbers.
- Engagement with Welsh HEIs to determine whether they would be able to deliver provision within Wales.

#### Recommendations *(pre-response to actions)*

- Bolt requirement on to phase 1 pre-registration tender exercise in order to ensure courses are financially viable for HEI's to deliver.

#### Recommendations *(post-response to actions)*

- As a result of further engagement undertaken in September 2020, it has not been achievable to include HSST provision in to phase 1. Further engagement will need to be undertaken in order to determine an appropriate procurement route given the very small commissioning numbers for these courses. Based on current knowledge and understanding, it is recommended to procure non-committal contracts for this education provision.



## Section 7

### Advanced/Extended Practice

#### Current Provision

##### Background

HEIW has an annual training budget to enhance the skills of NHS Wales' workforce through Advanced practice modules and/or MSc. At inception the value for such training was set at £0.5m however this has grown and to a planned spend of £2m in 2021. In order for clinicians to have a job title including *Advanced Practitioner*, there is a requirement to achieve level 7 education with health boards usually requiring a full Advanced Clinical practice MSc. Welsh Universities created and developed a variety of Advanced Practice modules and MSc's for varying health professional specialities. Over the past five years, there has been a movement in Health Board requirements from advanced practitioner courses to a huge array of multi-professional education, which is vital in transforming the NHS Wales workforce.

In terms of the commissioning process, Health Boards submit an IMTP which includes their workforce requirements. There is a specific requirements list for advanced practice which the Health Board is required to complete. Once allocation of funding has been agreed, the Health Board submits to HEIW a monitoring form which provides the employee detail the university and course the employee wants to study etc. The Deputy Head of Commissioning, Education & Quality at HEIW works with the Health Board to prioritise the courses the Health Board wants to fund. HEIW issue letters to the Health Board detailing the expenditure allocation which includes:

- 50% money must be spent supporting staff within any care setting, meeting certain healthcare priorities determined by HEIW;
- 50% money must be spent supporting staff within a primary and community care setting which includes GP and health board employed staff or third sector such as Macmillan.

The contractual basis that these courses are currently awarded annually is unknown but appears to have carried forward from a historical arrangement from NLIH.

##### Universities

84% of advanced practice modules are available throughout Wales' six universities: Bangor University, Wrexham Glyndwr University, University of South Wales, Cardiff Metropolitan University, Cardiff University and Swansea University. The remaining 16% is delivered outside of Wales and HEIW wants to reduce this number.

##### Credits

A varying number of advanced practice modules are available and will depend on the type of module or course chosen by the Health Board and its employees.

##### Student Placement

All students are existing employees; therefore, any work-based element is completed in their usual place of work.

##### Placement Numbers

Due to the nature of this education and needs of the service provision can look different year on year. Historically, there has been an affiliation between the Health Board and its local universities within their footprint. However, if there is a specialist course delivered outside of Wales, there is an expectation that staff will travel.

### **Future Requirement for Qualifications**

#### Delivery

Delivery is required on a regional basis across each Welsh Health Board footprint.

#### Future Demand

Demand varies on an annual basis as a result of Health Board IMTPs and staff choice. There are currently over 250 advanced practice courses available to staff.

### **Actions**

Further details of Advanced Practice courses to be provided by HEIW including:

- Courses available at respective Universities
- Number of students
- Frequency of awards to Universities
- Whether awards have been static or varied
- Whether awards will be required on a regional or national basis

### **Recommendations** *(pre-response to actions)*

Due to the large number of courses available and the uncertainty of commissioning numbers on an annual basis, Procurement Services would recommend non-committal contracts are procured.

## Summary of Actions

### Section 1- Non-Medical Prescribing

#### PGCert (L7) 60 credits Blood Component Transfusion (NABT)

Verify with Welsh Blood on whether there is an absolute requirement for the affiliation with Swansea University to provide the PG Cert (L7) 60 credits Blood Component Transfusion (NABT) course or whether this could be delivered by a different University/means (virtual/online module).

- Engagement pre-autumn 2020 with Universities currently providing non-medical prescribing courses to determine:
  - How Universities currently deliver the 3 prescribing courses: whether as individual courses or one course with breakaway points?;
  - How they will meet the needs of post 2023 nursing cohorts who may be required to attain reduced number of credits as attained a level of prescribing qualification as part of the undergraduate qualification, whilst also maintaining the current 40 credit qualification for all other professions requiring the full postgraduate qualification?;
  - How Universities will meet the needs of potentially significantly increase/decrease numbers as a result of prescribing courses becoming more accessible to other health professions?; and
  - Whether non-medical prescribing is delivered as one, multi-disciplined, course by the University with different exit points, or, whether supplementary and community prescribing are distinct courses in their own right?
- Engagement with NMC/HPCP to understand:
  - What the expectations will be in terms of nursing requirements post-graduation (2023)?; and
  - HCPC planned amendments to professions that:
    - allow non-medical prescribing?; and
    - write prescribing standards into their pre-registration education therefore also requiring a reduced post-graduation qualification in non-medical prescribing?

**Upfront liaison with the both Regulators and Universities is fundamental to future-proofing tender exercises for 2022 onward contracts.**

### Section 2 - Post Registration Programmes

#### **Medical Ultrasound PG Cert/Dip**

- Engagement with the National Imaging Academy to establish whether they will be delivering programme from 2022. On going

#### **Part time PG Cert/Dip/MSc Genomic Medicine**

- HEIW to review current provision to determine funding of current placements and the breakdown of delivery to determine breakdown of student numbers achieving PGCert/Dip/MSc.

- Summary required of money spent annually to ensure university budget meets multiple forms of training.
- Centralised process required for Health Boards benefit.
- Further internal discussions within HEIW on the future delivery of this qualification are required followed by discussions between HEIW and Procurement Services to establish an appropriate route to market.

### **Clinical Endoscopist Training**

- HEIW in conjunction with Health Boards need to determine future plans for course commissioning and recruitment strategies.
- Understanding required to determine the differences between level 6 and level 7 training in order for HEIW to establish their future requirement.
- Talk of potential TUPE of staff services' into HEIW who will then pay for accreditation.

### **Reporting Radiographer Training**

- HEIW to further understand the future needs for reporting radiographer training, including whether provision is required from multiple universities across Wales. The commissioning numbers are confirmed on an annual basis and therefore future provision would need to have flexibility.
- HEIW to understand the National Imaging Academy's ambitions of delivering this training in the future.

### **Clinical Psychology Doctoral programme**

- Further discussion required with the Head of Nursing at HEIW on future provision of this course. Depending on outcome of discussions and Board approval there may only be a requirement to procure an accredited partner. If approved this model of delivery could also be applicable for other CAP/psychology programme.
- Understanding of future commissioning numbers and demand required.

### **CAP programmes and other DClin Psy routes, counsellor/neuro/forensic**

- Further discussions to take place with Head of Nursing at HEIW and the service to appraise future opportunities

### **Orthoptists**

- Understand and determine the Welsh Health Board's need for a post-registration requirement and potentially explore alternative route for provision to be delivered in Wales. Further engagement is therefore required with Health Boards and Universities and the Head of Optometry at HEIW.

### **Clinical Photography**

- Determine whether there is a continued requirement to commission this course in the future
- Research required exploring English Level 7 model to establish differences within the apprenticeship route and advances ways of thinking.

### Section 3 - Healthcare Science Programmes

- Further engagement required to establish whether some healthcare science courses should be included within phase 1 as this will enable buying power to be utilised. **Completed.**
- Further engagement to determine the health board requirements for healthcare science courses.
- Further engagement required with universities to establish their aspirations of delivering such specialised courses.
- Scoping exercise to be undertaken to determine availability of accessible courses across the UK.

### Section 4 - PTP Clinical Engineering Programme

- Further engagement with the market to determine whether they would want to deliver a Clinical Engineering undergraduate programme. **Completed.**
- CL to hold urgent discussions with wider project team to determine whether PTP Clinical Engineering should be included within phase 1 of the re-procurement of the pre-registration Health Professional Education & Training. **Completed.**

### Section 5 - Biomedical Science PTP

- Engagement with Health Boards and Universities to determine requirement.
- Discussion required internally within HEIW to determine whether this should be included in phase 1.

### Section 6 - Higher Specialist Scientific Training programme (HSST)

- Engagement with health boards to determine commissioning numbers
- Engagement with Welsh HEIs to determine whether they would be able to deliver provision within Wales.

### Section 7 - Advanced/Extended Practice

Further details of Advanced Practice courses to be provided by HEIW including:

- Courses available at respective Universities
- Number of students
- Frequency of awards to Universities
- Whether awards have been static or varied
- Whether awards will be required on a regional or national basis

## Summary of Procurement Recommendations

### Section 1- Non-Medical Prescribing

Based on HEIW's current knowledge of commissioning non-medical prescribing courses and with the exception of PGCert (L7) 60 credits Blood Component Transfusion (NABT), Procurement Services suggest procuring this requirement akin to phase 1 pre-registration programmes i.e. regional lots based on the geographical location of the Health Board. Ensuring delivery against the needs of the local health boards and populations across Wales, however, the contracts will be required to be more flexible to factor in uncertainties and specific nuances involved with such a course i.e. changing regulatory landscape on number of nurses and other professions that may/may not require such qualifications in the future. Engagement, as detailed above, is therefore vital to determine the most appropriate contract award.

### Section 2 - Post Registration Programmes

- Medical Ultrasound PG Cert/Dip – potential to **transfer education** requirement to the National Imaging Academy.
- Part Time PF/Cert/Dip/MSc Genomic Medicine – requirement to understand future funding arrangement and for HEIW to work with **procurement** on the best route to market to secure a future provision.
- Clinical Endoscopist Training – current talks between the service and HEIW on a potential TUPE into HEIW may remove a future requirement to undertake a procurement for this requirement. HEIW to provide further advice to procurement on the **transfer** of the training.
- Clinical Psychology Doctoral programme – current talks between the service and HEIW on a potential TUPE into HEIW may remove a future requirement to undertake a procurement for this requirement. HEIW to provide further advice to procurement on the **transfer** of the training.
- Clinical Photography – continued requirement to be determined with the service and **procurement** advised of a requirement to procure clinical photography training.
- Reporting Radiographer Training – this is an additional requirement, due to additional funding, to a current single tender action with Cardiff University for such training. There is a consideration that this training could be provided in the future by the National Imaging Academy, further discussions are required to appraise this opportunity as the qualification that would be attained would be below the level currently achieved therefore this needs to be worked through with the service and the academy. HEIW to provide further advice to procurement on the **transfer** of the training.
- CAP programmes and other DClin Psy routes, counsellor/neuro/forensic – future provision, opportunity to be worked up with the service and Kerri, HEIW. HEIW to provide further advice to **procurement** on the provision of the training.
- Orthoptists – service to advise HEIW on future requirement, if continued requirement HEIW to work with **procurement** on the best route to market.

## Section 3 - Healthcare Science Programmes

Procurement Services recommend this requirement is included and procured within the Phase 1 tender exercise.

**As it was not achievable to include healthcare science programmes into Phase 1, Procurement Services would recommend further engagement is essential in order to determine an appropriate route to market given the significant challenges involved with these programmes including very low annual commissioning numbers and lack of provision within Wales to deliver these programmes. Based on current knowledge and understanding, it is recommended to procure non-committal contracts for this education provision.**

## Section 4 - PTP Clinical Engineering Programme

Procurement Services recommend this requirement is included and procured within the Phase 1 tender exercise. **Completed and included within Phase 1.**

## Section 5 - Biomedical Science PTP

Procurement Services recommend this requirement is included and procured within the Phase 1 tender exercise.

**As a result of further engagement undertaken in September 2020, it has not been achievable to include part time Biomedical Science provision in to phase 1. Further engagement will need to be undertaken in order to determine an appropriate procurement route and the anticipated commissioning numbers for this course. Based on current knowledge and understanding, it is recommended to procure non-committal contracts for this education provision.**

## Section 6 - Higher Specialist Scientific Training programme (HSST)

Procurement Services recommend this requirement is included and procured within the Phase 1 tender exercise.

**As it was not achievable to include HSST programmes into Phase 1, Procurement Services would recommend further engagement is essential in order to determine an appropriate route to market given the significant challenges involved with these programmes including very low annual commissioning numbers and lack of provision within Wales to deliver these programmes. Based on current knowledge and understanding, it is recommended to procure non-committal contracts for this education provision.**

## Section 7 - Advanced/Extended Practice

Procurement Services would recommend non-committal contracts are procured.



Section		Non-committal Contracts	Add to Phase 1	Regional Lot Contract Award	Contract Award	National Imaging Academy	HEIW mgd (TUPE)
1	Non-Medical Prescribing			✓			
2	Medical Ultrasound PG Cert/Dip					✓	
	Part Time PF/Cert/Dip/MSc Genomic Medicine				✓		
	Clinical Endoscopist Training						✓
	Clinical Psychology Doctoral programme						✓
	Clinical Photography				✓		
	Reporting Radiographer Training					✓	
	CAP programmes				✓		
	Orthoptists				✓		
3	Healthcare Science Programmes	✓					
4	PTP Clinical Engineering Programme		✓				
5	Biomedical Science PTP	✓					
6	Higher Specialist Scientific Training programme (HSST)	✓					
7	Advanced/extended practice	✓					

## Draft HSST and HCS STP Lots

The academic programmes for the specialisms within these lots will be subject to the National school of healthcare Science accreditation process. The STP programmes will also require validation by HCPC.

	<b>STP Life Sciences- infection</b>	<b>Total</b>
	All Wales. <ul style="list-style-type: none"> <li>• Microbiology</li> </ul>	<b>0-4</b>

	<b>STP Life Sciences- Blood</b>	<b>Total</b>
	All Wales. A combination of, <ul style="list-style-type: none"> <li>• Biochemistry</li> <li>• Histocompatibility and Immunology</li> </ul>	<b>0-5</b> <b>0-2</b>

	<b>STP Life Sciences- Cellular</b>	<b>Total</b>
	All Wales. <ul style="list-style-type: none"> <li>• Embryology and Andrology</li> </ul>	<b>0-2</b>

	<b>STP Life Sciences- Genetics</b>	<b>Total</b>
	All Wales. A combination of, <ul style="list-style-type: none"> <li>• Genomics</li> <li>• Cancer Genomics</li> </ul>	<b>0-1</b> <b>0-1</b>

	<b>STP Physical Sciences</b>	<b>Total</b>
	All Wales. A combination of, <ul style="list-style-type: none"> <li>• Medical Physics Radiotherapy</li> <li>• Medical Physics Imaging with non ionising Radiation</li> <li>• Medical Physics Imaging with ionising Radiation</li> <li>• Clinical Biomedical Engineering-Rehabilitation</li> <li>• Clinical Biomedical Engineering-DRMG</li> <li>• Reconstructive science</li> </ul>	<b>2-7</b>  <b>1-4</b> <b>0-2</b>

	<b>STP Physiological Sciences</b>	<b>Total</b>
	All Wales. A combination of, <ul style="list-style-type: none"> <li>• Cardiac Science</li> <li>• Audiology</li> <li>• Respiratory and Sleep</li> <li>• Neurophysiology</li> </ul>	<b>1-3</b> <b>2-6</b> <b>1-3</b> <b>0-2</b>

	<b>STP Bio informatics</b>	<b>Total</b>
	All Wales. A combination of, <ul style="list-style-type: none"> <li>• Health</li> <li>• Genomics</li> <li>• Physical sciences</li> </ul>	<b>1-2</b> <b>1-2</b> <b>1-2</b>

	<b>HSST – DClSci      These could be added to STP lots or form separate lots based on theme</b>	<b>Total</b>
	<p>All Wales.</p> <p>Life Science:</p> <ul style="list-style-type: none"> <li>○ Microbiology</li> <li>○ Genetics</li> <li>○ Histocompatibility and Immunology</li> <li>○ Transfusion Science</li> </ul> <p>Physical Sciences</p> <ul style="list-style-type: none"> <li>○ Medical Physics</li> <li>○ Clinical biomedical Engineering</li> </ul> <p>Physiological Science:</p> <ul style="list-style-type: none"> <li>○ Audiology</li> </ul>	<p><b>0-1 across all programmes</b></p> <p><b>8 per year at present</b></p>



<b>Nursing MSc</b>				
Advanced Clinical Practice (MSc)				
Advanced Clinical Practitioner (MSc)				
Advanced Practice (MSc)				
Advanced Practice in Health Care (PGDip)				
Advanced Specialist Blood Transfusion (MSc/PGCert/PGDip)				
Arms Health and Disease (MSc)				
Antisepsis Management Theory and Practice (MSc)				
Clinical Care (MSc)				
Education for Health Professionals (MSc/PGDip/PGCert)				
Enhanced Professional Practice MSc				
Epidemiology in Health and Community Care (MSc/PGCert/PGDip)				
Gastroenterology (MSc/PGDip)				
Health Informatics (MSc/PGCert/PGDip)				
Infection, Prevention & Control (MSc)				
Integ. Term & Clinical Leadership Management (MSc)				
Managed Care in Respiratory and Acute Care Practice (MSc)				
Mental Health and Women's Health (MSc)				
Play Therapy (MSc)				
Professional Practice (MSc)				
Public Health (MSc)				
Respiratory Medicine (MSc/PGDip)				
Reproductive MSc/PGDip				
Systemic Psychotherapy (MSc)				
Systemic Psychotherapy (MSc)				
Understanding Domestic and Sexual Violence (MSc)				
<b>Nursing Module</b>				
Advanced Assessment & Decision Making				
APP Research Methods				
Assessment Prevention and Management of Falls				
BSACP Nurse Collaborator				
Clinical Assessment and Diagnostics				
Clinical Endocrinology Training Programme				
Clinical Examination/Pathology				
Clinical Patient Assessment				
Clinical Risk				
Consultation & History Taking				
Continuing Education for Health professionals online distance learning				
Developing Advanced Practice				
Emergency Practitioner				
Ethics in Health and Social Care				
Foundations in Advanced Clinical Assessment for Healthcare Professionals				
Guidelines in Practice and Health Assessment				
Leadership / Quality / Innovation and Change				
Leadership and Innovation Module				
Leading Quality Improvement				
Leadership and Innovation				
Medical Education Practice module - MEd4013 Teaching Settings Evaluation				
Mental Health Management				
Neurophysiology				
Optimising asthma management				
Patient safety and clinical risk				
Quality Improvement				
Research Methods				
Research Methods and Health Improvement in Health and Social Care				
Specialist Certificate in Clinical Transfusion Practice				
Transforming Care, Systems and Leadership				
<b>Course Title</b>	<b>Phase 2 Part (A)</b>	<b>Phase 2 Part (B)</b>	<b>Phase 2 Part (C)</b>	
<b>MSc MSc</b>				
Endocrinology MSc reporting				
Advanced Molecular Blood Transfusion MSc				
Biomedical Science Clinical Data Interpretation MSc				
Quality Management MSc				
<b>MSc MSc</b>				
Specialist Diploma in clinical immunology				

206/52

256 programmes in total

## Appendix 4

### Post Grad Taught Education Funded in English University's

programme	programme	programme
MSc Clinical Neuropsychiatry	Lower Quadrant Neuromuscular Physiotherapy Dysfunction	MSc/Dip/cert and modules in medical Ultrasound
Advanced Professional Practice in Neurological rehabilitation	Upper Quadrant	Medical Imaging (Computed Tomography) P G Certificate
Certificate in Diabetes Care	Non-Invasive Ventilation and Respiratory Failure Module	PgC Radiography
Diabetes in Pregnancy	MSc module Optimizing asthma management	PGCert GI Imaging
Nutrition and Dietetics in common paediatric Disorders	MSc respiratory module	PGDip/Cert Nuclear Medicine
British Dietetic Association Paediatrics - Nutrition and Dietetics in Common Paediatric Disorders	MSc Musculoskeletal Medicine	UZYSQ4-15-M Science and Instrumentation in Current Nuclear Medicine Practice
Masters Certificate of Professional Development in Medicines Use in Paediatrics and neonates	MSc Paediatric Physiotherapy	DECIPHer course on Evaluation of Complex Interventions (Course 1)
MMEDSCI, Master of Medical Science Advanced Paediatric Nurse Practitioner	MSc Advanced Manipulative Physiotherapy	Motivational Interviewing: Strategies for Lifestyle Changes
Early assessment and intervention-Early Ax & intervention with babies and young children	MSc Hand Therapy	MSc Infection: Prevention and Control
MSc Language and Communication Impairment in Children	MSc in Advanced Physiotherapy	Assessment and measurement PTY40046
Speech Difficulties 1: Nature and Investigation	Diploma Ergonomics in Health and Community Care	Dermatology for Health professionals online distance learning
Chemotherapy Nurse Training (Oncology/palliative care) ONC8024	Injection therapy theory and practice/ Musculoskeletal Injection Therapy/joint and t tissue injection	Foundation level in Family Therapy & Systemic Practice
Principles of Haemato-Oncology Care,	Pain Science and Management in Adults 7HSK0221	MSc Understanding Domestic and Sexual Violence
MSc Chromatography-Mass Spectrometry Analysis in Healthcare Settings	Acupuncture course AACP foundation	Transforming Professional Practice (final Year MSc Advancing Healthcare Practice)
MSc Biomedical Science (Clinical Data Interpretation)	MSc Theory of Podiatric Surgery	Emergency Practitioner
MSc Biomedical Sciences	Tinnitus and Hyperacusis	Evidence based practice PTY40002
Certificate of Expert Practice in Management	MMedSci Advance Practice (Vision & Strabismus)	MSc Advanced Healthcare Practice
Higher Specialist Diploma - Medical Microbiology	Sensory Integration Modules 1,2,3,5,6	Developing Expertise
Histopathology BMS Reporting	Adult Aural Rehabilitation: Advanced Practice	Research Methods (distance learning) 7HSK0122
IBMS Certificate of Expert Practice	Ax & Mx of Adults with dysphagia course	MSc in Complex Health needs in Ageing
Identification of Pathogenic Fungi		
Diploma in Expert Practice in Immunocytochemistry		
Stem Cell Therapy		
Andrology Module 1		



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CYMRU  
**NHS**  
WALES

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

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	Terms of Reference of the new Internal and External Facing Advisory Groups on Education and Training		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	<b>Open</b>		
<b>Purpose of the Report</b>	<p>To consider and support the amended terms of reference for the two new advisory Groups for the Education Commissioning and Quality Committee (EC&amp;QC):</p> <ol style="list-style-type: none"> <li>1. Multi- Professional Quality and Education Group (MPQEG) and</li> <li>2. Education Advisory Group (EAG)(together being 'the Two Advisory Groups').</li> </ol>		
<b>Key Issues</b>	<p>The terms of reference of the Two Advisory Groups were reviewed by the EC&amp;QC meetings held on 16 September and 8 October.</p> <p>Both the MPQEG and the EAG reviewed their own terms of reference at each group's inaugural meeting on 23 September and 17 November.</p> <p>The draft terms of reference for the Two Advisory Groups are attached at Appendix 1 and 2.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b> ✓
<b>Recommendations</b>	<p>Members are asked to recommend that the Board approve the draft terms of reference:</p> <ol style="list-style-type: none"> <li>1. Education Advisory Group (Appendix 1)</li> <li>2. Multi-Professional Quality and Education Group (Appendix 2);</li> </ol>		

# **TERMS OF REFERENCE OF THE INTERNAL AND EXTERNAL FACING ADVISORY GROUPS**

## **1. INTRODUCTION**

The purpose of the report is to ask the Education Commissioning and Quality Committee (EC&QC) to consider and recommend that the Board approve the updated terms of reference for the following advisory groups:

- Multi-Professional Quality and Education Group (MPQEG) and ;
- Education Advisory Group (EAG)(together the 'Two Advisory Groups').

The proposed terms of reference for the Two Advisory Groups are attached at Appendix 1 and 2.

## **2. BACKGROUND**

The EC&QC established the Two Advisory Groups on the following basis:

- the internal group, now referred to as the MPQEG, to ensure the co-ordination and oversight of all education activity across HEIW with representation from all directorates;
- the external group, the EAG, to advise on education and training priorities. This group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities. This Group to have representation from HEIW and key stakeholders.

The terms of reference have been reviewed by the EC&QC at its meetings on 17 September 2020 and 8 October 2020. Both the MPQEG and the EAG have held their inaugural meetings on 23 September 2020 and 17 November 2020 respectively where each group considered its own terms of reference. The proposed changes from the inaugural meeting of the MPQEG were considered at the EC&QC in October 2020.

## **3. PROPOSAL**

It is proposed that the terms of reference of the Two Advisory Groups are amended as follows:

- for the 'Purpose' section for both the MPQEG and the EAG to include a provision to reflect HEIW's research function;
- in respect of the EAG only for bullet point four under the purpose section to include a provision on 'equality of access';
- in respect of the MPQEG only the 'Purpose' section has been amended to provide greater focus on multi professional ways of working.

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

The establishment of the Two Advisory Groups will enable the EC&QC and the Board to undertake greater scrutiny in respect of commissioning, monitoring and quality assessing education and training. Greater scrutiny will enable HEIW to manage and mitigate risk.



## 5. FINANCIAL IMPLICATIONS

There will be some additional cost associated with holding the Two Advisory Group meetings. However, this is deemed to be supporting a core function of HEIW.

## 6. RECOMMENDATION

Members are asked to recommend that the Board approve the amended draft terms of reference for the:

1. Education Advisory Group (Appendix 1)
2. Multi-Professional Quality and Education Group (Appendix 2).

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
Ensuring greater scrutiny and assurance in respect of the HEIWs areas of responsibility in respect of the education and training is a key factor in the quality, safety and experience of patients receiving care.			
<b>Financial Implications</b>			
There will be some additional cost associated with holding Two Advisory Group meetings. However, supporting the Education Committee is deemed to be a core function of HEIW.			
<b>Legal Implications (including equality and diversity assessment)</b>			
No detrimental impact on equality and diversity.			
<b>Staffing Implications</b>			
There are none. The Two Advisory Groups will be supported by HEIW's core function.			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
No direct impact.			
<b>Report History</b>	Drafts of the terms of reference for the Two Advisory Groups were considered at the meeting of the EC&QC on 16 September 2020 and 8 October 2020.		
<b>Appendices</b>	Appendix 1 - Education Advisory Group Appendix 2 - Multi-Professional Quality and Education Group		

## APPENDIX 1

<b>EDUCATION ADVISORY GROUP (EAG)</b> <b>TERMS OF REFERENCE</b>
<b>Date: , 2020</b>
<b>Review Date: Annually</b>
<p><b>1. Introduction</b></p> <p>In line with Section 3 of HEIW's Standing Orders, the Board has authorised the establishment of an advisory group which shall advise on education and training priorities for HEIW. This group shall have representatives from both within HEIW and external stakeholders and will be known as the Education Advisory Group (EAG).</p> <p>The terms of reference and operating arrangements set by the Board in respect of the EAG are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.</p> <p>EAG papers and reports will reviewed by the HEIW Executive Team prior to submission to the EAG.</p>
<p><b>2. Purpose</b></p> <p>The purpose of the EAG is to provide to the Education Commissioning and Quality Committee (ECQC):</p> <ul style="list-style-type: none"> <li>• with a multi professional, multi-disciplinary forum to advise on the discussion, development, scrutiny and commissioning of the education, training, learning and development needs of the health workforce within Wales;</li> <li>• with advice on promoting strategic alignment of policy development and service implementation in relation to workforce planning, education, quality and development;</li> <li>• with advice in respect of the training and education implications of proposed workforce changes in the Welsh and UK context;</li> <li>• with support and advice on promoting collaboration between HEIW and external agencies in relation to educational and training governance which shall include differential attainment, equality of access and wellbeing of students and dissemination of best practice;</li> </ul>

- with regular updates on any evaluation and research relating to HEIW's training function.
- with any information highlighting issues outside of the ordinary to the ECQC

### **3. Chair, Membership, Attendees Quorum and Term**

#### **3.1 Chair**

The Medical Director and Director of Nursing will co-chair the Group.

##### **3.2.1 Membership**

According to role and as approved by the Education Commissioning and Quality Committee comprising:

##### **Membership:**

##### **From HEIW:**

- Director of Nursing
- Medical Director
- Director of Workforce and Organisational Development
- Deputy Director of Workforce and Organisational Development
- Postgraduate Medical Dean
- Pharmacy Dean
- Deputy Director of Education, Commissioning and Quality
- Dental Dean
- Head of Workforce Modernisation

##### **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

##### **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

##### **3.2.2 Deputies**

If a member is unable to attend a Group meeting, then a nominated deputy may attend the meeting provided that the Chair agrees the nomination before or at the commencement of a meeting.

The Deputy shall have the same status as a Member and will count towards a quorum.

### **3.2.3 Attendees**

Individuals from within or outside the organisation who the EAG considers should attend, will be invited taking account of the matters under consideration at each meeting.

### **3.4 Quorum**

At least half of the members must be present to ensure the quorum of the EAG, one of whom should be the Committee Co-Chair.

### **3.5 Terms**

The terms of reference and membership of the EAG shall be subject to an annual review by the ECQC.

## **4 Frequency of Meetings**

Meetings shall be held twice a year and otherwise, as the Co-Chair of the Committee deems necessary.

## APPENDIX 2

<b>MULTI-PROFESSIONAL QUALITY AND EDUCATION GROUP (MPQEG) TERMS OF REFERENCE</b>
<b>Date: October, 2020</b>
<p><b>1. Introduction</b></p> <p>In line with Section 3 of HEIW's Standing Orders, the Board has authorised the establishment of an internal advisory group for the Education Commissioning and Quality Committee (ECQC) to ensure the co-ordination and oversight of all education activity across HEIW. This shall have representatives from all directorates and will be known as the Multi-Professional Quality and Education Group (MPQEG).</p> <p>The terms of reference and operating arrangements set by the Board in respect of the MPQEG are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.</p> <p>ECQC papers and reports will reviewed by the HEIW Executive Team prior to submission to the ECQC.</p>
<p><b>2. Purpose</b></p> <p>The purpose of the MPQEG is to provide to the ECQC:</p> <ul style="list-style-type: none"> <li>• with the draft national annual education and training plan;</li> <li>• with support for the governance of education and information to support strategies, policies, structures and processes for education and training which shall include taking a forward looking quality <del>and</del> strategic view <u>which shall include a focus on multi professional ways of working</u>;</li> <li>• with information to seek assurance of the effective performance, monitoring, management, quality, <u>multi professional ways of working</u> and value of education and training programmes and contracts;</li> <li>• with support in identifying future education training requirements and considering future proposals and new education opportunities, taking into account national and international developments, new evaluations and research, <u>multi professional ways of working</u> which would be considered by the MPQEG prior to submission to the EC&amp;QC;</li> </ul>

- with evidence to monitor compliance of high-quality education and training activities in respect of statutory, regulatory and policy requirements, including equity, equality legislation and Welsh language requirements;
- with evidence for supporting HEIW's compliance with delegated responsibilities given to it by health regulators;
- with expertisesupport in preparing the education tender documents for review by the ECQC;
- with support in highlighting any issues out of the ordinary for the ECQC, including the identification and management of related risk; ;
- with oversight for the drafting of the Annual Quality Statement;
- with support and advice on differential attainment and wellbeing of students and dissemination of best practice.

### **3. Chair, Membership, Attendees Quorum and Term**

#### **3.1 Chair**

The Medical Director and Director of Nursing will co-chair the Group.

#### **3.2.1 Membership**

According to role and as approved by the Education Commissioning and Quality Committee, comprising:

##### **Membership:**

- Director of Nursing
- Medical Director
- Director of Educational Improvement (Medical Deanery)
- Postgraduate Medical Dean
- Dental Dean
- Associate Director for Dental Team Workforce Planning and Development
- Pharmacy Dean
- Associate Dean – Head of Programme Delivery and Foundation Practice (pharmacy)
- Head of RSU
- Organisational Lead, Revalidation Support Unit
- Deputy Director of Education, Commissioning and Quality;
- Head of Nursing and Midwifery Transformation;
- Head of Allied Health Professionals Transformation;
- Eye Care Transformation Lead;
- Head of Nurse Staffing Programme.
- Director of Digital
- Welsh Language Services Manager
- Workforce Equality and Inclusion Officer

### **3.2.2 Deputies**

If a member is unable to attend a Group meeting, then a nominated deputy may attend the meeting provided that the Chair agrees the nomination before or at the commencement of a meeting. The Deputy shall have the same status as a Member and will count towards a quorum.

### **3.3 Attendees**

Individuals from within or outside HEIW, who the MPQEG considers should attend, will be invited taking account of the matters under consideration at each meeting.

### **3.4 Quorum**

At least half of the members must be present to ensure the quorum of the MPQEG, one of whom should be the Committee Co-Chair.

### **3.5 Terms**

Membership of the MPQEG and its terms of reference shall be subject to an annual review by the ECQC.

## **4 Frequency of Meetings**

Meetings shall be held twice a year and otherwise, as the Co-Chair of the Committee deems necessary.



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

<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>2020/21 Health Professional Education Fill Rates and Health Professional Student Allocations 2021/22</b>		
<b>Report Author</b>	Martin Riley		
<b>Report Sponsor</b>	Martin Riley		
<b>Presented by</b>	Angela Parry		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper sets out proposals for HEIW's Health Professional Commissioning Plan for 2021/22		
<b>Key Issues</b>	Universities have already marketed their courses and held open days for recruitment in September 2021. In order for the Universities to fully achieve the increasing commissioning numbers, make the appropriate number of offers to applicants and attract suitable students with the right values, it is imperative that notification of the numbers is communicated early in January. Any delays into February 2021 increases the risk of unfilled places, reliance on clearing and the quality of students recruited.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			<b>Approval</b>
<b>Recommendations</b>	The Committee is asked to: <ul style="list-style-type: none"> <li>➤ approve the proposed commissioning plan</li> </ul>		



# 2021/22 HEALTH PROFESSIONAL COMMISSIONING PLAN

## 1. INTRODUCTION

HEIW submitted the Education and Training Plan to the Welsh Government on 31<sup>st</sup> July 2020. On 12<sup>th</sup> November 2019 Health Minister, Vaughan Gething formally approved the plan. The number of Health Professional pre-registration commissions across nursing, midwifery, allied health professions and healthcare science have increased by 292 to 3,480. This is a 9.2% increase and 2021 will represent the highest ever level of health professional commissioning Wales has seen. In addition, there is further investment in both Health Care Support Worker funding and Health Professional Post-Registration funding with a particular emphasis on supporting staff with confidence, skills and knowledge to support to Wales during this pandemic.

This paper outlines the plan for the pre-registration health professional commissioning for the 2021/22 academic year.

## 2. BACKGROUND

This paper sets out the plan for the commissioning of nurses, midwives, allied health professionals and healthcare scientists to commence study in the academic year 2021/22. Universities have already marketed their courses and held open days for recruitment in September 2021. In order for the Universities to fully achieve the increasing commissioning numbers, make the appropriate number of offers to applicants and attract suitable students with the right values, it is imperative that notification of the numbers is communicated early in January. Any delays into February 2021 increases the risk of unfilled places, reliance on clearing and the quality of students recruited.

When allocating commissioning numbers to Universities it is important to consider a range of factors which include, where there are multiple providers, targeting education as close to the Health Board as possible. The following sections highlight the,

- Allocation principles
- Outcomes
- Risks and Issues
- Financial Implications

The commissioning plan – of numbers to Universities – has been finalised. The next piece of work is to issue the “**Placements Matrix**” to Universities and Health Boards. This informs all parties of the numbers commissioned and where placements should be targeted to best meet the needs of the Health Boards and Trusts as highlighted in their IMTP's.

The Placement Matrix will be finalised and issued to all parties in January. This is deliberately issued slightly later than the University Commissioning letters as it allows the universities a short period of time to focus on their recruitment strategy prior to engaging with the Health Boards, Trusts and HEIW in delivering the placement plan.

It also enables the ECQ Team to engage with the Service to ensure that the placement plan is deliverable and fit for purpose.

### 3. ALLOCATION PRINCIPLES

Where there is more than one provider the following principles are considered when allocation students between Universities:

- A fair and equitable distribution across Wales which is proportionate based on Health Board and Trust needs contained within the IMTPs
- Providing universities with the best opportunity to fill all commissioned places. This takes into account,
  - Feasibility of cohort size
  - Number of potential applications – historical data and trends have been analysed
  - Availability of suitable placements
  - Maximum validated numbers for courses regulated by NMC or HCPC
- In determining the split of nurse numbers across Wales. In addition to the numbers identified in the IMTP the following factors have been considered,
  - Health Board total financial allocation
  - Nurse agency costs per organisation
  - Workforce trend analysis
  - Numbers already in training yet to graduate
  - Total FTE nurses per Health Board
- Increases are proportionate to the historical intake levels – this avoids “boom and bust” and therefore affords more stability and planned growth within universities
- Where there is flexibility surrounding nurse commissions, the universities receiving slightly higher increases have been awarded these due to,
  - Universities with historically higher achievement levels of commissioned places (reduces the risk to HEIW of not filling all agreed new training places)
  - Universities with higher application rates (increases the chance of recruiting higher calibre students with the right values)
  - Universities with lower attrition rates (provides a higher return on investment for HEIW)

The following matrix is used as a starting template but final allocation can vary from this dependent upon the factors above.

ALLOCATION PRINCIPLES	CU	USW	SU	BU
<b>Aneurin Bevan</b>	Flexibility			
<b>BCU</b>				100%
<b>Cardiff &amp; Vale</b>	100%			
<b>Cwm Taf Morgannwg</b>		100%		
<b>Hywel Dda</b>			100%	
<b>Powys</b>		Flexibility		
<b>Swansea Bay</b>			100%	
<b>Velindre</b>	100%			

**Notes:**

1. A 50:50 split for AB (between CU and USW) is the starting point but the final allocation is based on the other factors listed in this section
2. Powys numbers are allocated between USW, SU and BU based on best fit
3. Open University numbers are not allocated to specific areas but are targeted to students across Wales that struggle to attend a "land based" university on a regular basis

In 2020/21 commissioning fill rates across all pre-registration health professional courses was above 96%. This is an increase from 94% the previous year and was achieved during the current pandemic in a scenario where commissioning numbers

increased from the previous year. Through the HEIW contract performance management framework there is confidence that, despite the further increase of 9.2% in commissioning numbers, commissioning fill rates will continue to improve.

4. OUTCOMES

The **nursing allocation** is attached at appendix 1. This highlights the allocation of the four fields of nursing across all 5 nursing providers in Wales and the Health Boards for which they have been commissioned.

The table below summarises the allocation to each university.

Nurse commissions across all four fields have increased by 215 from 1,987 to 2,202. This is an 11% increase. Each university receives a share of the increase resulting in all Universities having higher commissioning numbers than in 2020/21.

The principles set out in the previous section have been applied to the pressures identified with the Health Board’s IMTPs, with modelling concentrating on service need and the ability of universities to fill commissioned places.

	2021/22		2020/21		Increase	
	Nurse Commissions	share of commissions	Nurse Commissions	share of commissions	numbers	%
Cardiff University	454	21%	410	21%	44	11%
USW	610	28%	532	27%	78	15%
Swansea University	570	26%	528	27%	42	8%
Bangor University	468	21%	437	22%	31	7%
Open University	100	5%	80	4%	20	25%
TOTAL	2,202		1,987		215	

The two South East Wales Universities have received an above average share of the new commissions as this is in line with Service need identified in the IMTP’s and will assist with recruitment into the right areas at graduation.

The Open University route is proving very popular and allows students to train in a very different way. Powys UHB has identified a significant increase in their need for more nurses and, in addition to commissioning more students for Powys via the traditional commissioning routes the OU numbers have been increased to support opportunities for students to train form the more rural parts of Wales.

Midwifery places are split as follows,

MIDWIFERY	2021/22		2020/21		Increase	
	Midwifery Commissions	share of commissions	Midwifery Commissions	share of commissions	numbers	%
Cardiff University	60	32%	49	30%	11	22%
USW	45	24%	41	25%	4	10%
Swansea University	41	22%	36	22%	5	14%
Bangor University	39	21%	35	22%	4	11%
TOTAL	185		161		24	

All universities have an increase in midwifery numbers which continues the planned and manageable growth in this profession. Cardiff University receive the highest share of the increased numbers which reflects service need as identified in the IMTP's.

The Nursing Directorate is currently undertaking a review of the university provision of each of the **community nursing** courses and routes each university currently provides. This will be finalised by mid-January and it is anticipated that community numbers can be communicated to Universities prior to the end of January 2021. This review will ensure the right numbers are targeted to the right universities and affords the best opportunity to fill all commissioned places.

The **post-registration commissions** are currently being mapped across all the individual specialties into the universities both within and outside Wales. This work will be completed in January 2021 and commissioning letters will be issued by the end of January 2021.

All **allied health professional** and **under-graduate healthcare science** commissions have been mapped and allocated to universities to best meet the needs of the Health Boards and Trusts based on their IMTPs. The split between universities is outlined in the table below. The allocation of AHP and HCS numbers between Universities is less complicated than the nursing allocation as there is predominantly either a single provider or two providers (north and south).

Therefore, whilst allocating commissioning places to Universities is relatively straight forward, the placement plan determines where students will need to undertake their practical learning experience to best meet the needs of Wales. The ECQ Team is currently working on the placement plan allocation which will be issued by the end of January 2021.

For Academic Intake 2021/22								
Course Title	BU	CU	CMU	GU	SU	Other	Total 21/22	20/21
<b>ALLIED HEALTH PROFESSIONALS</b>								
<b>Medical Ultrasound/Sonography</b>								
B.Sc. Diagnostic Radiography	35	105					140	140
B.Sc. Therapeutic Radiotherapy and Oncology		26					26	22
B.Sc. Human Nutrition - Dietician			40				40	35
PG Diploma Human Nutrition - Dietician			20				20	17
PG Diploma Clinical Photography		7					7	5
B.Sc. Occupational Therapy		88		41			129	125
PG Diploma Occupational Therapy		30					30	23
B.Sc. Occupational Therapy (Part Time)				20			20	15
B.Sc. ODP		49					49	49
B.Sc. Physiotherapy		130		24			154	145
PG Dip Physiotherapy	20						20	19
B.Sc. Podiatry			27				27	24
B.Sc. Orthoptist							0	5
PhD Clinical Psychology Doctorate	12	20					32	29
B.Sc. Speech & Language Therapy			40				40	40
B.Sc. Speech & Language Therapy - Welsh Language			9				9	9
Ambulance Paramedics - EMT conversion					15		15	30
B.Sc Paramedicine					75		75	52
<b>HEALTHCARE SCIENTIST</b>								
<b>Physiological Science - PTP</b>								
B.Sc. (Hons) Healthcare Science - Cardiac Physiology					24		24	24
B.Sc. (Hons) Healthcare Science - Audiology					12		12	10
HE Cert in Audiological Practice					15		15	15
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science					8		8	5
B.Sc. (Hons) Healthcare Science - Neurophysiology					3		3	4
<b>Physical and Biomedical Engineering - PTP</b>								
B.Sc. Clinical Engineering					2		2	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine					3		3	3
B.Sc. (Hons) Healthcare Science -Radiotherapy Physics					3		3	
<b>Life Science - PTP</b>								
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,			14				14	11
B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection			6				6	10
B.Sc. (Hons) Healthcare Science - Biomedical Science - Cellular			3				3	2
B.Sc. (Hons) Healthcare Science - Biomedical Science - Genetics			2				2	1
<b>DENTAL</b>								
Diploma in Dental Hygiene		18					18	18
Degree in Dental Hygiene & Therapy		13					13	13
<b>RADIOGRAPHY - Assistant Practitioners</b>								
Assistant Practitioners Radiography - Diagnostic		12					12	12
Medical Ultrasound/Sonography						15	15	15
<b>OTHER PROFESSIONALS ALLIED TO MEDICINE</b>								
Physicians Associates	21				33		54	54

## 5. RISKS, ISSUES AND MITIGATION

The biggest risks in terms of the achievement of commissioning targets are diagnostic radiography and LD nursing.

- i. **Diagnostic radiography** numbers have remained at 140 following an increase from 112 to 140 in 2020. One of the core objectives aligned to the Wales Cancer Delivery plan has been detecting cancer earlier. This has led to an increase demand for radiotherapy services to speed up diagnosis. The single cancer pathway builds on the success of rapid

diagnostic clinics. However, the numbers have remained at 140 due to the pressure of accommodating the increased overall numbers in the system on placement. “Machine time” is vital in order for students to gain their learning outcomes and the ECQ Team have worked closely with the Universities (Cardiff and Bangor), the Service and the Imaging Academy to open up more safe, quality and innovative placement opportunities. In addition HEIW is working with both Universities to provide additional Practice Educator support. This intervention has been welcomed by both the Service and the Universities.

- ii. Recruitment to **LD nursing** continues to be an issue not only in Wales but across the UK. Both providers are aware of this and have developed strategies, at the request of HEIW, to increase the number of applicants. HEIW has provided some marketing funds for LD Nurse recruitment and have requested that both providers collaborate on a “Once for Wales” plan to increase applications and recruitment to LD places. The plan is now in place. Whilst commissioning numbers have remained static (77 against a Service need of 131), it is anticipated that, for the first time in many years, that LD commissioning targets will be achieved. Together with a third LD provider in 2022, which has been built into the pre-registration lotting strategy (with the aim of reaching potential students in areas of Wales that would not previously had the ability to study in Bangor or Pontypridd) it is anticipated that there will be the opportunity to increase commissioning numbers.
- iii. **Covid-19** proves a challenge for both the individual universities and the Health Boards in accommodating all the Health Professional students on safe, quality placements where learning outcomes can be achieved. To assist with this HEIW has led on the development of a Covid Placement reference Group. Chaired by the Deputy Director Education, Commissioning and Quality, the All Wales Placement Reference Group includes HEIW, AEI and Health Board representation. The group takes a national perspective, providing a channel for updates, advice and feedback on broad areas of work relating to COVID-19 and impacts on practice learning, student experience and placement capacity. The Group responds to operational issues influencing students’ practice learning experience during pandemic conditions, capture and share innovative practice, and provide a steer in terms of COVID-19 advice, protocols and procedures. The group reports to the HEIW Education and Training Cell (sub-group of HEIW Crisis Management Team (CMT)) providing information, advice and documentation as required for key stakeholders and sharing principles across professions where appropriate including post-graduate medical trainees, under-graduate medical students, trainee dentists, trainee pharmacists and optometry trainees.

## 6. FINANCIAL IMPLICATIONS

The commissioning allocation plan has been developed to provide the best opportunity for Universities to achieve the numbers commissioned. However, there are risks, as outlined above, that commissioning targets may not be achieved across all student groups in all Universities.

Where there are multiple providers HEIW can, via their engagement strategy and business meetings with Universities, vire commissions between providers.

However, any under-recruitment will lead to an underspend against the 2021/22 budget. The commissioning allocation plan presents no risk of overspend.

## 7. RECOMMENDATION

The Committee is asked to,

- approve the proposed pre-registration commissioning plan
- note the development of the community commissioning plan and a post-registration commissioning plan, with both to be issued before the end of January 2021
- note the development of the placement matrix to be issued before the end of January 2021

Governance and Assurance			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>			
The delivery of high quality education is critical to patient care, the relationships with the university sector underpin this education delivery and as a result these arrangements play an essential role in improving patient care and safety.			
<b>Financial Implications</b>			
There are no financial consequences of establishing these forums			
<b>Legal Implications (including equality and diversity assessment)</b>			
There are no legal consequences of establishing these forums			
<b>Staffing Implications</b>			
There are no staffing consequences of establishing these forums			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
Non known			
<b>Report History</b>	Nil		
<b>Appendices</b>	Appendix 1 – Nurse Commissions		

## Appendix 1 Nurse Commissions

TOTAL NUMBERS - NURSING ALL FIELDS	CU	USW	SU	BU	OU	TOTAL
Aneurin Bevan	126	189				315
BCU				462		462
Cardiff & Vale	325	12				337
Cwm Taf Morgannwg		315				315
Hywel Dda		9	242			251
Powys		74	35	6		115
Swansea Bay		11	293			304
Velindre	3					3
OU					100	100
TOTAL: NURSING - ALL FIELDS	454	610	570	468	100	2,202

2020/21 COMMISSIONING ALLOCATION	410	532	528	437	61	1968
INCREASE	44	78	42	31	39	234
% INCREASE	11%	15%	8%	7%	64%	12%

## Individual Field Analysis

ADULT NURSING	CU	USW	SU	BU	OU	TOTAL
Aneurin Bevan	70	149				219
BCU				322		322
Cardiff & Vale	235					235
Cwm Taf Morgannwg		219				219
Hywel Dda			175			175
Powys		50	30			80
Swansea Bay			212			212
Velindre	3					3
OU					75	75
TOTAL ADULT NURSING	308	418	417	322	75	1,540

2020/21 COMMISSIONING ALLOCATION	276	363	392	309	60	1400
INCREASE	32	55	25	13	15	140
% INCREASE	12%	15%	6%	4%	25%	10%

CHILD NURSING	CU	USW	SU	BU	TOTAL
Aneurin Bevan	18	8			26
BCU				39	39
Cardiff & Vale	28				28
Cwm Taf Morgannwg		26			26
Hywel Dda			21		21
Powys		8		2	10
Swansea Bay			25		25
Velindre					
OU					
TOTAL CHILD NURSING	46	42	46	41	175

2020/21 COMMISSIONING ALLOCATION	43	37	40	34	154
INCREASE	3	5	6	7	21
% INCREASE	7%	14%	15%	21%	14%



<b>MH NURSING</b>	<b>CU</b>	<b>USW</b>	<b>SU</b>	<b>BU</b>	<b>OU</b>	<b>TOTAL</b>
<b>Aneurin Bevan</b>	38	20				58
<b>BCU</b>				84		84
<b>Cardiff &amp; Vale</b>	62					62
<b>Cwm Taf Morgannwg</b>		58				58
<b>Hywel Dda</b>			46			46
<b>Powys</b>		16	5			21
<b>Swansea Bay</b>			56			56
<b>Velindre</b>						
<b>OU</b>					25	25
<b>TOTAL MH NURSING</b>	<b>100</b>	<b>94</b>	<b>107</b>	<b>84</b>	<b>25</b>	<b>410</b>

2020/21 COMMISSIONING ALLOCATION	91	75	96	74	20	356
INCREASE	9	19	11	10	5	54
% INCREASE	10%	25%	11%	14%	25%	15%

<b>LD NURSING</b>	<b>USW</b>	<b>BU</b>	<b>TOTAL</b>
<b>Aneurin Bevan</b>	12		12
<b>BCU</b>		17	17
<b>Cardiff &amp; Vale</b>	12		12
<b>Cwm Taf Morgannwg</b>	12		12
<b>Hywel Dda</b>	9		9
<b>Powys</b>		4	4
<b>Swansea Bay</b>	11		11
<b>Velindre</b>			
<b>OU</b>			
<b>TOTAL LD NURSING</b>	<b>56</b>	<b>21</b>	<b>77</b>

2020/21 COMMISSIONING ALLOCATION	56	21	77
INCREASE	-	-	-
% INCREASE	0%	0%	0%



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<b>Meeting Date</b>	<b>9 February 2021</b>		<b>Agenda Item</b>	<b>5.2</b>
<b>Report Title</b>	<b>Update on HEIW Simulation Strategy</b>			
<b>Report Author</b>	Angela Parry, Interim Director of Nursing			
<b>Report Sponsor</b>	Angela Parry, Interim Director of Nursing			
<b>Presented by</b>	Angela Parry, Interim Director of Nursing			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	This is an update for the Education Commissioning and Quality Committee on where HEIW has reached on delivering a Interprofessional Simulation Strategy and Programme following presentations at the External Advisory Committee and the Board Development session			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Successful Interprofessional Recruitment to Associate Dean Roles</li> <li>• Successful Engagement event with Stakeholders</li> <li>• Detailed paper being prepared for Education Commissioning and Quality Committee</li> </ul>			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the report on HEIW's Interprofessional Simulation Strategy.</li> </ul>			

# Update on HEIW Simulation Strategy

## 1. INTRODUCTION/BACKGROUND

For many years the former Wales Deanery and HEIW had wished to appoint an Associate Dean for Simulation to help address the educational needs for doctors. Unfortunately, this post had remained unfilled for a variety of reasons. In 2020 however, there was an excellent field with three outstanding candidates. Knowing this and the importance of Simulation in the future, the HEIW Executive Team sanctioned the appointment of all three candidates and the further funding of Associate Deans from Nursing (2 posts) and Allied Health Professionals (AHP) (1 post).

Following these appointments, this new Interprofessional Team are moving at pace to develop the Simulation Strategy and dovetailing the HEIW offer with the excellent simulation facilities that are already present in our service. A successful Engagement event was held in the Autumn 2020 which will help inform the detail of the strategy.

One of the Associate Deans presented this vision to both the External Advisory Group (which reports to HEIW's Education Commissioning and Quality Committee [ECQC]) and to the HEIW Board Development Session in December 2020. The presentation is attached as Appendix 1 to this paper.

A more detailed report is being prepared for the ECQC in February 2021.

## 2. GOVERNANCE AND RISK ISSUES

Simulation is a key component of future Interprofessional education and there is little risk associated with its development.

## 3. FINANCIAL IMPLICATIONS

The sessional commitment of the Associate Deans equates to 1.2 WTE and a band 6 supporting role has been approved by the Executive Team. Further support may be required if the volume of work expands.

## 4. RECOMMENDATION

The Committee is asked to:

- **Note** the report on HEIW's Interprofessional Simulation Strategy.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b>			
Simulation training is crucial to producing safer patient care.			
<b>Financial Implications</b>			
As described above			
<b>Legal Implications (including equality and diversity assessment)</b>			
None			
<b>Staffing Implications</b>			
As above			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>	Presentation to EAG and BDS		
<b>Appendices</b>	Appendix 1 - Presentation from Board Development Session		



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# HEIW Simulation Team

**Sara-Catrin Cook**

**Associate Dean for Simulation & Clinical Skills**

# The IP Team



Sara-Catrin Cook



Cristina Diaz-Navarro



Bridie Jones



Suman Mitra



Clare Hawker





# The Vision

# Simulation Based Education

What simulation based education means to HEIW:

Simulation based education (SBE) is an educational methodology that incorporates a range of modalities and tools to facilitate experiential learning.

It should

- Provide quality assured training to a high standard in safe learning environments
- Have an emphasis on interprofessional opportunities to promote collaborative working in the clinical setting
- Be available to health care professionals of all levels of experience, to learn, rehearse, and evolve the knowledge, skills, behaviours and professionalism needed for good practice
- Be equally accessible to all across Wales

Overall, aiming to continuously improve the quality and safety of care delivered to patients across Wales



# .....it's about promoting

- Interprofessional training
- Accessibility
- Standards



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A landscape photograph of a sunset. The sky is a gradient of orange and yellow, transitioning into a darker blue at the top. The sun is low on the horizon, creating a bright glow. In the foreground, there is a dark, silhouetted hillside. A body of water, likely a lake or a wide river, stretches across the middle ground, reflecting the orange light from the sky. The far shore is also silhouetted, showing some trees and a small hill. The overall mood is peaceful and contemplative.

Achievements  
so far...

# Establishing the foundations

- Set the vision
- Established our portfolios
- Started to set up our governance structures
- Developed our evaluation plan: Key Success Factors and Outcome measures
- Numerous meetings with simulation colleagues to build network links





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#TrainWorkLive  
Simulation Based Education

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**Simulation based education (SBE) is an educational methodology that incorporates a range of modalities and tools to facilitate experiential learning.**

It should:

- provide quality assured training to a high standard in safe learning environments
- have an emphasis on interprofessional opportunities to promote collaborative working in the clinical setting
- be available to health care professionals of all levels of experience, to learn, rehearse and evolve the knowledge, skills, behaviours, and professionalism needed for good practice
- be equally accessible to all across Wales

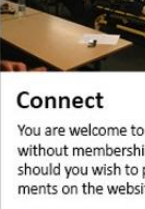
Overall: aiming to continuously improve the quality and safety of care delivered to patients across Wales



### Meet the team

Simulation based education (SBE) is an educational methodology that incorporates a range of modalities and tools to facilitate experiential learning


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### Resources

this list is under construction ttf you want your facility to be added to this list contact us


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### Faculty Development

This is where the CMS will go. It will host any faculty development process that is approved by HEIW

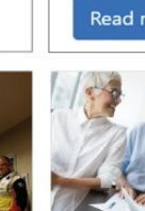
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Build by NHS Wales Informatics Service

## Every pandemic has a silver lining: building on the COVID experience

Cristina Diaz-Navarro, Suman Mitra, Clare Hawker, Bridie Jones, Sara-Catrin Cook  
Health Education and Improvement Wales, UK

### Introduction

The SARS-CoV-2 pandemic has posed extraordinary pressures on individuals, teams and organisations. It has also considerably impacted on simulation training. Initially by enhancing its role in promoting clinical preparedness, learning new drills and upskilling redeployed staff. Later, because of its potential to contribute to viral transmission, which has mandated new considerations regarding how we deliver simulation safely now and in the foreseeable future. Lastly by accentuating a trend towards virtual means of collaborating, teaching and learning.

Health Education and Improvement Wales (HEIW) was created in 2018 as a Special Health Authority, which sits alongside health boards as part of NHS Wales. One of its key priorities is to facilitate the consolidation of the Welsh Simulation Network (WSN) and the delivery of high standard simulation education in Wales.

### Results

We aim to identify positive elements to build on, in order to exemplify a culture of positivity. Virtual meetings have offered an accessible forum regardless of geographical location, particularly relevant in Wales, as our hospital sites can be distant with poor road infrastructure (4.5 hours car travel). A wider application of this principle is guiding the establishment of new opportunities for all in the WSN.

Numerous examples of good simulation practice have arisen since March, with all Welsh health boards drawing on simulation training sessions in readiness for crises. Celebrating excellence will be key in building the way forward together.

### Discussion

Whilst this pandemic has inflicted a great deal of stress on clinical and educational personnel, it has also highlighted the adaptability, resilience and vocation of our colleagues. Identifying successes will contribute to overcoming current and future hurdles, as we delineate a new way for safe, accessible, high-standard simulation education in Wales.



### Methods

HEIW has established an expert simulation education team this summer. All interviews and meetings have been carried out virtually. As a consequence, this new team is defining a new simulation strategy, governance structures and portfolios as well as identifying ways to revitalise the Welsh network without being able to meet in person.

We cannot underestimate the impact of developing a team virtually rather than through physical encounters. As simulation educators we often rely on subtle non-verbal cues and eye contact to facilitate constructive communication and individual engagement. Trying to communicate effectively with new colleagues as well as learning to use all new resources at our disposal has constituted a challenge but has provided us with new opportunities.



### References

- Ingrassia, P.L., Capogna, G., Diaz-Navarro, C. et al. COVID-19 crisis, safe reopening of simulation centres and the new normal: food for thought. *Adv Simul* 5, 13 (2020). <https://doi.org/10.1186/s43077-020-00131-3>
- Cheng, A., Kolbe, M., Grant, V. et al. A practical guide to virtual debriefings: communities of inquiry perspective. *Adv Simul* 5, 18 (2020). <https://doi.org/10.1186/s43077-020-00131-1>
- Diekmann, P., Patterson, M., Lakou, S. et al. Variation and adaptation: learning from success in patient safety-oriented simulation training. *Adv Simul* 2, 21 (2017). <https://doi.org/10.1186/s43077-017-0054-1>
- Fields, J., Kenny, N.A., Mueller R.A. Conceptualizing educational leadership in an academic development program. *International Journal for Academic Development* 24:3 (2019). DOI: [10.1080/1360144X.2019.1570711](https://doi.org/10.1080/1360144X.2019.1570711)



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# Academia

MEDICAL TEACHER

<https://doi.org/10.1080/0142159X.2020.1817349>

MEDICAL  
TEACHER

Taylor & Francis  
Taylor & Francis Group

Check for updates

## TWELVE TIPS

## Twelve tips for facilitating and implementing clinical debriefing programmes

Andrew Coggins<sup>a</sup> , Ramez Zaklama<sup>a</sup>, Rebecca A. Szabo<sup>b</sup> , Cristina Diaz-Navarro<sup>c</sup> , Ross J. Scalese<sup>d</sup>,  
Kristian Krogh<sup>e,f</sup> and Walter Eppich<sup>g</sup>



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**Save the date:**

## **COVID and Simulation in Wales Webinar**

20<sup>th</sup> October 2020, 9.30 to 12.30

Introducing the simulation team at HEIW:  
Sara-Catrin Cook, Cristina Diaz-Navarro and Suman Mitra

Did you use simulation training to prepare your teams for COVID?

**Share your story** with the wider simulation community in Wales.

If you wish to present your work contact [HEIW.Simulation@wales.nhs.uk](mailto:HEIW.Simulation@wales.nhs.uk)

Do you want to make your simulation sessions safe? **Join the discussion**

Would you like be part of a virtual simulation network in Wales?

**We would love to listen to your ideas.**

**To register for this free event, follow this link**

<https://heiwsim1020.eventbrite.co.uk>



# Moving Forward



# Working towards the bigger picture

- Identify **alternatives to Face to Face training**
- Develop the **Simulation Strategy**
- Set up a **Peer Advisory Group**
- Continue to bring together the **Welsh Simulation Community** (network)
- Establish the **simulation webpages and app**
- Promote ASPiH simulation **standards**
- Develop a **faculty development** programme
- Improve **accessibility and deliverability**
- Look to how we can support simulation based **appraisal and CPD**



# The rapid deliverable projects

- Three monthly webinars
- Supporting simulation for curricula: Internal Medicine
- VR/AR/Mixed Reality Training: Endoscopy, Ophthalmology
- Framework: Using simulation following key critical events
- Job Description: Simulation Fellowships



Needed: flexibility and fluidity

## Promoting the Safe Delivery of Clinical-Based Face-to-Face Training and Assessment across Wales during the COVID-19 Pandemic

### Guidance for Training/Assessment Organisers

Version 2.4

Educational events should now be delivered online whenever possible. There are, however, some training events, courses and that require face-to-face interaction, for example those involving simulation and clinical skills training, that are part of induction or essential adjuncts to workplace-based training.

*The following is not an exhaustive list of measures but guidance developed to facilitate safe training and the delivery of face-to-face interactions. It must be considered in the context of the most up-to-date national and local guidance and legislation including Welsh Government guidance regarding local lockdowns which should be followed at all times.*

*The most up-to-date versions of this and any associated documents must be used.*

### HEIW Simulation Team: Exploring potential alternatives to 'face to face' learning and training opportunities

The COVID-19 pandemic has had an unprecedented impact on healthcare professional training in terms of 'patient facing' and all other 'face to face' learning and training opportunities. Some

**Finally & most importantly...**

**it's about supporting the great  
simulation that's already going on  
across Wales**



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# What can we do for you?

Please do contact us if there's anything we can do for you.

[HEIW.Simulation@wales.nhs.uk](mailto:HEIW.Simulation@wales.nhs.uk)



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# Diolch yn fawr

HEIW.Simulation@wales.nhs.uk



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<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>5.3</b>
<b>Report Title</b>	<b>Professionalising the Role of the Training Programme Director across Secondary Care Training.</b>		
<b>Report Author</b>	Helen Baker		
<b>Report Sponsor</b>	Push Mangat		
<b>Presented by</b>	Push Mangat/Tom Lawson		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This briefing paper aims to update the Education Committee on the Professionalisation of the Training Programme Director project.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• In April 2020 HEIW commenced a programme of activity to professionalise the role of the Training Programme Director.</li> <li>• This activity includes <ul style="list-style-type: none"> <li>○ the introduction of a tariff-based remuneration package</li> <li>○ detailed role descriptors</li> <li>○ a programme of professional development opportunities</li> <li>○ the introduction of an appraisal process.</li> </ul> </li> <li>• Across the Medical Deanery we have started to see the benefits arising from this initiative with further activities planned over the coming months.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to: <ol style="list-style-type: none"> <li>1. Receive this update</li> <li>2. Note action taken to date</li> <li>3. Consider whether any further action is required.</li> </ol>		

# PROFESSIONALISING THE ROLE OF THE TRAINING PROGRAMME DIRECTOR ACROSS SECONDARY CARE TRAINING.

## 1. INTRODUCTION

This briefing paper summarises progress to date to support the Professionalisation of the Training Programme Director (TPD) role across Secondary Care based Medical Postgraduate Training programmes.

## 2. BACKGROUND

Secondary Care Training Programme Directors (TPDs) are consultants responsible for providing advice, support and management of the Specialty Training programmes across Wales on behalf of the Postgraduate Dean. Within Wales these individuals are responsible for supporting the 2800 trainees placed across the 55 Specialty Training programmes currently delivered within Secondary Care. They are line managed and appraised by their respective Heads of School.

The TPD role is key to supporting the delivery of sustainable and innovative postgraduate medical training programmes within Wales. The role is of central importance to the quality of training and the trainee/trainer experience. TPDs act as agents for HEIW ensuring trainees are placed in appropriate training environments to enable them to meet their curriculum requirements and provide safe service and patient care. TPDs provide leadership for the quality management of training, annual trainee assessment reviews, training innovation and support and teaching/training for trainees and trainers within their specialty areas. They have a responsibility to liaise with Health Boards to ensure co-ordination between training requirements of individuals and service needs across Wales.

To address issues relating to disparity across the roles, challenges with engagement, recruitment and retention in the role and local job planning issues HEIW introduced a tariff-based remuneration package for all TPDs on the 1<sup>st</sup> April 2020. This was the first step in professionalising the role of the TPD across Secondary Care in Wales signalling HEIW's commitment to professionalising education and training across Wales, raising standards to support recruitment, retention and innovation.

## 3. PROPOSAL

The introduction of a tariff-based remuneration package for TPDs was the first step on a long road to professionalising the role of the TPD other key developments to supporting this role include the following:

**TPD Job Description** – A job description applicable to all TPD roles irrespective of the specialty or size of programme has been developed. This job description details the duties, key roles and responsibilities expected of TPDs across secondary care and will be used to monitor and benchmark future performance. This job description also outlines an expectation of TPDs to commit to the values of HEIW whilst undertaking their TPD activities.

**Recruitment and Selection** - Recruitment into the role is now being managed by HEIW through a formal and structured process. This will enable us to monitor the tenure of current and future incumbents and develop programme succession plans.



We are currently planning a structured induction programme for all new starters which will ensure clear communications from HEIW regarding the role and expectations from the outset. It will also provide new starters with an opportunity to 'buddy' with other new TPDs which will in future facilitate improved sharing of information and best practice.

**Service Level Agreement (SLA)** – An SLA has been developed with initial drafts shared with Health Boards. This document will be finalised and implemented from April 2021 as part of the annual confirmation of allocations to the Health Boards employing TPDs. As well as detailing the funding to be allocated to TPDs this SLA clarifies the service to be provided i.e. TPD responsibilities and expectations for all parties. This SLA also addresses specific points relating to the management of TPD performance and concerns particularly where complaints have been received that require investigation and subsequent action.

**Professional Development** - A professional development programme has commenced to support TPDs in undertaking the role and ensuring they have the necessary skills and knowledge. We are currently in the process of developing detailed guidance for several of the key functions associated with the TPD role. An online webinar programme with monthly webinars on key topics has also commenced with events programmed and scheduled until the end of 2021. This will continue to be a key focus over the next 12 months with additional training materials delivered alongside the guidance and webinars.

**Appraisal Programme** – An annual appraisal process for all TPDs across our training programmes is in the process of being rolled out and this will provide a key mechanism to:

- review and clarify expectations against the job description
- to review TPD tenure and develop succession plans for the role
- enable TPDs to receive feedback on their performance
- develop and agree objectives for the TPD
- identify priorities within the Training Programme and areas where additional support or future investment may be required
- identify future TPD specific professional development requirements.

One key area that we have not yet been able to focus on is that around sharing best practice and networking. This has been hampered by the lack of face to face events as a result of COVID. Going forward we are keen that TPDs have opportunities to share their experiences and best practice through planned events and we are considering the best way for delivering this.

We are also currently exploring, in conjunction with the Digital team, options around the development of an online portal for TPDs to enable them to quickly and easily access the resources we have been developing and outlined above. This may also provide a solution to our networking problem we await further discussions.

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

Within the Secondary Care structure of the Medical Deanery all TPDs sit within and report to a Specialty Training School each headed up by a Head of School, appointed and employed by HEIW, who reports directly to the Director for Secondary Care and the Postgraduate Dean.

Within the Secondary Care section, we have already observed significant benefits arising from the professionalisation of the TPD role. Engagement amongst this group in key activities such as recruitment, annual assessments and committee meetings has improved significantly. Recruitment into the role for certain specialties was previously an ongoing challenge however all posts advertised since the commencement of this programme of work have resulted in appointments being made and any local job planning challenges for individuals have been swiftly resolved to enable TPD activities to continue. It is anticipated that with the work planned to support TPD professional development and appraisal that output of TPDs will be improved further over the coming months.

The new appraisal arrangements introduced as part of this programme of activity provide an excellent opportunity for two way flow of information and clarity in terms of expectations of TPDs and likewise their expectations of HEIW and Specialty Training Schools and requirements in terms of support, resources and future investment to address challenges, implement changes to programmes and curricula and deliver high quality innovative programmes.

The professionalisation of this role has also enabled us to commence some difficult discussions with individuals around the role and where they are not delivering against expectations. The new arrangements facilitate a clearer and more effective approach to performance management.

It remains a risk that TPDs are employees of individual Health Boards undertaking a role on behalf of HEIW. Concerns relating to the individual may arise either in relation to their TPD or clinical role. This risk has been mitigated through the inclusion of a specific clause around Performance Management within the Service Level Agreement which requires clear communication between both parties around thresholds for investigation, the investigation itself and subsequent outcomes.

## **5. FINANCIAL IMPLICATIONS**

No new financial implications have been identified at this stage. The substantial investment of funding to enable the TPD remuneration tariff to be implemented on 1<sup>st</sup> April 2020. Funding required to host future networking events is already within the secondary care budget.

## **6. RECOMMENDATION**

The Committee is asked to:

1. Receive this update
2. Note action taken to date
3. Consider whether any further action is required.

Governance and Assurance			
<b>Link to IMTP strategic aims</b> <i>(please ✓)</i>	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	<b>Strategic Aim 4:</b> To develop the workforce to support the delivery of safety and quality	<b>Strategic Aim 5:</b> To be an exemplar employer and a great place to work	<b>Strategic Aim 6:</b> To be recognised as an excellent partner, influencer and leader
<b>Quality, Safety and Patient Experience</b> The TPD role is of central importance to the quality of training and the trainee/trainer experience. TPDs act as agents for HEIW ensuring trainees are placed in appropriate training environments to enable them to meet their curriculum requirements and provide a safe service and patient care.			
<b>Financial Implications</b> No new financial implications have been identified at this stage.			
<b>Legal Implications (including equality and diversity assessment)</b> Nil			
<b>Staffing Implications</b> None			
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>			
<b>Report History</b>			
<b>Appendices</b>			



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<b>Meeting Date</b>	<b>9 February 2021</b>	<b>Agenda Item</b>	<b>5.4</b>
<b>Report Title</b>	<b>Establishing an HEIW Evaluation, Research, Improvement, and Innovation Collaborative – An Update</b>		
<b>Report Author</b>	Dr Anton Saayman		
<b>Report Sponsor</b>	Professor Pushpinder Mangat		
<b>Presented by</b>	Professor Pushpinder Mangat		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This briefing paper provides an update on work to establish a Collaborative to support Evaluation, Research, Improvement, and Innovation activity across HEIW's workstreams.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Delivery of HEIW's vision relies on a set of principles including 'Leading the way, through continuous learning, improvement and innovation'.</li> <li>• HEIW priorities identify evidence-based decision making, promotion of innovation, new initiatives and engagement in continuous evaluation and improvement as the foundation for high quality, accessible healthcare services in Wales.</li> <li>• Evaluation, research, improvement and innovation are key enablers for these organisational aims.</li> <li>• It has previously been agreed that a collaborative and co-ordinated approach to sharing expertise, resources and access to relevant specialist knowledge and support for evaluation, research, improvement and innovation would add value to HEIW's activity.</li> <li>• A programme of activity to establish the Collaborative infrastructure and inform future working has commenced.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to <b>note</b> this update on work to establish an Evaluation, Research, Improvement, and Innovation Collaborative for HEIW.		

# **ESTABLISHING A HEIW EVALUATION, RESEARCH, IMPROVEMENT, AND INNOVATION COLLABORATIVE ('ERIIC') – An Update**

## **1. INTRODUCTION**

This briefing paper summarises progress to date to establish a Collaborative which will co-locate expertise, resources and access to relevant specialist knowledge and support for HEIW's evaluation, research, improvement and innovation activity, and provide co-ordination of activity and links with external key partners.

## **2. BACKGROUND**

Evaluation, research, improvement and innovation are key enablers for us to ensure that we continuously improve quality, enhance our processes for investment in the NHS Wales workforce and provide the evidence base for the decisions we make in planning for our current and future workforce. It is also key to determining the impact that our activity has on the healthcare workforce, practice and ultimately, patient care and safety.

In 2020 HEIW's Board approved a proposal to establish a Collaborative to support Evaluation, Research, Improvement and Innovation activity across HEIW's workstreams. The programme of work to progress this activity has commenced.

This work is reflected in HEIW's Annual Plan as key enabling functions 9.8 and 9.9 and, considered in combination, Strategic Objectives 5.6 and 5.7.

## **3. PROPOSAL (Update Report)**

Embedding Evaluation and Research, Quality Improvement and Innovation activity across the organisation requires a stepwise approach, enabled by establishment of a 'hub' ('ERIIC'). Key developments to date include the following:

### **Planning**

Two 'Plans on a Page' have been developed and accepted for inclusion in HEIW's Annual Plan 2021/22 (against Strategic Objectives 5.6 and 5.7). Considered in combination, these underpin the establishment of the Evaluation, Research, Improvement and Innovation Collaborative ('ERIIC').

### **Establishment of Working Group**

The Board requested establishment of a working group of internal HEIW stakeholders to reframe HEIW's evaluation, research and innovation activity and support the development of ERIIC.

The first meeting of this group was held on 4<sup>th</sup> November 2020 with representation from all HEIW Directorates and covering Medicine (Secondary and Primary Care), Dentistry, Pharmacy, AHPs and key workstreams including Quality Improvement Skills Training, Library and Knowledge Services, and Leadership. Meeting participants have been asked to identify additional representatives it would be appropriate to include in future meetings and individuals who might make direct contributions to the Collaborative's work.

The first meeting of the group –

- Set out the context and organisational drivers for development of the Collaborative, in relation to HEIW vision, priorities and a presentation previously delivered to HEIW's Senior Leadership Team
- Provided an overview of the functions of the Collaborative
- Proposed a model comprising support for development of evaluation and research competencies and capabilities at three levels equivalent to -
  - 'Foundation' – providing an understanding of the basics of evaluation, the associated language and knowledge fundamentals
  - 'Intermediate' – incorporating provision of expert support for individuals undertaking evaluation activity
  - 'Higher' – to enable the evaluation of ongoing programmes of work which may require external expertise and support for scholarship
- Considered organisational need for access to a Research Ethics Advisory Committee
- Gave initial consideration to mechanisms for 'showcasing' and disseminating future outcomes including publications

The next meeting of the group will be held in February 2021.

### **Securing Cross-HEIW Support**

All HEIW Directorates have expressed overwhelming support for establishment of the Collaborative as providing a basis for facilitating and embedding research and evaluation into multiple areas of HEIW's work, focusing attention on measuring impact and supporting innovation and improvement.

Representatives cited importance of the Collaborative's functions as underpinning a culture of continuous evaluation and improvement, evidence-based decision-making and promotion of innovation and new initiatives. It is hoped that considerations of effectiveness and cost-effectiveness of organisational activity, along with identification of process-related factors contributing to success will ultimately support driving up quality, add value and support best practice.

### **Procurement of Existing Projects**

A tender to procure external evaluation expertise (from Cardiff University's Unit for Research and Evaluation in Medical and Dental Education) to provide longitudinal evaluation of three new models of training delivery (in Pharmacy and Medicine) was successful and a contract was established in August 2020.

These projects are –

- The multisector pre-registration pharmacy programme in Wales (specifically trialling of a single model of multi-sector training)
- The Wales model of Longitudinal Integrated Foundation Training (LIFT) – provision of general practice experience throughout the duration of Foundation medical training
- The Wales 1 + 2 Model of GP Training – a new model of general practice specialty training (2 years in general practice and 1 year in hospital)

Comprehensive evaluation of these projects will ensure HEIW continuously improves quality, enhances processes for investment in the training of the NHS Wales workforce and provides an evidence base for the decisions made in planning for training of the current and future workforce. It will also enable HEIW to determine

the impact activity has on the healthcare workforce, practice and ultimately, patient care and safety.

### **Organisational Needs Analysis**

We have initiated a needs analysis to enable initial consideration of organisational capabilities and resources, identification of existing 'in-house' experience and expertise, and inform how we can maximise ERIIC's capability and opportunities for collaborative working.

This focuses on existing staff skills; skills needed from the Collaborative; training needs in relation to improvement, evaluation and research methodologies; identification of current evaluation and improvement projects.

Early responses indicate that HEIW already has a broad range of capabilities amongst its staff in respects of evaluation, research and improvement encompassing Professional Conduct, Finance, Funding and Resources, Research Management, Working with Others, Engagement and Impact and Communication and Dissemination. However, gaps identified include specific research skills such as co-authorship and needs include support for publication, promotion and dissemination of research, as well as training in research and evaluation methodologies.

Staff are keen to capitalise on the wealth of intelligence and data HEIW generates to the benefit of the wider NHS and its workforce, training programmes and HEIW's own work.

### **Consideration of Ethics Requirements**

There is need to establish or secure access to a Research Ethics Advisory Committee to enable and support an ethical approach to all evaluation and research undertaken by HEIW. This will ensure potential participants are protected, consider potential risks and benefits for HEIW and wider impact for NHS Wales, its staff and stakeholders, and promote high ethical standards in our activity.

Initial discussion has taken place with Higher Education Institutions regarding approaches to ethics and discussion with NHS partners (including Health and Care Research Wales) is planned.

### **Delivery of Training for HEIW Workforce**

Development of baseline skills for HEIW's own workforce is underway. On 3<sup>rd</sup> December 2020 we piloted an introductory 'Fundamentals of Improvement' workshop with staff from across HEIW Directorates.

The session has received excellent feedback and several staff members expressed an interest in completing 'Improvement in Practice' (formerly IQT Silver) and being supported through a workplace project. Future Fundamentals of Improvement workshops are planned (23<sup>rd</sup> March). We plan to offer Improvement in Practice training to teams to facilitate and support team-based approaches to improvement and project collaboration (16<sup>th</sup> March and 13<sup>th</sup> April).

We are keen to create an appetite for improvement activity with new HEIW starters and are exploring the possibility of making IQT Bronze part of the statutory ESR training, promoting access to improvement training via corporate induction and

arranging for a video on quality improvement be included on the onboarding/induction play list.

We will adopt a similar approach to support development of evaluation and research baseline understanding and skills for HEIW's workforce.

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

The establishment of the Collaborative provides mechanisms for organisational oversight of evaluation, research, improvement and innovation activity and a co-ordinated approach to academic output and publication. It provides for activity informed by best practice with increased governance, accountability for associated expenditure and demonstration of added value.

The provision of a HEIW Research Ethics Committee (or partnership with an existing committee) would ensure evaluation and research activity is conducted in accordance with national governance arrangements with associated principles, requirements and standards for activity.

We will undertake an Equality Impact Assessment.

#### **5. FINANCIAL IMPLICATIONS**

There are no direct financial implications of this paper.

The development of the ERIIC hub is currently being supported through existing staffing and resources and approved budgets (QI and Innovation functions by the QIST workstream; Evaluation and Research by the PGES workstream).

Once established, an additional funding requirement is anticipated to provide dedicated research support for the Collaborative in addition to non-staff expenditure including ad hoc access to specialist trainers and external evaluation expertise, conference and publication costs and purchase of online resources.

Future funding requirements have been reflected in 'Plans on a Page' for Objectives 5.6 and 5.7 and will be incorporated into a full financial plan for the Collaborative and business cases, as required. This includes access to a dedicated external evaluation budget.

#### **6. RECOMMENDATION**

Members are asked to **note** this update on work to establish an Evaluation, Research, Improvement, and Innovation Collaborative for HEIW.



Governance and Assurance			
Link to IMTP strategic aims (please ✓)	<b>Strategic Aim 1:</b> To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	<b>Strategic Aim 2:</b> To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	<b>Strategic Aim 3:</b> To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
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		✓	
	This activity is reflected in the Annual Plan 2021/22 as Objectives 5.6 and 5.7. It underpins Strategic Aims 1 – 5, specifically links to Objectives 1.2, 2.1 and 2.9, has dependence on Objective 6.3 and must be considered in conjunction with Objective 5.6		
Quality, Safety and Patient Experience			
There are no direct quality, safety and patient experience implications of this paper. HEIW has Improvement in the title and a responsibility to embed it as the bedrock of 'usual' activity. The top 12 worldwide healthcare providers follow this principle and it is well recognised that quality improvement leads to not only improved outcomes for patients and their families and patient safety, but also has economic benefits.			
Evaluation, research, improvement and innovation are key enablers for us to ensure that we continuously improve quality, enhance our processes for investment in the NHS Wales workforce and provide the evidence base for the decisions we make in planning for our current and future workforce. It is also key to determining the impact that our activity has on the healthcare workforce, practice and ultimately, patient care and safety.			
Financial Implications			
There are no direct financial implications of this paper. Future funding requirements have been reflected in 'Plans on a Page' for Objectives 5.6 and 5.7 and will be incorporated into a full financial plan for the Collaborative and business cases, as required.			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications of this paper. A Research Ethics Advisory Committee for HEIW will need to be established (or partnered with another HEI/NHS body).			
Staffing Implications			
There are no direct staffing implications of this paper. Future staffing requirements have been reflected in 'Plans on a Page' for Objectives 5.6 and 5.7 and will be incorporated into a full financial plan for the Collaborative and business cases, as required.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The Collaborative's establishment recognises <b>collaboration</b> (within HEIW and with external partners) as fundamental to achievement of organisational objectives.			
Report History	Proposal in paper 'Establishment of a HEIW Evaluation, Research, Improvement and Innovation Collaborative' previously approved by HEIW's Board.		
Appendices	None		